



# Value Incompatibility in the Medical Workplace: The Erosion of Cooperation and the Impact on Clinical Safety

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**Abstract:** This opinion Partners in Precision: Cultivating Trust and Respect in the Surgeon-Anesthetist Dynamics article examines the phenomenon of ethical incompatibility within medical teams. It analyzes the dynamics of betrayed trust and gossip, while proposing specific administrative protocols for addressing toxicity, with the aim of safeguarding patient safety and the prestige of the medical profession.

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## INTRODUCTION: THE ETHICAL BACKGROUND OF MEDICAL COLLABORATION

The practice of medicine is collaborative in nature. The Code of Medical Ethics (Law 3418/2005) stipulates in Article 21 that "doctors must maintain a spirit of collegiality and mutual respect among themselves." Breaching this "social contract" through slander constitutes a fundamental failure of professional ethics.

## THE DYNAMICS OF SLANDER AND MOBBING IN THE MEDICAL PROFESSION

Slander (often referred to as mobbing) involves the systematic attempt to discredit a colleague. In the medical field, this manifests itself in the form of questioning clinical competence and spreading rumors that undermine the scientific credibility of the physician.

## PATIENT SAFETY AS "COLLATERAL DAMAGE"

Slander is not limited to interpersonal relationships; it spreads to clinical practice:

- **Collapse of Psychological Safety:** Amy Edmondson has shown that in toxic environments, doctors are afraid to point out risks, leading to "silent" errors.
- **The Swiss Cheese Model:** According to James Reason, poor communication due to hostility is a "hole" in the safety system that allows the error to reach the patient.

## MANAGEMENT RESPONSIBILITY: RESPONSE AND INTERVENTION PROTOCOLS

The management of a clinic or hospital bears ultimate responsibility for maintaining a healthy working environment.

- **Establishment of a Code of Conduct:** Every medical organization must have written protocols that define acceptable behavior.
- **Managing Resignation:** The assumption that bullying was the reason for leaving is a "red flag" that requires a radical restructuring of the team.

## **THE ETHICAL JUSTIFICATION FOR RESIGNATION**

A physician's decision to leave a toxic environment is not an admission of defeat, but the ultimate act of ethical justification.

- **Restoration of Autonomy:** Refusal to participate in a system that tolerates slander restores professional dignity. The physician who leaves, explaining the reasons for doing so, acts as a "witness" to the dysfunction of the organization.
- **Long-term Reputation:** The history of medicine shows that professionals who remain true to their values are ultimately vindicated by their clinical work in new, healthy environments, while those who engage in slander remain trapped in their own toxicity.
- **Moral Capital:** Resignation creates "Moral Capital," a legacy of integrity that follows the physician throughout the rest of his career.

## **CONCLUSIONS**

The medical community must recognize defamation as a serious disciplinary offense. Personal integrity and mutual respect are the invisible pillars on which every medical institution is built. The decision to resign when these values are violated is the ultimate act of respect for the patient and the medical profession.

## **REFERENCES**

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