Physician: Make a Boundary for Thyself – Keep out of Partisan Politics!

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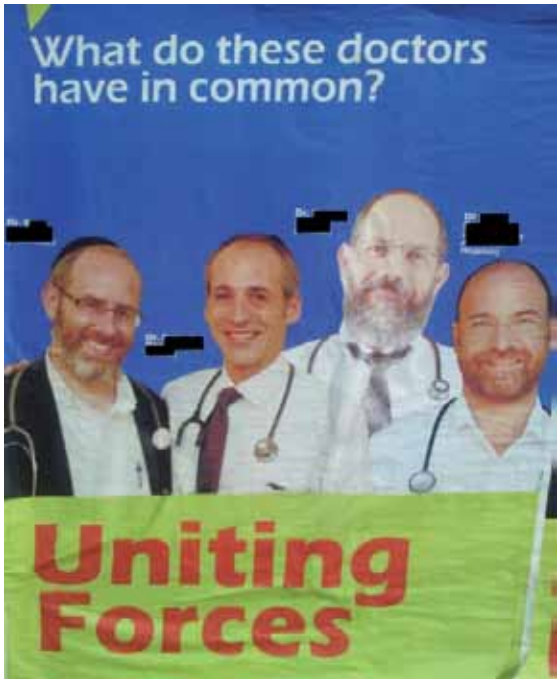
Medical students on the first day of their psychiatry rotation, or psychiatry residents at the beginning of their residency training, are instructed that one of the most important principles in medicine that they must uphold is the "maintaining of boundaries." This applies across all fields of medicine. Unfortunately, this tenet is often ignored by physicians, which invariably complicates their professional and private lives in a manner that is often irreversible and inextricably destructive. While it would seem intuitive that this issue be respected and nurtured among physicians and other health care providers, this is often not the case. Thus, physicians may be exploited by politicians who want their support, not merely their votes but the status that they bring as medical professionals, which carries with it society's respect. This respect derives from the unwritten social contract that the community has with doctors, an agreement coupled with the duty to relieve pain and suffering and to manage disease and disability [1]. Political involvement for its own sake is proscribed. I believe it essential that consistent ethical awareness be nurtured and, where required, ethical guidelines published and enforced.

Figure 1. Pamphlet with names and affiliation of four doctors (three employed by health funds and one by a hospital) indicating their open support for a specific mayoral candidate (names and affiliations are obscured)



There is no clearer example of violation of this boundary than what occurred in the town of Beit Shemesh during the recent municipal elections in Israel. A group of four well-known and prominent community physicians, clearly associated with health funds and one large academic hospital, openly supported – on massive banners and thousands of distributed leaflets – one particular mayoral candidate [Figure 1]. This they did not as individuals, but as doctors with their stethoscopes clearly visible, and in some of the published advertisements their medical white coats as well. The political campaign clearly wanted them because their support carries a greater weight than that of lay people. This manifests as a clear violation of medical and professional ethics. These physicians have exploited their status as physicians by providing an unfair advantage to a candidate by virtue of their status in the community as physicians. In addition they have potentially alienated a large portion of the population who may not necessarily support the candidate supported by these physicians, thus possibly introducing a barrier to clinical care due to the discomfort it may imbue.

The concept is an important one. While the scale of the involvement of course may not be paralleled, in Germany in the 1930s Nazi leaders recognized the status that physicians enjoyed in the community and they too utilized the support and status of physicians for their policies, many of which had absolutely nothing to do with clinical medicine [2]. The same occurred in Argentina, Russia and other countries. Similarly, while one cannot compare the scale of the "incursion on the neutrality of medical personnel" in conflicts around the world today such as in Bahrain and Syria, doctors should not serve as "political pawns and political weapons in clear violation of …… World Medical Association guidelines" [3]. An extreme example of physician interference in electoral politics by supporting one candidate over another was the 'Barry Goldwater affair' in the United States in the 1970s. The American Psychiatric Association vehemently criticized, on ethical grounds, physicians (in this case psychiatrists) taking a public stance on political candidates and commenting as physicians on any candidate's competency to lead or govern [4].

Boundaries apply to the separation between "professional and personal identity" [5]. Such limits allow and engender safe interaction between the physician and the patient/society and thus are not expressed as a barrier in clinical exchange

in any adverse manner [6]. On the contrary, such professional boundaries delineate the "parameters of the relationship so that the patient/society can interact in a safe atmosphere with a physician" [6] who is completely in sync with the patient and clear of any presumptive political orientation or grandstanding. Boundaries ensure the "safety" and comfort of both parties which is of critical value in the clinical interaction [6]. Any interference positioned between the two adversely affects the special relationship due to the patient. While this would be true at any time, it becomes especially important during times of potential conflict or disagreement, such as during municipal or national elections.

Physicians must desist from involvement 'as physicians' in areas that supersede medical practice and must refuse to employ their training and professional skills in areas where they do not belong, such as torture [7]. This would apply as well to physician assistance in interrogation, profiling, electoral candidate character assassination or anything else unrelated to the purpose for which the doctor underwent medical training [6]. Similarly, if called upon to participate in partisan political activism unrelated to the practice of medicine, it is critical that the physician engage in such activity as 'a concerned citizen' only and not in their professional capacity clearly identified as physicians [8].

However, physicians can and should be involved in the political process in order to obtain better conditions and resources for their patients, ensuring better education of the community in illness prevention and optimal clinical management, as well as demanding equality of health care for all [8,9]. Gruen et al. [10] referred to such a role as "advocacy for and participation in improving the aspects of communities that affect the health of individuals." There are several examples of such sociopolitical involvement over the past century, such as the celebrated Polish doctors in the early 1900s who played a seminal role in public life by establishing new hospitals and treatment services, as well as combating community-associated illnesses, contagious diseases and cancer, and predisposing behaviors including alcoholism and venereal disease [11]. This kind of political involvement is very different from using one's medical stature to gain support for a political candidate; the recent example in Beit Shemesh clearly demonstrates the egregious violation of such boundaries.

Medical management has to be carried out under conditions of neutrality. Any interference, including overt support of political candidates using the mantle of medicine's good name, is unprofessional and must be condemned as an affront to the dignity, pride and merit of the profession. While such behavior may not be illegal, it is the responsibility of medical establishments (health funds, hospitals) to define guidelines for preventing such behavior.

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Capsule

Spectinamides: a new class of semisynthetic antituberculosis agents that overcome native drug efflux

Although the classical antibiotic spectinomycin is a potent bacterial protein synthesis inhibitor, poor antimycobacterial activity limits its clinical application for treating tuberculosis. Using structure-based design, Lee et al. generated a new semisynthetic series of spectinomycin analogs with selective ribosomal inhibition and excellent narrow-spectrum antitubercular activity. In multiple murine infection models, these spectinamides were well tolerated, significantly reduced lung mycobacterial burden, and increased survival. In vitro studies demonstrated a lack of cross-resistance with existing tuberculosis therapeutics, activity against multidrug-resistant (MDR) and extensively drug-resistant tuberculosis, and an excellent pharmacological profile. Key to their potent antitubercular properties was their structural modification to evade the Rv1258c efflux pump, which is upregulated in MDR strains and is implicated in macrophage-induced drug tolerance. The antitubercular efficacy of spectinamides demonstrates that synthetic modifications to classical antibiotics can overcome the challenge of intrinsic efflux pump-mediated resistance and expands opportunities for target-based tuberculosis drug discovery.

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