

## “There are Doctors and there are ‘Doctors’” Creating a dichotomy between physicians’ roles

"طبيب ودكتور" اختلاف اوجد انقساماً في أدوار الأطباء

Sir,

I remember being a PhD student in the UK some 20 years ago and being asked by the cashier at a checkout counter in one shopping mall, “Are you a real doctor or a PhD doctor?” This was her response to seeing my name, which was preceded by ‘Dr.’ on my debit card. To many people, real doctors are those who actually write prescriptions or perform surgical procedures. Any other person with the title is either a PhD or does not fall within their own understanding of the role of doctors, by which they mean ‘physicians’.

One could overlook this general perception of the role of physicians by a section of the general public but it would be unfortunate if this perception were to be held by physicians themselves regarding the roles some of them play in health care systems. This is because there has been a recent disturbing trend amongst some physicians to introduce a dichotomy into the role they play (i.e. medical practice) in health care delivery systems. This trend attempts to define medical (meaning clinical) practice as direct patient care, including prescribing medications, or performing surgical or invasive procedures.

This writer would like to argue that it is unhelpful and restrictive to describe clinical practice in this narrow way. A passing knowledge of the workings of medical practice would reveal that physicians have many roles, including health administration, quality control and assurance, patient care, medical research, and medical education. Some physicians solely perform one or a combination of the aforementioned roles. I would like to argue that clinical practice is a spectrum that encompasses the whole sphere of practising medicine starting from the education and training of doctors and continuing throughout their active practice. This spectrum obviously commences at the undergraduate stage, runs through doctors’ postgraduate training, and continues with the revalidation of those already trained.<sup>1</sup> Therefore, it is practically impossible to dissociate the education and training of medical and dental students and of doctors and dentists from the care such professionals provide to patients. The physician-educator, whose role either in basic medical sciences (‘on the bench’), the community (‘in the bush’), or the ward (‘at the bedside’) ensures that educational theory informs how s/he imparts the science and art of medicine, is as crucial a player as any other contributor to patient care. A couple of other examples may help to underscore this point. Doctors working in radiology and pathology, are often regarded as working in ‘orphan specialties’ because they do not have their own patients. In spite of this, these specialties are as indispensable as the downstream end of the patient-care continuum where the prescription is written or the surgical procedure is performed! Second, consider the physician-administrator who oversees the entire health system by prioritising resource allocation, planning strategic health care interventions, and ensuring that the quality of health care delivery is also essential to patient care. Therefore, the attempt at separation and categorisation of doctors based on what role they play is, in my opinion, not helpful to the profession. In reality, no one single role physicians play is more important than any other.

It is worthwhile to note that in its guidance on continuous professional development (CPD) of doctors, the UK’s General Medical Council (GMC) sets out the principles and values on which good medical practice is founded. These include all activities that doctors perform, from patient care to teaching and appraising trainees, and working with other professionals.<sup>2</sup> The statutory requirement of CPD applies to all doctors regardless of the nature of their medical practice.

In addition, it is worthwhile to learn from the experience of other countries about the effects that such

a separation between patient care and the training of patient-carers has had on the whole medical practice continuum.<sup>3</sup> In short, this separation has led to the devastation of such specialty areas as basic medical sciences, public health, health care planning and administration, etc. Many medical graduates decline to take up such specialties, which are indispensable to both the training of medical practitioners of the future as well as to comprehensive health care delivery. This is because they have no incentive to take up these roles since they have been accorded less 'professional value' than those of their clinical colleagues. If this circumstance were to be replicated elsewhere, it would likely have an adverse effect on the implementation of any modern undergraduate or postgraduate medical training where the input of doctors is highly required.

Finally, I would like to submit that it may not be in the overall long-term interest of the medical profession in any setting to create an unnecessary dichotomy between physicians based on a very restrictive definition of 'medical (clinical) practice'. This is especially so if this dichotomy is for the purposes of remuneration. I would welcome further discussion, responses, and alternative opinions on this subject.

**Ibrahim Inuwa**

*Department of Anatomy, Sultan Qaboos University, Muscat, Oman*

*E-mail: ibrahim1@squ.edu.om*

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