

EDITORIAL**PUBLIC PERCEPTION OF THE HEALTH PROFESSION**

In a preface to the play 'The Doctor Dilemma', the Irish poet/play writer George Bernard Shaw (GBS) wrote "All professions are a conspiracy against the laity". GBS was a Nobel laureate in 1925 and a co-founder of the London School of Economics. His comments, though meant to amuse, mirrored the opinion of the general public. Others have made similar uncomplimentary humorous comments. For example psychiatrists are accused of levying tax on those who build castles in the air (psychopaths) and collecting tax from those who live in them (schizophrenics). Away from the prying eyes of general public and comedians, there is a lot of serious introspection by health professionals and where possible remedial corrective measures are undertaken. Simply put, the professionals are not immune to genuine public criticism. A Google search of 'public perception of doctors' in early 2014 returned 17,700,000 results. Corresponding searches for nurses, dentists and pharmacists returned 7,750,000, 871,000 and 1,220,000 results, respectively. Many of the research articles are published in peer reviewed scholarly journals. The researchers used open-ended and closed format questionnaires and met all the requirements for credible scientific research. In the past, this journal has published articles on public perception of pharmacists, the representative samples being obtained from patients attending outpatient clinics.

The public perception of health professionals is heavily influenced by greatly skewed media reporting. This is particularly common during litigation involving medical malpractices. In the absence of such wide coverage in the print and electronic news media, the public would be less inclined to blame the professionals. The propensity for health professionals to communicate in coded messages, not very different from those of Freemasons, only helps to exacerbate the suspicion. Coded messages such as bid, tds, prn, ac, po, etc are commonly used by clinicians when communicating with pharmacists. In more recent times, health professionals have opened up to the public and no longer feel offended if a patient poses probing questions regarding treatment options and possible prognosis. As more people access medical literature through the internet, the health profession will increasingly come under scrutiny. The often quoted phrase, "doctors treat, God heals", will cease to be a convenient safety valve because even charlatans and witchdoctors can take refuge in such sacrilegious excuses when cornered.

There is no doubt that serious errors of judgment occur in the course of medical practice, some bordering on criminality. One such incident is given here to illustrate the point. A tourist from Europe visited an African country and was infested with a jigger (*Tunga penetrans*) on the toe. He was very distressed because of the resulting intense itch and could hardly sleep at night. The tourist, reluctant to consult local doctors, decided to cut short his holiday and fly back home to consult his family doctor. The family doctor referred him to a specialist in tropical medicine who misdiagnosed the jigger infestation as a fast growing tumor and subsequently recommended amputation of the toe. In desperation, the tourist discussed his misfortune with a Nigerian friend residing next door. The Nigerian considered this a big joke, took out a safety pin and removed the jigger, much to the pleasant surprise of the tourist. This tragicomedy may sound incredible but worse mistakes have been committed. We have heard of foreign objects (scissors, gauze, etc) being left in the abdominal cavity after surgery, or dentists extracting the wrong teeth. Diagnostic laboratory medicine is problematic. Life threatening falciparum cerebral malaria has been misdiagnosed as bacterial meningitis with disastrous consequences.

The World Health Organization (WHO) has developed some measurable indicators to monitor unacceptable practices in health professions. These include polypharmacy (number of drugs in a prescription), unreasonable use of injections and antibiotics, time spent during consultation with doctors, etc. These measures, if properly implemented, particularly in public hospitals, will culminate in rational use of drugs (RUD) and make treatment cost-effective. Ultimately, the public would reap the benefit. There are certain constraints beyond the control of health professionals. These include inadequate staffing and health facilities. Thus public criticism of health professionals must be tempered. Unfortunately, the blame games common in government institutions only help to confuse the public.

**Prof Charles K. Maitai,
Editor-in-Chief.**