



# A way forward for whistleblowing

Kamran Abbasi

Editor, JRSM

Medicine has shed many of its privileges. Some remain and are unlikely to disappear. Knowing which of our colleagues to consult when illness strikes is priceless, if only because we can avoid a colleague who we know poses a risk to patients. This sacred knowledge is guarded by hushed whispers and nods and winks. Medical students know the repute of their teachers; junior doctors share horror stories about their contemporaries and seniors. It seems that to err is human, to blow the whistle is alien: 'There but for the grace of God go I'.

Nobody likes a whistleblower. They invite snide remarks about their competency and their twisted motives. One man or woman against the medical establishment, albeit locally or nationally, is a minnow waiting to be crushed, shamed and thrashed out of the medical profession. We don't protect whistleblowers in this country; we persecute them, even when they expose issues on the scale of a paediatric surgery department with a high death rate, a dangerous medical ward, or the conflicts of interest that distort the licensing of medical devices.

Less often, but in an equally damaging way, we allow vexatious whistleblowers to flourish especially when the media or public have decided that the doctors are undesirable trouble-makers. In

short, our response to whistleblowing is confused, inadequate, and damaging – to whistleblowers, victims of vexatious whistleblowers, and patients.

The United States has a national centre for whistleblowing, and developed systems to protect whistleblowers. Thirty-one percent of US physicians are reluctant to report colleagues, while 12% fear retribution from their colleagues for doing this. Despite the Public Interest Disorder Act passed in 1998 following the Bristol scandal, the comparative UK figures would be higher. Medical managers, Department of Health, General Medical Council, and British Medical Association have all been slow to take a lead on this issue.

Whistleblowers require protection, as do the victims of vexatious whistleblowers, but who can achieve the necessary change? Stephen Bolsin and colleagues, a group of authors with unparalleled experience of whistleblowing, recommend a three-stage solution which begins with a consultation exercise led by the medical profession and ends with an equivalent to the whistleblowing centre of the United States (*JRSM* 2011;**104**: 278–82).

The world is a dangerous place, said Albert Einstein, not because of those who do evil but because of those who look on and do nothing.