

Featured Interview with Dr Daniel Sokol

Appeals, medical ethics, social media and more

By Mohammed Alwan

Dr Daniel Sokol, in the words of Medical Ethics Professor Raanan Gillon, is “a star in the medical ethics and law firmament.” For 10 years, Dr Sokol has been a regular columnist for the BMJ. He has sat on ethics committees for the Ministry of Defence, the Ministry of Justice and the Royal College of Surgeons. His latest book, *Tough Choices; Stories from the Front Line in Medical Ethics* is coming out in September (<http://www.toughchoicesbook.com/>) and has already attracted praise from Henry Marsh and Adam Kay. He is also a practising barrister, specialising in medical law. Now he can add this interview in *The Murmur* to his accolades.

It is Daniel's work defending university students who have been accused of misconduct (usually, cheating) or who are appealing academic results that captured my interest.

The story of how he first got involved in medical ethics and representing students is an interesting one. As an undergraduate studying linguistics in Oxford, he lived with 2 medical students, and as he listened to their conversations and got involved in discussions, he found himself becoming increasingly interested in the history of medicine. “I frequently asked myself, ‘who came up with this surgical technique or medical instrument?’, ‘how did they think of this?’. He started to attend extra-curricular lectures on the history of medicine. “Shortly afterwards, the course director came up to me and said ‘you're here more often than the history students. If you get a First, we might be able to offer you a scholarship for a Master's in Medical History.’

Dr Sokol got a First and took on the Master's. During this time, he was puzzled by the ethically dubious conduct of doctors in the past and developed an interest in medical ethics. He eventually enrolled onto a PhD in Medical Ethics and went on to write a thesis on wheth-

er doctors should always tell the truth. The answer: “almost always, but there are some exceptions”.

After his PhD, he lectured at Keele University then St George's Medical School but soon became frustrated with the academic life: “it was just too ‘academic’ – who frankly cares what I thought about this topic or that! - and the marking of exams was a never-ending chore”. With the encouragement of lawyer friends, he started the law conversion course, obtained a ‘pupillage’ and now practises in clinical negligence and personal injury.

Dr Sokol first represented a university student when a friend asked him if he could save her PhD. After 6 years of hard work, she had failed the viva. He helped her appeal successfully and she got her PhD.

In 2011, Dr Sokol set up Alpha Academic Appeals, which is now made up of 5 barristers. “For me, it's hugely important work. There is so much riding on the outcome of these decisions. Withdrawal from the course or even a lower degree can be life-changing. And sadly, the standard of decision-making at university level is often poor. The decision-makers are usually untrained and unfamiliar with the principles of natural justice.” He went on to tell me that many students do not know what is necessary to construct a successful appeal, and so lose potentially winnable cases. Students should appreciate that they need effective representation to maximise their prospects of success. In an ideal world, this should be provided by the Student Union. “The reality” says Dr Sokol, who offers training to student union advisers, “may be quite different”.

Turning specifically to the subject of medical students, I asked about fitness to practice hearings. “This is when the medical school has reason to believe that a student's fitness to

practice as a doctor or medical student is impaired. Usually there is an allegation against the student and the medical school will follow the set procedures culminating, in some cases, in a fitness to practice hearing". He provided some advice to medical students who may find themselves in such a situation, "When you get that dreaded letter, pause and do not panic. Do not rush into sending an email or arranging a meeting with a member of staff. Anything you say, or don't say, can be used against you. The first thing you should do is get help from the Student Union or someone else who is independent".

Dishonesty, unprofessional conduct, and poor attendance are common reasons for referral to fitness to practice.

I went on to ask about the pitfalls of social media. "You must think about how you present yourself to the world, and not just in the short term. Imagine yourself reading the Facebook post or tweet in 5 or 10 years' time, when you're an established doctor. Could it cause you embarrassment? Medical students have an image of the profession to maintain". Social media can play a part in appeals too. "You can inadvertently post things that undermine your case. For example, if you argue that in the weeks before the assessment your mood was so low you were unable to socialise but your Facebook pages shows you going to parties and meeting friends, then that could cause serious damage to your credibility".

Wondering if medical students have a deep enough understanding of medical ethics to practise safely as doctors, I ask Dr Sokol about the teaching of medical ethics: "All medical students are taught ethics now, but in different amounts. Some students are also far more interested in the subject than others and there is considerable variation in the sophistication of students' moral thinking and reasoning. However, most of the time, most students and doctors will spot an ethical issue that appears in clinical practice. The key question is 'what are they going to do about it?'. You can teach what is right and wrong, how to analyse it, but I am not sure you can teach moral courage,

which is what's needed to get people to act in difficult situations. I reflect on all this in Tough Choices, which looks at some of the most complex ethical issues in medicine."

I asked about what more could be done: "The most effective medical ethics teaching happens on the wards by senior doctors that students look up to. That doesn't happen very often, as far as I know, and it's a damn shame because it brings medical ethics alive and demonstrates its relevance."

To wrap things up, I asked if he could give one piece of advice to medical students on their first day, what would it be? Expecting a long and detailed answer, I was rather surprised when he simply replied, "read William Osler's essay 'The master word in medicine'. If you know and apply the master word, you will sail through medical school and, once qualified, lower your risk of facing me or a fellow barrister in court." After reading it, I understand exactly why he recommended it, and I would pass on that advice to every medical student. The Master Word in Medicine is available on the Murmur website.

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