

'Tis the season to give your doctor a gift, or is it a headache?

The custom of giving can raise ethical issues in the patient-professional relationship



Chong Siow Ann

At this festive time of the year, some of my patients bring me gifts. I have received an assortment of items over the years, including cans of beer, a deodorant (I did take a sniff of myself after the patient left), cakes, chocolate, fruit baskets and handicrafts made by them.

One patient, an older woman with depression whose hobby of cross-stitching was her only pleasurable activity, gave me a framed piece of her work of flowers, which I hung by the door of the consultation room. Each time she came for her appointment, and after we talked about her enduringly unsolvable problems, she would, on her way out, invariably pause and look at her cross-stitched flowers – and smile.

The giving of gifts is a custom that has persisted through the ages and has been important in forging and building relationships in our human societies – often with some implicit understanding of an underlying obligation and reciprocity between giver and recipient. Psychologists suggest that it is the giver who gets to enjoy more non-material emotional gains than the recipient. One study found that spending money on others results in more happiness than spending it on yourself. In that sense, giving is almost never a truly selfless act since returns of some kind are often expected.

PATIENTS GIVING TO DOCTORS

Patients often give gifts to their doctors. A survey in the *British Medical Journal* found that 20 per cent of doctors in Britain had received a gift in the preceding three months – which was likely to be an underestimate as it did not include the Christmas season when gift-giving is even more frequent.

But it can be problematic for us to accept a gift from our patients.

For most patients, a gift is a simple expression of appreciation for the care provided by their doctors, and given out of



The giving of gifts is a custom that has persisted through the ages and has been important in forging and building relationships in our human societies. PHOTO: UNSPLASH

gratitude and without any expectations.

But a small number of patients may have another agenda: for their gift to entitle them to receive preferential treatment such as appointments on demand, a longer consultation time, or a favourable insurance report. Other patients may use gifts in order to change the nature of the patient-doctor relationship. They may want to appease their doctor whom they are fearful of or thought they have offended; or they may wish to express feelings of affection and want romantic attachment. That first gift may soon be followed by more unsolicited gifts and other unwanted overtures.

Regardless of the intentions, a gift, once accepted, could imbue a sense of obligation in the relationship.

But it doesn't mean we cannot accept any gifts from patients under any circumstances. It may be entirely reasonable to accept a small token of appreciation – refusing it could be hurtful to the patient and impair the doctor-patient relationship.

Most medical societies and regulatory bodies have guidelines on receiving gifts. The Singapore Medical Council Ethical Guidelines and Ethical Code says we "may accept an occasional well-intentioned and modestly valued gift in the patient-doctor relationship", but we "must refuse the kind of gifts or other forms of gratuitous rewards that reasonable observers would deem extravagant and likely to set up a

sense of obligation and expectation that violates the objectivity of the professional relationship". The American Medical Association suggests a useful test of a gift's appropriateness to accept: doctors should consider whether they would be comfortable if acceptance of the gift were known to colleagues or the public.

So, accepting gifts of money or items of high financial value is a no-no for good professional clinical practice.

Take the 2011 case of Harley Street psychiatrist Peter Rowan, whose licence to practise was revoked after he accepted a £1.2 million (\$2 million) inheritance and £150,000 in cheques from an elderly patient with an eating disorder, for whom he had prescribed excessive doses of benzodiazepines. He had also taken his two daughters on skiing holidays paid for by the patient.

A panel convened by the General Medical Council, the United Kingdom's regulator of doctors, found that his acceptance of those substantial sums of money had clouded his professional judgment. It further ruled that his "appalling" behaviour had eroded the public's trust and damaged the reputation of the medical profession, and had him struck off the medical register.

In practice, doctors should use their discretion on whether to accept a gift. They must take into account its nature and monetary value, as well as the motivation of the giver, though admittedly this

can be difficult to uncover.

DOCTORS GIVING TO PATIENTS

What about doctors giving gifts to patients?

This is less common, and the general sentiment among doctors is that this is not a good thing to do as there is the risk that patients might come to expect more, or would make them feel obligated that reciprocal favours

Regardless of the intentions, a gift, once accepted, could imbue a sense of obligation in the relationship. But it doesn't mean we cannot accept any gifts from patients under any circumstances. It may be entirely reasonable to accept a small token of appreciation – refusing it could be hurtful to the patient and impair the doctor-patient relationship.

are expected from their doctors.

Writing in the *Journal of the American Medical Association*, Dr Gordon Schiff from Brigham and Women's Hospital in Boston described his experience of once giving a patient US\$30 (\$40) for a prescription she could not afford. In an affirmation of the saying that "no good deed goes unpunished", he was subsequently reprimanded by the clinic directors after he was reported by a trainee he was supervising.

He wrote that doctors' views on this topic vary widely, and what some would do to help needy patients would be seen by others as acts of transgression of professional boundaries.

The notion that a doctor should avoid exploiting a patient is a time-honoured principle within medicine. The establishment of professional boundaries – which are the "edge" or limit of appropriate behaviour by a doctor in the clinical setting – strives to do this. Boundaries are set to stave off excessive and unreasonable expectations from both patients and doctors, and to prevent inappropriate unprofessional relationships with patients.

But Dr Schiff also asked of those who insist on stricter boundaries if those "limits" are protecting the patients – or safeguarding the time of doctors, or even shutting the conscience of doctors so that they can avoid taking difficult and needed moral action.

We should not misconstrue the concept of professional boundaries to suggest rigidity and aloofness in our relationship with patients, and let it disconnect us from the patient's experience and of our own humanity.

Not too long ago, a patient of mine asked me for \$10 when I met him in the hospital carpark. He was working as a Grab food delivery man and told me that times were hard, and he needed petrol money for his motorbike to earn some money. I gave it to him furtively and half suspicious that he was playing on my sympathy. But I have known him for a long time, and decided then that he was level with me and, besides, it wasn't a huge amount.

A week later, as I was driving out of the hospital, I saw him in my rearview mirror pursuing me on his bike. My heart sank. I expected him to hit me up for more money. He tapped at the car window. When I reluctantly wound it down, he grinned, thrust a \$10 note at me, and thanked me for helping him in his moment of need.

• Professor Chong Siow Ann is a senior consultant psychiatrist at the Institute of Mental Health.