

LETTERS



SURGEON ACQUITTAL IN FEMALE GENITAL MUTILATION CASE

Dharmasena case illustrates what is wrong with complaints procedures

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A junior doctor who acted in the best interests of his patient as he saw it has found himself before a criminal court, suspended, and subjected to a trust inquiry and a future General Medical Council hearing.¹ Such multiple jeopardy is unreasonable.

Obstetricians condemned these actions,² and the patient was quoted as saying, "I am concerned about being labelled as the first woman in the UK involved in an FGM [female genital mutilation] prosecution."³ This prosecution was not in the patient's interest.

This case may undermine public confidence by misrepresenting how obstetricians view FGM. Recently the president of the Royal College of Obstetricians and Gynaecologists stated: "this college abhors FGM as the very serious abuse of girls and young women. We must do everything we can to end this obnoxious practice." This prosecution has served only to harm victims of FGM, because doctors and midwives may now hesitate when managing perineal trauma after delivery.

A paper was recently published on the impact of complaints procedures on the wellbeing and clinical practice of doctors.⁴ It highlighted the association between complaints procedures and serious psychological morbidity in doctors, including suicidal ideation. In 2013 the Berwick report emphasised that fear is toxic to patient safety,⁵ yet other than fear, how are junior obstetricians and midwives likely to feel when they see what can happen to a colleague?

Perhaps the intolerable situation this doctor found himself in will be a tipping point and will lead to reform. If so, his ordeal may have had a purpose. The public administration select committee is investigating how complaints are managed. It has started by proposing a transparent, collaborative, accountable, and legally protected model. As the Berwick report stated: "supervisory and regulatory systems should be simple and clear, avoid diffusion of responsibility, and be respectful of the goodwill and sound intention of the vast majority of staff."⁵

Full response at: www.bmj.com/content/350/bmj.h703/rr-2.

Competing interests: None declared.

- 1 Dyer C. Surgeon acquitted of carrying out female genital mutilation in a prosecution criticised by obstetricians. *BMJ* 2015;350:h703.(5 February.)
- 2 Siddique H. FGM charges against doctor criticised by obstetricians and gynaecologists. *Guardian* 2014. www.theguardian.com/society/2014/mar/27/fgm-charges-doctor-criticised-obstetricians-gynaecologist.
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- 4 Bourne T, Wynants L, Peters M, Van Audenhove C, Timmerman D, Van Calster B, et al. The impact of complaints procedures on the welfare, health and clinical practise of 7926 doctors in the UK: a cross-sectional survey. *BMJ Open* 2015;5:e006687.
- 5 Department of Health. Berwick review into patient safety. A promise to learn—a commitment to act: improving the safety of patients in England. 2013. www.gov.uk/government/publications/berwick-review-into-patient-safety.

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