

'Doctors who have reason to believe that a colleague's conduct or professional performance pose a danger to patients must act to ensure patient safety.... This Committee has already drawn attention to the existence of appropriate procedures for response to the reports of evident, and dangerous, incompetence. Doctors have a duty to activate these procedures promptly, where such cases arise. At all times patient safety must take precedence over all other concerns, including understandable reticence to bring a colleague's career into question.'<sup>ii</sup>

10. 'The Dunn case' was well publicised by the GMC because of the central importance of patient safety. The GMC took the unusual step of issuing a press release giving details of the case to all national and medical press editors on 18 March 1994. Furthermore, the Annual Report for 1994 alerted all registered doctors to the forthcoming publication of *Good Medical Practice* and reminded them of their duty to protect patients from colleagues whose health or professional conduct poses a danger. 'The Dunn case' was highlighted in the same report and part of the judgement was reprinted, repeating once again that patient safety must take precedence over all other concerns.

11. While developing *Good Medical Practice*, as well as strengthening the guidance on the duty to protect patients, the GMC also reviewed the need for guidance on disparagement. The GMC concluded that such guidance should be retained, but its scope should be restricted to cases where patients were affected – 'You must not make patients doubt a colleague's knowledge or skills...' – and not apply to cases which concerned only the reputation of a colleague or the profession. It was agreed that this guidance should appear in the booklet separately from the guidance on reporting colleagues whose fitness to practise is in doubt, in order that the advice on disparagement should not be seen as qualifying the duty to report dangerous colleagues.

## Consent

12. Throughout the 1980s and early 1990s the Council saw a clear distinction between areas governed by law – both common law and legislation – and questions of conduct and ethics. The GMC gave no guidance on matters which it believed were covered principally by law and would be dealt with in the courts. This is still the policy, but not every subject falls neatly into one category or the other.

13. This became increasingly clear in relation to consent. No advice on the issue was included in *The Blue Book* since consent was regarded as a complex legal issue falling outside the area in which the GMC was competent to give advice. However, neither *The Blue Book* nor *Good Medical Practice* attempted to provide a comprehensive guide to all matters which could raise a question of serious professional misconduct, and it therefore remained possible for the PCC to hear cases based on, or involving, consent.

14. During the late 1980s and 1990s the Professional Conduct Committee considered a number of such cases. The first major case (1989/90) was 'the kidneys case', where one of the principal charges related to the failure of the doctors to obtain valid consent from the organ 'donors'. A number of other cases followed in which the PCC emphasised the importance of doctors providing information about procedures and options open to their patients, obtaining consent and respecting patients' decisions.