

Good Doctor : What the Good and Bad Attributes are

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Abstract

This study aimed to find the good and bad attributes of a doctor from people besides doctors themselves.

Material and Method : One thousand, one hundred people were asked to complete a 120 item questionnaire on the good and bad attributes of doctors in Maharaj Nakorn Chiang Mai Hospital. The sample groups comprised of patients, patients' relatives, and hospital personnel.

Results : Forty-four per cent of them responded. The top three good attributes were; to have good knowledge, to have a good rapport and to deal with a patient carefully. The top three bad attributes were; to be immodest in handling a female patients, being deceptive, and neurotic or having a psychiatric problem. Some good and bad attributes were different among different groups.

Discussion : Comparison with other studies was discussed including the limitation and application of this study.

Key word : Good Doctor, Attribute

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A medical doctor is an essential profession for everyone in every societies, ranging from primitive tribes in Africa to highly civilized countries such as the U.S. The traditional task of a doctor is curing illness, but preventing illness and promoting health are of equal important. Besides those responsibilities

a doctor also play other roles in the society, such as being an administrator, a colleague, an instructor, a researcher, a member of a community, a member of his own family and so on. Whatever roles a doctor takes he or she is expected to be good at them.

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A good doctor has been mentioned since the ancient time. "And I will use regimens for the benefit of the ill in accordance with my ability and my judgment, but from (what is) to their harm or injustice I will keep (them).", a promise in the Hippocratic oath, is evidence supporting this statement. Contents of the oath reflect the demands of people from about the fifth century BC⁽¹⁾. As time goes by the demands extend steadily and increasing medical malpractice litigation indicates that many doctors can not satisfy their patients' wishes. In other words, some doctors nowadays are not able to fulfill the need of their society. 1) "Treat patients as a whole", a cliché for every physician, means treat both the body and the mind. All doctors can treat patients' bodies or cure an ailment, but only a good doctor can treat the whole patient. Being a good doctor means not only making the correct diagnosis, prescribing drugs or doing an operation, tasks that a robot, robodoc, of the next decade will be able to do, but also good at making a patient feel that he or she was treated as a human being who has a body and mind, not just a person with an illness. Different standards and cultures make different value systems and norms among diverse societies⁽²⁾. So patients of different societies may view a good doctor differently. However, the authors believe that the one, no matter what society he comes from, who can tell which doctor is good or not should be the one who has experienced being a patient, a patient's relative or a doctor's colleague.

MATERIAL AND METHOD

The authors determined what qualities should be desirable and undesirable in providing patient care. The articles related to the qualities of a good and bad doctor were reviewed making a list of hundreds of qualities⁽¹⁻¹⁶⁾. The original list of qualities combined with the qualities specified in the Thai medical council's code of ethics and determination of Chiang Mai medical school were revised and refined to construct a check list questionnaire of 120 items of qualities, 70 items of good attributes and 50 items of bad attributes.

Responses were obtained randomly from 1,100 patients who came to Maharaj Nakorn Chiang Mai Hospital as outpatients and who had been admitted as inpatients, their relatives and hospital personnel. The respondents were asked to rate each positive quality of a doctor in term of its importance

to a good doctor. Ratings were recorded on a 4-point scale which ranged from "extremely desirable" (score 4) to "of no importance" (score 0). The negative qualities were rated for their detriment to a good doctor on another 4-point scale ranging from "extremely undesirable" to "of no importance"

On the first page of the questionnaire the subject was asked to supply identifying information, such as sex, age, occupation, level of education obtained, and income and reason for coming to the hospital; as a patient, a relative or hospital personnel.

Data were analyzed descriptively and the items were factor-analyzed to find a suitable group of characteristics. SPSS for windows was used for the study.

RESULTS

The response rate was around 485 (44 %) which was quite a low, probably because the questionnaire was too long. Table 1 and 2 showed the percentages of the samples conducted in the study according to demographic data. All good and bad attributes from all samples were ranked by their mean and standard deviation (Table 3). Factor analytic study of good attributes of a doctor.

All 70 attributes of positive characteristics obtained were studied as a rating scale questionnaire; factor analytic study was performed, data were reduced to 14 factors as follows:

- Factor 1 : autonomy, kind, considerate and rule abiding
- Factor 2 : knowledge in medical practice
- Factor 3 : good habit : courteous, diligent, honest
- Factor 4 : "helpful" personality, service orientated, can keep secrets
- Factor 5 : fair treatment i.e. showed a fee schedule to the patients
- Factor 6 : has a good family background, participated in own community
- Factor 7 : conscientious, has critical judgment, logical
- Factor 8 : humorous, optimistic
- Factor 9 : ability to tolerate difficult patient
- Factor 10 : has current knowledge of medical developments
- Factor 11 : ability to listen
- Factor 12 : wise, broad minded
- Factor 13 : thinks freely
- Factor 14 : conservative

Table 1. Demographic data of subjects.

Demographic Variables	Percentage
Age (yr)	
< 20	8
21-30	30
31-40	32
41-50	17
51-60	8
> 60	4
Education level	
Junior high school	18
High school	22
Diploma	38
Bachelor	8
Master	4
Occupation	
Physician, dentist	8
Nurse	18
Psychologist/social worker	3
Civil servant/	11
Government Officer	17
Farmer	19
Income (Baht/month)	
< 5,000	26
5,001-10,000	25
10,001-15,000	22
15,001-20,000	11
20,001-25,000	6
25001-30,000	4
> 30,000	5
Status of respondent	
Patient	32
Patients' relatives	32
Hospital personnel	36

Factor analytic study yielded 10 undesirable attributes, as follows

- Factor 1 : narrow vision, narrow-minded, self-centered,
- Factor 2 : neurotic character
- Factor 3 : misconduct and dependent behavior
- Factor 4 : dishonest, deceptive, neglects patients
- Factor 5 : irresponsible
- Factor 6 : cold personality
- Factor 7 : authoritative
- Factor 8 : lacks skill in communicating with colleagues, patients and relatives
- Factor 9 : dislikes being a doctor or is motivated by rich preference
- Factor 10 : not distribute their knowledge, not to be at a disadvantage

Reliability of the questionnaire was 0.965 for the good and 0.951 for the bad attributes indicated appropriateness of the test.

DISCUSSION

The low response rate, 485 out of 1,100 (44%), might be due to the long list of items of the questionnaire even though the check list type of scoring should help to complete the questionnaire easily and quickly. Sample who has no genuine attention could not complete them. However, subjects who completed the questionnaire were probably interested topic and wanted to share their opinion. There was not much difference in the top ten qualities, both good and bad, among responders which indicates that people of different backgrounds need the same type of doctor. Most attributes were similar. Surprisingly, patients and relatives cared for doctors' personal capabilities and virtues for example their reputation, board certification, whereas, hospital personnel focused on doctor empathy, compassionate, teammate, rule-respecting behavior.

It is noted that only a few of the top ten good attributes such as "has a good knowledge" and "is able to make a good decision", are related to cognitive performance and can be taught in the medical science of curriculum. The other qualities were humanistic and behavior that tended to be so deeply ingrained, changing it may be impossible.

With regard to bad attributes, most of the worst ten qualities were related to humanity, morals and ethics which can be taught in medical school.

Noticeably, the sample respondents preferred a doctor's personal virtues such as moral, conscience, good habits/personality, self control, and so on, than the way a doctor interacts with patients and relatives. Factor 1 included 34 items (not shown in the results), showing that when talking about good attributes of a doctor, people usually thought more about a doctor's virtues or morals than skill and knowledge. This is a very distinct difference between this study and the previous studies mostly from western countries^(12,14). From the factor analytic study, the authors summarized the good and bad factors into 5 components ; 1) Knowledge 2) Personal virtues i.e. moral, critical thinking 3) Interpersonal relationship and 4) communication skills 5) Participation to their own community and society.

Hickson et al said that they couldn't find differences in the quality of care among the doctors

Table 2. The percentage of the age, sex and educational level of three groups classified by status.

Variable	patients	Relatives	Hospital personnel
Sex			
Male	53.8	47.9	19.5
Female	46.2	52.1	80.5
Education			
Junior high school	25.2	23.0	1.2
High school	34.7	39.8	15.0
Diploma	11.6	14.9	4.2
Bachelor	19	20.9	49.7
Master	8.8	1.4	15.5
Doctorate	0.7	0.0	9.3
Age			
< 20	9.1	15.5	0.6
20-30	33.6	35.8	23
31-40	25.2	34.5	40.6
41-50	16.8	6.8	27.5
51-60	8.4	4.7	6.9
> 60	6.3	2.0	-

Table 3 Mean, standard deviation of all 120 items.

Rank	Attributes	Mean	Standard deviation
Good :			
1.	Has good knowledge	3.66	0.65
2.	Has good rapport with patients	3.52	0.65
3.	Deal with a patient carefully	3.51	0.78
4.	Is compassionate and sympathetic	3.40	0.74
5.	Is honest	3.39	0.75
6.	Shows empathy	3.36	0.75
7.	Is self-sacrificing and altruistic	3.34	0.81
8.	Is able to make good decisions	3.34	0.76
9.	Is not selfish	3.34	0.83
10.	Is considerate and caring	3.33	0.77
11.	Is patient in dealing with others	3.33	0.81
12.	Charges moderate fees	3.30	0.85
13.	Solves problems reasonably	3.30	0.90
14.	Keeps up- to-date	3.29	0.84
15.	Is able to control emotion	3.26	0.73
16.	Speaks politely	3.24	0.79
17.	Examine patients thoroughly	3.22	0.84
18.	Give his/her patients enough time	3.21	0.80
19.	Strictly abides by the rules	3.21	0.93
20.	Has a good relationship with others	3.20	0.83
21.	Is enthusiastic to educate patients	3.16	0.83
22.	Sees his/her staff (nurses, technicians and clerks) as teammates in giving best health services to the public	3.16	0.83
23.	Keeps the patient's secrets	3.09	0.98
24.	Is studious; attends appropriate medical meetings or refresher courses; keeps abreast of progress in medical knowledge and practice, especially in his own field	3.08	0.81
25.	Is motivated primarily by idealism, compassion, service, altruism; is more interested in helping people than making an income	3.08	0.91
26.	Has up-to-date knowledge	3.07	0.87
27.	Is intelligent; mentally quick; bright, keen	3.05	0.87
28.	Is conservative	3.05	0.89
29.	Is available when needed, even at the cost of personal convenience	3.05	0.87

Table 3 Mean, standard deviation of all 120 items (continue).

Rank	Attributes	Mean	Standard deviation
30.	Has good moral	3.04	0.97
31.	Is diligent	3.02	0.86
32.	Has a stable, calming influence in critical or stormy situations	3.01	0.92
33.	Is alert, observant	2.99	0.86
34.	Has a respectful, reliable personality	2.98	0.83
35.	Sympathize with the other who makes mistakes	2.98	0.87
36.	Is able to be his own teacher; to learn from books and journals, from meetings and informal discussions, from experience and his own mistakes, etc.	2.97	0.89
37.	Is eager to learn	2.97	0.87
38.	In charging specific fees, he is sensitive to possible economic difficulties of his patients	2.97	1.00
39.	Is decisive	2.96	0.90
40.	Is friendly, put patients at ease	2.96	0.91
41.	Is a modest, humble person (despite all his knowledge and skills), is aware of his own limitations, is tolerant of the opinions of others	2.93	0.91
42.	Is orderly	2.92	0.84
43.	Is frank and open; takes patients into his confidence	2.91	0.92
44.	Is able to learn quickly and to understand easily	2.89	0.87
45.	Is adaptable; is able to adjust to new knowledge and changing conditions	2.89	0.86
46.	Is able and willing to learn from others	2.88	0.89
47.	Holds Specialty Board certification	2.83	1.04
48.	Is autonomous	2.79	0.96
49.	Possesses qualities of leadership	2.76	0.97
50.	Is able to complete tasks quickly	2.75	0.89
51.	Is cheerful; optimistic; has a nice sense of humor	2.75	0.91
52.	Has stamina, has capacity for long days of hard work	2.74	0.94
53.	Has a warm, outgoing, friendly personality	2.73	0.94
54.	Is firm and well-principled	2.71	1.04
55.	Is content with what he can earn	2.70	1.02
56.	Is able to teach and train others	2.68	0.96
57.	Is able to think freely	2.61	0.96
58.	Participates in community activities	2.59	0.96
59.	Has a reputation of being a good diagnostician; is in demand as a consultant	2.57	1.06
60.	Publicizes his works through the mass media	2.47	0.98
61.	Has a good family life	2.44	1.06
62.	Is productive in research	2.44	1.01
63.	Is highly rated as a physician by peers and colleagues	2.43	1.03
64.	Is economical	2.39	0.99
65.	Has good grades as a medical student	2.29	1.08
66.	Is motivated primarily by sheer liking for people	2.25	1.13
67.	Is able to speak the local language	2.23	1.06
68.	His charges, in general, are in line with prevailing fee schedules	2.07	1.00
69.	Is an effective public speaker; and/or lucid writer	2.04	1.05
70.	Is involved in government politics	1.56	0.95
Bad :			
1.	Is immodest in handling female patients	1.40	0.78
2.	Is deceptive	1.45	0.73
3.	Is neurotic/Has psychiatric problems	1.49	0.87
4.	Solves patient's problems by trial and error	1.49	0.82
5.	Holds on to patients to an undue degree; disinclined to suggest or seek consultations; apt to be offended if patients request consultations or a transfer to another doctor	1.56	0.79
6.	Is emotionally unstable	1.66	0.89
7.	Is negligent in handling patients; uses slipshod methods	1.67	0.78
8.	Is dishonest	1.69	0.87
9.	Is cynical to others	1.72	0.87
10.	Is careless in handling patients	1.73	1.00
11.	Avoids responsibility	1.75	0.90
12.	Is a chronic alcoholic	1.83	0.95
13.	Dislikes listening to the problems of others	1.83	0.90
14.	Is autocratic	1.84	0.89

Table 3 Mean, standard deviation of all 120 items (continue).

Rank	Attributes	Mean	Standard deviation
15.	Is lazy	1.87	0.93
16.	Is motivated primarily by the advantages that come with a high income	1.88	1.05
17.	Is fond of gambling	1.94	1.02
18.	Is rude, discourteous; inconsiderate of others	1.94	0.90
19.	Is summoned frequently before monitoring committees for such things as malpractice, and forbidden advertising	1.95	1.01
20.	Criticizes the patients	2.00	0.89
21.	Prevents other colleagues getting promotion or advantages	2.01	0.97
22.	Does not inspire confidence in his patients	2.04	0.90
23.	Does not like patients talking about how good other doctors are	2.07	0.97
24.	Is unskilled in communicating with patients and their relatives	2.09	0.92
25.	Dislikes passing on knowledge	2.10	0.94
26.	Is often late for appointments; customarily keeps many patients waiting	2.11	0.93
27.	Is critical of other physicians behind their backs	2.12	0.93
28.	There is evidence of deficient personal hygiene and untidiness	2.12	0.93
29.	Prefers to show off his competence	2.14	1.02
30.	Has a bad relationship with colleagues	2.16	0.92
31.	Has no love for the medical profession	2.17	1.18
32.	Is indecisive, unsure of self, basically an insecure person	2.19	0.94
33.	Is prone to jump to conclusions; to generalize from meager information; to make snap diagnoses	2.25	0.98
34.	Is highly dependent on others	2.28	0.93
35.	Is narrow-minded	2.31	0.90
36.	Is parsimonious	2.35	0.94
37.	Dislikes being at a disadvantage	2.36	1.04
38.	Dislikes hard work	2.39	1.01
39.	Prescribes unnecessary procedures	2.42	0.97
40.	Is smoking	2.49	1.15
41.	Is frequently ill	2.54	1.04
42.	Takes patients from other doctors.	2.55	1.14
43.	Is a chronic alcoholic	2.57	1.03
44.	Does not conform to the practice of other doctors even it is a good ones	2.60	1.07
45.	Has self- entitlement, grandeur ; regards himself as a very important person	2.61	1.15
46.	Has an unhappy family	2.64	1.08
47.	Dislikes working overtime	2.76	1.11
48.	Is a homosexual	2.77	1.19
49.	Has a bad personal history such as extramarital affairs	2.78	1.09
50.	Has a cold personality/Is aloof	3.03	1.04

who had been sued least and sued most, even when asked if they would send a relative to see the physician in question. "We found profound differences between the groups when it came to the doctor-patient relationship, "The tragedy is that the doctors who acquire many claims never understand why," "Medical schools are finally recognizing the therapeutic effect of a good doctor-patient relationship and its preventive effects in malpractice(17).

Most educators agree that compassion on the wards cannot be induced didactically. Perhaps through the example of sensitive chiefs of service and attending physicians it can. More likely, sensitivity has to be there before admission to medical

school. However, empathy may be acquired, those who have it will talk openly about death to the dying, and to the relatives of the dying. They will know that what the person whose time has come most fears is dying alone. They will understand that if they do not speak candidly, if they do not individualize their relationships, the despondency that comes with sickness and death is magnified. (The making of a good doctor.)

The authors thought that one very important thing is how to recruit applicants with these characteristics in the medical selection process. There should be a method like personality inventory to elicit both good and bad characteristics from the

applicants applying for medical school. A previous study by the authors distinctly showed the relationship between academic performance and personality profile. However, testing all good and bad attributes has not yet been established⁽¹⁸⁾.

Hence, medical schools must realize that academic competency is not the only thing people need from a doctor. There are other qualities of equal importance, may be more, such as morals, and interpersonal relationship. The six- year curriculum ---in medical schools can not improve bad attributes or foster good attributes. To guarantee making a good doctor, the selection process must be capable of finding out those who have desirable qualities and has no undesirable characters, which is very difficulty.

In addition, comments from patients, families, nurses, and others regarding the human qualities and behavior of medical students should be considered. Careful review of the schedules, workload, and support system of house staff should be undertaken with consideration of their impact on

human behavior. Other techniques that can be useful in fostering and monitoring human qualities in medical students include advisors, preceptors, role models, videotapes of physician/patient encounters, and patient simulation including questions that address the cognitive aspects of medical ethics on the medical school admission test to signal their importance in the curriculum of medicine⁽⁷⁾.

Since human qualities can not be tested by a written examination, the medical school should find out which candidates have more positive and less negative qualities than the others.

Candidates whose qualities fail to meet the medical school's standards will be excluded from admission to medical school. Medical students who fail to meet these standards will be excluded from admission to subsequent certifying processes. Continued research and development of methods for reliable, objective assessment of the good qualities of a doctor among candidates for medical school and medical students should be undertaken.

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แพทย์ที่ดี : คุณสมบัติที่พึงประสงค์และไม่พึงประสงค์

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การศึกษาค้นคว้าครั้งนี้มีวัตถุประสงค์เพื่อ ค้นหาคุณสมบัติที่ดีและไม่ดีของแพทย์ จากความเห็นของบุคคลอื่นที่ไม่ใช่แพทย์โดยตรง
วัสดุและวิธีการ : ศึกษาจากกลุ่มตัวอย่าง จำนวน 1,100 คน ประกอบไปด้วย ผู้ป่วย ญาติผู้ป่วย บุคลากรในที่ไม่ใช่แพทย์ ณ โรงพยาบาลมหาราช นครเชียงใหม่ จังหวัดเชียงใหม่ โดยใช้แบบสอบถามถึงคุณสมบัติที่ดีจำนวน 70 ประการ และไม่ดีจำนวน 50 ประการ มีผู้ตอบแบบสอบถามและสามารถนำมาใช้ได้ จำนวน 44 เปอร์เซนต์

ผลการศึกษา : คุณสมบัติที่ดี 3 ลำดับแรกที่กลุ่มตัวอย่างต้องการคือ มีความรู้ดี มีสัมพันธภาพที่ดีกับผู้ป่วยและระดับระวาง เอาใจใส่ ในการดูแลผู้ป่วย ส่วนคุณสมบัติที่ไม่ดี 3 ลำดับแรก ได้แก่ การปฏิบัติต่อคนไข้ที่เป็นเพศหญิงอย่างไม่เหมาะสม การหลอกลวง และ แพทย์ที่มีปัญหาเป็นโรคประสาทหรือโรคทางจิตเวช

อภิปรายผล : ได้มีการเปรียบเทียบผลการศึกษา รวมถึงข้อจำกัดของการศึกษา และการนำเสนอข้อมูล

คำสำคัญ : แพทย์ที่ดี, คุณสมบัติ

วุฒิชัย บุญยนฤธิ์, ทินกร จันทร์อบ

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