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PERFORMANCE OF THE PROFESSIONAL COUNCILS CONCERNING 966 COMPLAINTS ADDRESSED TO REGIONAL COUNCILS OF MEDICINE (CRM) OF MINAS GERAIS, FROM 2012 TO 2017

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Abstract: The study aimed to analyze the actions of the Professional Councils in relation to 966 professional-ethical complaints addressed to the Regional Council of Medicine of Minas Gerais between 2012 and 2017. The number of cases, gender, articles violated of the Code of Medical Ethics and decisions made in the lawsuits were considered. An expressive result was observed in terms of acquittal (535 cases) by the Regional Council of Medicine of Minas Gerais. There was a divergence when the same cases were evaluated by the Federal Council of Medicine, which upheld the acquittal in only 29% of the cases. Due to the methodology applied, it was not possible to go beyond speculation on the subject, being necessary a better analysis of the scientific community on this issue.

Keywords: whistleblowing, professional advice, professional ethics

Actuación de los consejos profesionales en relación con 966 quejas dirigidas a los Consejos Regionales de Medicina (CRM) de Minas Gerais, de 2012 a 2017

Resumen: El estudio tuvo como objetivo analizar las acciones de los Consejos Profesionales en relación con 966 quejas ético-profesionales dirigidas al Consejo Regional de Medicina de Minas Gerais entre 2012 y 2017. Se consideró el número de casos, el género, los artículos violados del Código de Ética Médica y las decisiones tomadas en los juicios. Se observó un resultado expresivo en cuanto a la absolución (535 casos) por parte del Consejo Regional de Medicina de Minas Gerais. Hubo una divergencia cuando los mismos casos fueron evaluados por el Consejo Federal de Medicina, que mantuvo la absolución sólo en el 29% de los casos. Debido a la metodología aplicada, no fue posible ir más allá de la especulación sobre el tema, siendo necesario un mejor análisis de la comunidad científica sobre esta cuestión.

Palabras clave: denuncias, consejos profesionales, ética profesional

Atuação dos conselhos profissionais em relação a 966 denúncias dirigidas ao CRM/MG, no período de 2012 a 2017

Resumo: O estudo visava analisar as acções dos Conselhos Profissionais em relação a 966 queixas de ética profissional dirigidas ao Conselho Regional de Medicina de Minas Gerais entre 2012 e 2017. Considerou o número de casos, género, artigos violados do Código de Ética Médica e as decisões tomadas nos julgamentos. Um resultado expressivo foi observado em termos de absolvição (535 casos) pelo Conselho Regional de Medicina de Minas Gerais. Houve uma divergência quando os mesmos casos foram avaliados pelo Conselho Federal de Medicina, que manteve a absolvição em apenas 29% dos casos. Devido à metodologia aplicada, não foi possível ir além da especulação sobre o assunto, sendo necessária uma melhor análise da comunidade científica sobre esta questão.

Palavras-chave: denuncias, conselhos profissionais, ética profissional.

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Introduction

In Brazil, complaints against physicians are becoming more and more frequent to Regional Councils and the Federal Council of Medicine. The complaints and respective judgments cause embarrassment to the denounced and the complainants themselves and reflect, in a certain way, the fragility of Brazilian medical care*(1,2)*. The entities imbued with formal powers to judge the ethical aspects of the complaints also feel affected. In summary, the physicians feel accused, the clients lose their trust in medical care, and the Councils, in a way, feel involved in their mission to inspect and supervise the professional practice*(3,4)*. Therefore, it is imperative to investigate the nature of the complaints, evaluate the causes and identify the articles of the Medical Code of Ethics that have been violated, as well as understand and propose preventive measures*(5)*. Some issues could be raised to justify the complaints: inadequate qualification of the professional; deterioration of the doctor-patient relationship; poor quality of medical schools; the influence of health insurance plans, demanding celerity in consultation time; lack of specialization due to the complexity of medicine*(1,6,7)*.

In a relatively recent doctoral thesis, Gracindo*(8)* observed, from 2010 to 2018, an increasing rise in the number of cases received by the Superior Court of Medical Ethics of the Federal Council of Medicine; most of the claims coming from the Southeast region of the country; therefore, suggesting that such result should receive greater attention from the medical ethics councils*(8)*. In summary, it is mandatory to identify the trend of the complaints, the causes, and the most violated articles of the Medical Code of Ethics.

The present manuscript analyzed the causes and judgments of complaints against physicians in professional practice, addressed to the Regional Council of Medicine of Minas Gerais (CRM-MG) from 2012 to 2017.

Methods

This Cross-sectional study analyzed 702 legal processes from 966 physicians between 2012 and 2017. The data were supplied by Sector (SEPRO) of the Regional Council of Medicine of Minas Gerais (CRM/MG).

Statistical analysis

Data was assessed with the following statistical programs: Excel and SPSS (version 21). The value determined for significance in all analyses was $p<0.05$, and the significance level was 95%.

Results

It was possible to notice an annual average of 117 lawsuits based on six years of observation. Table 1, however, shows the number of cases received each year by CRM/MG and the number of reported cases from 2012 to 2017. In 2012, the highest number of lawsuits (157) and reported cases (208) were registered. In 2014, the lowest number of lawsuits (94) and reported cases (130) were documented. In 2017, there was also the highest number of reported cases (208), although the number of lawsuits was relatively high (127).

Table 1 - Annual distribution of cases and reports, from 2012 to 2017

Year	Nº of cases	Nº of reports
2012	157	208
2013	112	146
2014	94	130
2015	102	135
2016	110	139
2017	127	208
Total	702	966

Source: SEPRO/CRM/MG.

The demographics of the sample are shown in Table 2. The average age of all reported professionals was 47.76 years old.

As for the average age, there was no significant difference in the professionals reported, year by year, from 2012 to 2017. It should be emphasized that the minimum age observed was 24 years, and the maximum was 76 years. Regarding the distribution of those denounced by gender, from 966 reported professionals, 81% were male, and 19% were female (Figure 1).

Table 2 - Mean age of physicians reported to the CRM/MG from 2012 to 2017

Year	Mean age	Minimum	Maximum	Standard Deviation	*p*
2012	46,97	24	74	11,29	
2013	47,01	24	72	11,95	
2014	47,67	27	75	11,61	0,12
2015	46,81	24	74	11,1	
2016	49,86	26	75	11,7	
2017	48,24	24	76	12,48	
General	47,74	24	76	11,77	

Source: SEPRO/CRM/MG.

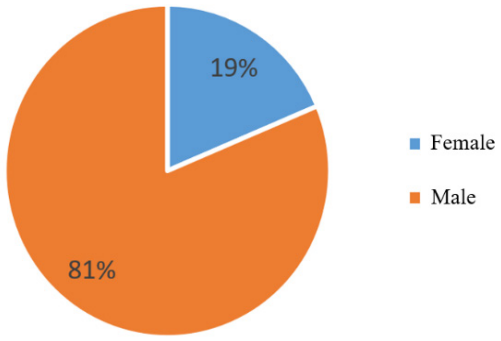


Figure 1 - Distribution of the 966 professionals reported by gender. Source: SEPRO/CRM/MG

The mean values of professional practice after graduation are presented in table 3. The mean time of professional practice was 21.15 years. When comparing the averages of professional practice, there was no statistically significant difference.

Some professionals were reported more than once. The distribution of recidivists among the 996 registered and the number of cases for each year of study is presented in Table 4 and Figure 2.

Table 4 – Recidivists and number of cases, year by year (2012 to 2017)

Year	Recidivists	Nº of cases
2012	29	65
2013	15	33
2014	12	25
2015	10	21
2016	5	15
2017	3	8
Total	74	167

Source: SEPRO/CRM/MG.

It is worth noting that the 167 cases registered in table 4 represent 23.7% of the 702 cases analyzed.

Table 3 - Period of professional practice since graduation from 2012 to 2017

Year	Average number of years graduated	Minimum	Maximum	Standard Deviation
2012	20,29	0	45	10,71
2013	20,26	0	47	11,67
2014	20,86	1	48	11,66
2015	20,14	0	46	10,84
2016	23,36	1	49	11,34
2017	22	0	51	12,36
Total	21,15	0	51	11,51

Source: SEPRO/CRM/MG.

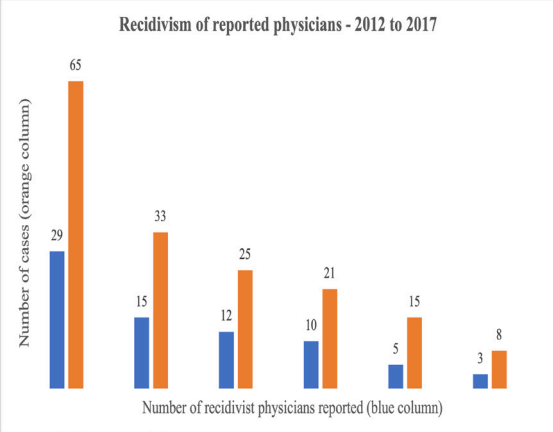


Figure 2 - Recidivism of reported physicians, 2012 to 2017. Source: SEPRO/CRM/MG.

Table 5 (below) presents the medical areas and the respective number of reported physicians. In the area of gynecology, there were 123 complaints (12.7%); in Internal Medicine, 70 complaints (7.2%); in General Surgery, 52 complaints (5.4%); and in Plastic Surgery, 38 complaints (3.9%). In total, the complaints to non-specialty physicians exceeded 323 (33.4%) from those of any other area separately. As a general practitioner - with no specialization - we may speculate that the professional attend to various medical demands, not being prepared to follow all of them with the same quality standard as a specialist.

Table 5 – Specialty of the reported physician

Specialty	Nº of reports
Gynecology and Obstetrics	123
Internal Medicine	70
General Surgery	52
Plastic Surgery	38
Ophthalmology	38
Orthopedics and Traumatology	37
Psychiatry	34
Pediatrics	32
Forensic Medicine and Legal Medicine	27
Occupational Medicine	26
No specialty	323
Total	966

Source: SEPRO/CRM/MG.

The Regional Medical Council of Minas Gerais acquitted 535 denounced physicians. Among the remaining, the majority received, in descending order, a private warning, private reprimand, and public reprimand. Twenty-six cases were punished more severely: eighteen with a suspension of professional practice and eight with the revocation of the medical function. Disciplinary sanctions for physicians are provided in Article 22 of Law 3268, September 30, 1957. The mildest is the private warning in a reserved notice; then, the private reprimand still in a reserved notice; the official public reprimand; the license suspension and the revocation of professional exercise. It is worth noting that the number of acquittals was relatively high, and the Regional Medical Council (CRM) considered the complaints unfounded in this case. The hypothesis of a certain corporativism of the CRM does not seem viable since thirty cases received more severe punishment, including eight cases with the revocation of professional exercise. The CRM/MG trial results are presented in Table 6 and Figure 3.

Discussion

Notably, the highest number of cases (157) and the highest number of reported physicians (208) were recorded in 2012. In 2014, the lowest number of cases (94) and the lowest number of reported physicians (130) were registered. In 2017, there was also the highest number of reported cases (208), although the number of cases was relatively high (127). The data were not statistically significant despite the differences between lawsuits and reported cases in the years evaluated. The number of people reported is always higher than the number of cases since not all reports progress to the case stage. It is also important to remember that the number of lawsuits was higher than the number of reports, which seems logical. No difference was observed between the average age of the professionals reported year by year, from 2012 to 2017. Age neither increased nor decreased the possibility of the professional being reported.

Regarding the distribution of reports by gender, among the 966 professionals reported, 81% were male, and 19% were female (Figure 1). However, a definitive conclusion cannot be drawn since

Table 6 – Outcome of trials, year by year (2012 to 2017)

Decision	2012	2013	2014	2015	2016	2017	Total
Acquittal	117	74	66	70	84	124	535
Private reprimand	34	25	17	23	13	20	132
Private warning	31	26	17	18	22	24	138
Public reprimand	20	18	26	14	15	30	123
License suspension	4	0	2	7	2	3	18
Revocation	1	1	2	1	1	2	8
Terminative decision/extinction	1	2	0	2	2	5	12
Total	208	146	130	135	139	208	966

Source: SEPRO/CRM/MG.

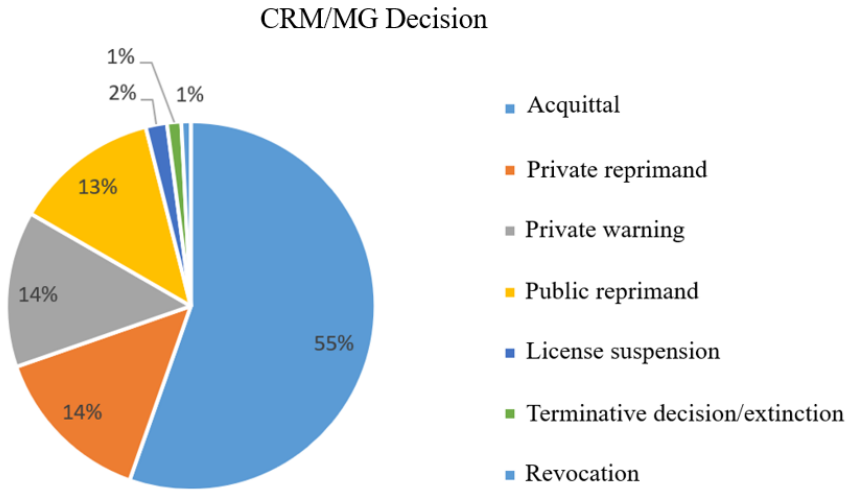


Figure 3 – Post-trial - CRM/MG Decision.Source: SEPRO/CRM/MG.

it is only in the last few years that women have had more access to medical schools. Moreover, no proportional evaluation of male and female physicians was done in the present study.

Considering the study of Medical Demography in Brazil*(2)*, conducted by Fiocruz in 2018, men represented 54% of 414,831 professionals, while women represented 45.6%. If the present study results are confirmed, other causes should be sought to justify the male predominance among those reported.

The data on recidivists are shown in Table 4 and Figure 2. Notably, the recidivists were submitted to more than one process. It is not possible to evaluate the reasons. Nonetheless, it is possible to imagine that the professional has caused the same infraction or committed another equally deserving lawsuit. However, there was a progressive decline in the frequency of lawsuits and reports for recidivists. In 2012, 65 cases for 29 reported physicians; in 2017, three reported physicians for eight cases.

Furthermore, it is important to note that the number of lawsuits decreased between 2012 and 2017. Perhaps the educational/punitive nature of suffering a professional ethics lawsuit with the medical councils has caused physicians to be more cautious in their professional activity*(1)*. On the

other hand, physicians may have had their registration revoked and can no longer practice their profession. Although, the interpretation of this data deserves a specific study on the issue.

Concerning medical specialties (Table 5), Gynecology, Internal Medicine, General Surgery, and Plastic Surgery comprised most of the complaints. However, those reported with no specialty predominated, reaching a total of 323 (34%) professionals. The data suggest the importance of qualification as a critical factor in justifying the complaint. The relatively high number of complaints in Gynecology, Internal Medicine, General Surgery, and Plastic Surgery may be related to the higher number of clients and the specialty itself. In the case of Gynecology/Obstetrics, this fact is possibly aggravated by teenage pregnancy, as emphasized by José Hiran da Silva Gallo*(9)* in his publication *Teenage pregnancy: ethical and social reflection(9)*. It must be remembered that the first three specialties are the most sought after in both Public Health System and Private Health System. Although, according to the publication *Medical Demography in Brazil* (2018), the specialties of Internal Medicine (11%), Pediatrics (10.3%), General Surgery (8.9%), and Gynecology/Obstetrics (8%%) concentrate 40% of the specialists*(1,10)*.

The most violated articles of the Medical Code of Ethics were related to Chapters III, V, VIII, and X*(11)*, as cited: Chapter III - Professional Responsibility, in the following articles: 1st) Causing damage to patients through lack of skill, imprudence, and negligence; 9th) Leaving a shift at a pre-established time or leaving it without a substitute, except in the case of just impediment; 14th) Practicing or indicating unnecessary medical acts or those prohibited by the country's current legislation; 17th) Stop complying, except for a fair reason, norms emanating from the Regional and Federal Councils of Medicine, and of attending to their administrative requisitions, subpoenas, or notifications, within the determined period; 18th) Disobey the decisions and resolutions of the Federal and Regional Councils of Medicine or disrespect them. Chapter V - Relationship with Patients and Families: Article 32 - Failure to use all available means of diagnosis and treatment, scientifically recognized and within their reach, in favor of the patient. Chapter VIII - Professional Remuneration: Article 68 - Practice double-billing for medical acts. Chapter X - Medical Documents: Article 80 - Issue medical documents without having performed a professional act that justifies it, or that is biased or does not correspond to the truth; Article 87 - Fail to draw up legible medical records for each patient; Article 115 - Announce scientific studies that can not prove the specialty or area of expertise for which is not qualified and registered with the Regional Council of Medicine*(11)*.

In conclusion, the complaints of medical professionals to the ethics councils should be taken as indicators of the quality of medical care, both from the public and personal points of view. The class entities, the ethics councils, should work as judgmental organs of the professionals and exercise an educational function. It was evident that a significant part of the complaints affected physicians without specialties; in this case, general practitioners should receive special attention, giving them more qualifications and better defining the limits of their professional activities. Considering that the present study referred to 2012 to 2017, we cannot affirm if the predominance of male complainants still occurs with the same frequency since the number of women graduating in medicine has been growing yearly. Furthermore, the high number of acquittals - 535 cases - by the Regional Council of Medicine also draws attention, which may indicate a certain "corporativism" among its members.

References

1. Bitencourt AGV, Neves NMBC, Neves FBCS, Brasil ISP de S, Santos LSC dos. Análise do erro médico em processos ético-profissionais: implicações na educação médica. *Rev Bras Educ Med*. 2007; 31: 223-8.
2. Scheffer M, et al. *Demografia Médica no Brasil*. São Paulo, SP: FMUSP; 2018.
3. Loch J de A. Princípios da bioética. Kipper DJ, Organ Uma introdução à bioética. São Paulo *Nestlé Nutr Inst*. 2002; 12.9.
4. Beauchamp TL, Childress J. *Princípios de Ética Biomédica*. 4th ed. São Paulo: Edições Loyola; 2002.
5. Nunes R, Duarte I, Santos C, Rego G. Education for values and bioethics. *Springerplus.* 2015; 4(1): 1-8.
6. Pessini L, Siqueira JE. Bioética, envelhecimento humano e dignidade no adeus à vida. *Tratado Geriatr e Gerontol.* 2006; 2: 154-63.
7. Nunes R, Rego G. *Prioridades na saúde*. McGraw-Hill Lisboa; 2002.
8. *Gracindo* G. *Princípios Bioéticos na Prática Médica no Brasil: construindo um perfil do profissional da medicina a partir dos processos ético-disciplinares julgados (período 2010-2016), com base no atual Código da Ética Médica*. 2018.
9. Gallo J. *Gravidez na adolescência: reflexão ético-social*. 2014.
10. Nunes R. *Ensaios em bioética*. Conselho Federal de Medicina, Faculdade de Medicina da Universidade do Porto; 2017.
11. CF de Medicina. Resolução CFM nº 1.931, de 17 de setembro de 2009. Aprova o código de ética médica. *Diário Of da União* 2009; (183): 90.

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