Journal of Forensic and Legal Medicine 16 (2009) 427–431

Contents lists available at ScienceDirect

Journal of Forensic and Legal Medicine

journal homepage: www.elsevier.com/jflm

Personal View

David Jenkins Memorial Lecture 2008 ☆

Tria Juncta in Uno – The Faculty of Forensic and Legal Medicine

Ian F. Wall MB ChB (Hons), FFFLM FRCGP DMJ DOccMed (Professor, Senior Lecturer) *

David Jenkins Professor of Forensic and Legal Medicine, Faculty of Forensic and Legal Medicine (RCP) and Honorary Senior Lecturer in Forensic Medicine and Bioethics, University of Central Lancashire. UK

ARTICLE INFO

Article history:
Received 19 February 2009
Received in revised form 3 April 2009
Accepted 6 April 2009
Available online 29 May 2009

Keywords:
Forensic physician
Standards
Training
Career intentions

ABSTRACT

The David Jenkins Memorial Lecture given at the Annual General Meeting of the Faculty of Forensic and Legal Medicine on 6 June 2008 at Maidstone, Kent.

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I have to admit that I am not a Latin scholar – so no doubt many of you will now be wondering why I have chosen a Latin motto for my lecture – but hopefully all will shortly be revealed. In this presentation, I want to explore some historical links in relation to the development of the Faculty and this lecture, discuss some issues in relation to training of forensic physicians and finally mention the research project that the David Jenkins Trust fund has enabled me to undertake.

By way of introduction I want to explain some very tenuous links between my *alma mater*, the Royal College of Physicians and the title of this lecture. I am sure you will be aware of the common foxglove – *digitalis purpurea*. To appreciate its importance, we need to go back to the time of William Withering, who was born in 1741, and who graduated from Edinburgh Medical School in 1766 and started work as a consultant at Stafford Royal Infirmary the following year! Eight years later, he was appointed as a physician to Birmingham General Hospital, following the suggestion of Erasmus Darwin (the grandfather of Charles Darwin). Not only was Withering a doctor but he was also a geologist, chemist and botanist. After a chance observation in 1775 of an improvement in a patient with severe dropsy who should have died, he confirmed that extracts of the foxglove plant could help certain such cases. Over the ensuing 9 years he carefully tried out different preparations of various parts of the plant and documented 156 cases where he had employed digitalis and described the effects and the best and safest way of using it. One of these cases was a patient whom Erasmus Darwin had asked Withering for a second opinion. In 1785, Darwin submitted a paper to the College of Physicians in London,[1] entitled "*An Account of the Successful Use of Foxglove in Some Dropsies and in Pulmonary Consumption*". As a postscript at the end of the published volume of transactions containing Darwin's paper it stated[2] "*Whilst the last pages of this volume were in press, Dr Withering of Birmingham. . .published a numerous collection of cases in which foxglove has been given, and frequently with good success*". Following this Darwin and Withering became increasingly estranged, an argument ensued resulting from Darwin having accused Withering of unprofessional behaviour by effectively poaching patients – indeed this was probably a very early example of medical academic plagiarism. However, in Withering's memory the William Withering Chair of Medicine was established at the University of Birmingham Medical School.

In 1973, Raymond (known as Bill) Hoffenberg was appointed William Withering Professor of Medicine at the University of Birmingham and it was established custom that each professor would give an inaugural lecture. I remember notices being put up around the medical school for his lecture entitled "*Tria Juncta in Uno – the role of an academic medical unit*". Now I have to admit that as a third year medical student, I had other things to do and I did not attend his lecture! He later went on to become Sir Raymond Hoffenberg and was President of the Royal College of Physicians (RCP) from 1983 to 1989. Indeed Professor Carol Seymour was Academic Registrar when he was President and knew him well.

Sadly he died last year, but the title of his lecture always stuck in my mind, to the extent that I wondered what the precise trans-

☆ Given at the Annual General Meeting of the Faculty of Forensic and Legal Medicine on 6 June 2008 at Maidstone, Kent.

* Tel.: +44 01536 790475; fax: +44 01536 790283.
E-mail address: ianwall@doctors.org.uk

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doi:10.1016/j.jflm.2009.04.013

lation of the title was. So the easiest way of finding out was simply to '*Google*' the phrase and of course this gave me the, not unexpected translation of, three join to become one. It is the motto of the Order of the Bath and represents the union of England, Scotland and Ireland.

But I felt the motto could be very aptly applied to the Faculty being the union of Medical Coroners, Medico-legal Advisers and Forensic Physicians – hence the title of this lecture.

So the Faculty was born in April 2006, with at that time four objectives:

- To promote for the public benefit the advancement of education and knowledge in the field of Forensic and Legal Medicine.
- To establish a career pathway in Forensic and Legal Medicine and achieve specialist recognition of the specialty.
- To develop and maintain for the public benefit the good practice of Forensic and Legal Medicine by ensuring the highest professional standards of competence and ethical integrity.
- To act as an authoritative body for the purpose of consultation in matters of educational or public interest concerning Forensic and Legal Medicine.

However, because of the need to satisfy the requirements of the Charity Commissioners, it was necessary to amend these objectives and thus formally recognize the first and third objectives above in our Standing Orders. However, that does not mean that the other objectives had to be ignored.

But whilst considering these initial objectives, I feel this would be a good opportunity to say something about David Jenkins, and whilst many people here knew him very well, some of you may not have known him. David qualified from the Middlesex in 1950, did national service in the RAF before joining the practice of Ralph Summers in Bow Road. He became police surgeon for the Metropolitan Police for "H" and "G" divisions at a time when they also had responsibility for the health of police officers and their families. He later extended his commitments to the City Police and the West End. He obtained Membership of the Faculty of Occupational Medicine and the Diploma of Medical Jurisprudence (DMJ). He subsequently became an examiner for the DMJ and a Freeman of the City of London as a liveryman of the Society of Apothecaries. He was Honorary Treasurer of the Association of Police Surgeons and President from 1986 to 1988, following which he remained on Council, becoming senior trustee of the WG Johnston Trust Fund, a position he held until he died suddenly on holiday in South Africa in March 2003. On doing a bit of further research, I discovered he examined me for part 1 of the DMJ in 1993. But more importantly, I think it can be clearly stated that David stood for everything we as a Faculty were trying to achieve when these objectives were drafted.

So what have I been trying to do as the first David Jenkins chair? There is no job description, no terms of reference but only an obligation that I undertake some form of research and give the annual David Jenkins memorial lecture. But I have seen it as something more than that and felt it was an obligation to promote the Faculty and in some way make a difference. Many of you will know that I have an interest in education and training of forensic physicians, and for the last several years had been trying to build upon the foundations established by the Association of Forensic Physicians, and in particular that of the late Dr. Michael Knight, in terms of introductory training of forensic physicians. I felt that this year would be a wonderful opportunity to try and develop this aspect of the work of the Faculty, because, after all, new doctors will be the life blood of the Faculty. Whilst I provide some expert opinions for some of the defence organisation, some of which are in response to a Coroner's Inquest, I am not a medico-legal adviser or a Coroner. And so I must apologise to my colleagues from these disciplines if I now concentrate on the work of forensic physicians.

We run, at least four times per year, an introductory residential course in clinical forensic medicine, jointly with the National Policing Improvement Agency (NPIA), held in different places around the country but most frequently in Durham, close to where one branch of NPIA is based at Harperley Hall. Repeated comments from doctors on this course were that many felt they may have had adverse incidents in relation to patient safety and/or may have missed forensic evidence due to lack of training. Some doctors admitted that they had received no training and others had received limited training of questionable quality delivered by doctors who had limited experience of and no qualifications in clinical forensic medicine. This led to an earlier research project of mine[3] whose research aims were:

- To identify the characteristics of doctors commencing work in clinical forensic medicine.
- To identify if doctors had completed an introductory training course (ITC) in clinical forensic medicine and when this occurred in relation to the commencement of working.
- To identify if doctors had experienced an adverse incident in relation to patient safety through lack of training.
- To identify if doctors had experienced an adverse incident in relation to quality of forensic evidence through lack of training.

In 2005, a semi-structured postal questionnaire was sent to 806 members of the Association of Forensic Physicians in the United Kingdom (UK). The questionnaire was divided into three parts with part one asking five questions of a biographical nature, part two asking four questions relating to training and specifically if the doctor had completed an ITC and whether this was before commencing employment as a forensic physician and the third part asking, in relation to the practice of clinical forensic medicine, whether:

- They had experienced an adverse event in relation to patient safety.
- They had experienced quality issues with regard to forensic evidence.
- All new forensic physicians should complete an ITC.
- All new forensic physicians should complete an ITC before commencing forensic practice.

With respect to adverse incidents in relation to patient safety, 27 out of 357 had experienced an adverse incident; of these 25 had completed an ITC and two had not ($P > 0.001$). Adverse incidents were also reviewed by experience of doctors and it was noted that the greater the doctor's experience, the less likely a doctor was to have an adverse incident, though this was not statistically significant.

With respect to quality issues, 128 out of 357 had experienced an adverse event; of these 104 had completed an ITC and 24 had not ($P > 0.001$). These results therefore indicate that doctors who have not completed an ITC do not think they have had adverse incidents in relation to patient safety and have not missed forensic evidence. But why is this? Either the untrained doctors are so good that they rarely have adverse events or as I would suggest, the explanation is that they simply have no insight into what they are missing through lack of training. Put more simply "you don't know what you don't know".

However, I think it is crucially important that training courses are quality approved and externally accredited and as a proposal for good practice, I proposed that doctors contemplating working as a forensic physician should:

- Shadow an experienced forensic physician prior to commencing training (so that the type of work, patients and environment can be experienced first hand).

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