

LETTERS



STATUTORY BODY AGAINST MEDICAL FRAUD

Promoting organisational justice in medicine and health science research and practice

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The BMJ's issue highlighting clinical and research malpractice is welcome,¹ as is the recognition of trenchant resistance to change. Privileged groups seek to defend the indefensible.² There is much privilege and profit to defend in health, including for health professional associations, corporations, and universities.

Once qualified, clinical professionals find the psychological contract³—"If I work well, I'll get on well"—dissolves in a soup of patronism and compliance. These highly competitive and emotionally charged occupations, devoid of an ethos of organisational justice, cultivate behaviour that is often unbecoming, sometimes unethical, and on occasions, illegal or fatal. Patients suffer, but so too do health professionals.

Bullying is another, but not unrelated, aspect of unethical behaviour in health professions⁴—people who are frustrated in achieving their goals often redirect this frustration towards those lower down in the hierarchy. Maintaining privilege, breaking the psychological contract, and bullying all flourish in an environment devoid of fairness, or even the expectation of it.

Organisational justice improves performance⁵; its components include informational (who knows), procedural (how decisions are made), interpersonal (how people treat each other), and distributive (who gets what) elements. While there is no

perfectly fair system, there are few things as demotivating as the belief that the system we work in is wanton. The thwarting of a simple expectation of fairness leads to an untold array of unkind, unprofessional, and dangerous behaviours. Yes, we owe organisational justice to our patients, taxpayers, and students, but we also owe it to ourselves.⁶

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Full response at: <http://www.bmj.com/content/352/bmj.i293/rr-0>.

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