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Whistleblowing in medicine and in Homer's *Iliad*

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ABSTRACT

'Thinking with Homer', or drawing creatively on themes and scenes from Homer's *Iliad* and *Odyssey*, can help us to better understand medical culture and practice. One current, pressing, issue is the role of the whistleblower, who recognises and exposes perceived poor practice or ethical transgressions that compromise patient care and safety. Once, whistleblowers were ostracised where medical culture closed ranks. However, in a new era of public accountability, medicine looks to formally embrace whistleblowing to the point that not reporting transgressions can now constitute a transgression of professionalism. Where medical students identify with the history and traditions of medical culture, they inevitably find themselves in situations of conflicting loyalties if they encounter senior clinicians behaving unprofessionally. What are the implications of facing these dilemmas for students in terms of role modelling and shaping of character as a doctor, and how might a study of Homer help with such dilemmas? We suggest that a close reading of an opening scene in Homer's the *Iliad* can help us to better appreciate such ethical dilemmas. We link this with the early Greek tradition of *parrhesia* or 'truth telling', where frankly speaking out against perceived injustice is encouraged as resistance to power and inappropriate use of authority. We encourage medical educators to openly discuss perceived ethical dilemmas with medical students, and medicine as a culture to examine its conscience in a transition from an authoritarian to an 'open' society, where whistleblowing becomes as acceptable and necessary as good hygiene on the wards.

INTRODUCTION: WHY HOMER?

We have considered in previous articles[1–6] how a study of Homer can shed new light on central themes and practices in medicine and medical education. In analysing scenes and characters from the *Iliad* and *Odyssey*, we have asked readers to rethink what is a 'communication skill'[1] and what we mean by 'empathy'[2] in medical practice; in what sense medical practice is formulaic, like a Homeric 'song'[3]; what is lyrical about medical practice[4]; how doctors function as translators of the patient's story[5]; and how anger, bullying and violence appear all too frequently in hospitals and clinics while, paradoxically, medicine still clings to its guiding martial metaphor ('medicine as war').[6] We use 'thinking with Homer' as a medium and metaphor for questioning the habitual in contemporary healthcare practice.

In this article, we report and elaborate on a brief episode at the beginning of Homer's *Iliad* as possibly the Ur example of what we now call 'whistleblowing' and examine the parallels and contrasts with modern examples. Whistleblowing is a modern term coined in the early 1970s by Ralph Nader, an American civic activist, to replace previously negatively loaded descriptors such as 'snitching' and 'informing', where snitchers are liable to be ostracised from a community closing ranks. Negative descriptors such as snitchers and informers are grounded in authoritarian professional cultures—traditionally not publicly accountable—such as medicine and the military. Here, a closing of ranks to protect one's own kind is viewed as the moral high ground, rather than the emerging view that accountability is the moral priority. In the traditional clan-based view, snitches align with despised figures—as betrayers—from Judas Iscariot to spies in the Cold War who 'crossed over'. Since Nader, such inward-looking, self-protective, habits have been questioned, so that whistleblowing in emerging egalitarian medical contexts is now a requirement—in principle punishable if explicitly ignored.

WHISTLEBLOWING AND VIRTUE ETHICS

Nader then viewed whistleblowing as a moral responsibility or duty in both the professions and public life—a challenge to habitual practices of disguising ethical slippage. High-profile public accountability incidents in medicine—such as, in the UK, the Bristol paediatric heart surgery scandal and the case of the General Practitioner Harold Shipman, exposed as a serial murderer—have given whistleblowing a high profile. Professional guidelines, for example, from the British Medical Association (BMA), have been developed, offering 'guidance, reassurance and support' rather than the historical legacy of stigma.[7] Indeed, medical students are encouraged to raise concerns about issues or practices they perceive as unethical primarily as a 'duty to report on substandard care'.[8] Such guidelines, however, may offer a high-minded or idealistic rhetoric that does not match the grassroots reality. Formal, promised protection may not be enough to convince potential whistleblowers to break ranks, and if they do, their colleagues may still ostracise them, as discussed below. Academic studies in medical and healthcare ethics have followed, pointing out that whistleblowing can be seen as a healthy example of virtue ethics in action.[9] Needham[8] sees little virtue in the term 'whistleblowing' itself, where "Problems remain with the negative connotations of the term 'whistleblowing.' Perhaps it is time for a new word?"

Whistleblowing is not a uniform activity but a complex phenomenon and may refer to a range of issues in the healthcare sector. Usually thought of as referring to medical error or incompetent practice, leading to harm or potential harm to patients, whistleblowing can refer to exposure of (i) bullying and harassment of patients or colleagues, including violent, sexual or subtle abuse; (ii) bias in doctors' and surgeons' practices, such as prioritising

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appointments; (iii) financial fraud by doctors or healthcare managers; (iv) medical identity theft, for purposes of obtaining medical devices, treatment, prescription drugs or insurance reimbursements; (v) fraud in research (such as drug trials) in carrying out or reporting that research; and (vi) fraudulent promotion of drugs and medical devices.[10] Where medicine is framed as a business,[11] potential ethical issues arise such as putting profit before patient care. The business community, however, has already established the importance of whistleblowing as proper ethical action and can provide models for medicine in this respect.[12]

In this article, we specifically address issues of whistleblowing in relation to professionalism and virtue ethics, with a focus on what ancient Greek culture called *parrhesia* or 'truth telling', distinguished from rhetoric or persuasion.[13–15] The distinction between *parrhesia* and rhetoric may be helpful in defining appropriate (authentic) and inappropriate (inauthentic or misguided) whistleblowing.

There has been a significant development of interest in virtue ethics in healthcare, after previous widespread dismissal, where it is opposed to the dominant discourse of principles-based approaches.[16] Virtue is not formally taught in medical education —rather, it is modelled in practice by senior clinicians and is aligned with 'good character' as an issue of identity construction of the 'professional'. In *After Virtue* (1985)—perhaps the most influential modern text on virtue ethics—Alisdair MacIntyre[17] argued that virtue refuses reduction to universal principles because it is an outcome of culture-specific role modelling. In the Homeric era, for example, the cultural model for virtue was that of the Warrior King, where in a postmodern culture, virtues might be modelled by celebrities. MacIntyre's then sees virtue as plastic or contingent upon context. As cultures change, so do role models; consequently, processes of identity construction through identification with role models and cultural norms also change.

What may be considered virtuous in a future medical culture can be read in current sea changes, such as a shift from autocracy and paternalism to democracy and egalitarianism; from masculine heroism to feminine collaboration and team process; and from doctor-centredness to patient-centredness. Such shifts align with Carol Gilligan's[18] call for a situated, or context-sensitive, 'ethics of care' (or a 'relational ethics') replacing a principles-led ethics. As a feminist, Gilligan points out that the field of virtue ethics since Plato has been gender-biased, towards masculine interests and values.

Historically, entry into medicine has then offered identity as a doctor through identification with an heroic, masculinised culture that characteristically closed ranks under adversity or challenge. Virtue has then related to perceived duty and sublimation of the individual to the needs of the social body under scrutiny or attack. However, times have changed, and medicine is now publicly accountable. This shift has created a dilemma. Identity as a doctor is no longer dependent upon consonant identification with a culture of medicine and its ideal type. Even so, whistleblowers may suffer a loss of identification and become ostracised by those peers still following the traditional way of closing ranks. New forms of identity construction will emerge as a majority of women medical students and doctors practising medicine now reformulate patterns of identification. Perhaps they will reject paternalistic, masculinised culture with its leading martial metaphor (medicine as war), heroic individualism and slavish role modelling for a new culture of collaboration, egalitarianism and social justice, where patients are the focus and complex systems are now held accountable rather than the individuals who compose them.

In this brave new world, perhaps whistleblowers will be cherished rather than ostracised and we will learn from history. Stephen Bolsin, an anaesthetist, exposed the Bristol Royal Infirmary paediatric heart surgery scandal between 1989 and 1995, where an unusually high number of deaths were occurring while surgeons closed ranks in denial of the problem. While Bolsin's exposures led to the formation of the Kennedy inquiry and its recommendations for a framework of clinical governance in the UK, he was cast as a 'troublemaker' and failed to gain work in the UK in an attempt to move away from Bristol. He eventually moved to Australia, where he has pursued a successful clinical and patient safety education career, including supporting whistleblowing.[19–21]

Contemporary views on virtue ethics focus on the consequences of our social actions rather than on preordained cultural habits. This lifts virtue out of its imprisonment as blind devotion to the main culture into which one is initiated (a kind of Freemasonry), again compromising traditional models of identity through identification with a significant tribe or clan in which personal conscience is quelled. A significant body of research on how medical students approach (moral) 'professionalism dilemmas' in the face of transgressions by senior clinicians, led by Charlotte Rees and Lynn Monrouxe, shows that identity formation amongst these medical students is not led solely by identification with the historical traditions of medicine.[22 23] Rather, students recognise the primacy of public accountability set against the pull of tradition as they wrestle with moral dilemmas. What most medical students aim for is authentic patient-centredness, and in the changing climate of collaborative, team-based healthcare they are necessarily caught in the inexorable drift towards a feminist ethics of care.

Virtue is a performance. Debra Hawhee[24] describes how in ancient Greek athletic prowess was considered a virtue, where virtue was equated with virtuosity—visible, performed credibility. Such virtuosity was seen as rhetorical. A good performance persuaded the audience into backing the athlete. The best athletes cannily judged their audience's potential response, relying, like all performers, on good timing. However, another reading of such virtuosity in performance is possible—performance may be virtuous in the sense of being honest and open, free from rhetoric. Honesty and frankness, too, are crucial in whistleblowing. In our Ur example, Calchas's timely whistleblowing intervention frames the tenor of Homer's *Iliad*. The augur Calchas makes only three brief appearances in Homer's war epic, but his first fuels a conflict that forms the theme of the poem. By identifying Agamemnon's refusal to return Chryseïs to her father as the reason for Apollo's plague on the Greeks, Calchas provokes a battle of pride, entitlement and meritocracy between Agamemnon and Achilles that ultimately leads to huge Greek losses in the war against the Trojans. In a similar way, healthcare professionals may feel a duty to engage in whistleblowing, but are often reluctant to do so because of 'severe and long-lasting health, financial and personal' consequences for the individual and his or her family and colleagues.[25] Fred Alford's[26] survey of whistleblowers in North American business settings showed that most suffered reprisals that had long-lasting effects. Nearly half lost their jobs, while half of these lost their homes, and half of this final group separated from their families and were unable in retrospect to make sense of the experience.

WHISTLEBLOWING IN THE FLESH

Whistleblowing is widely discussed in the context of politics and national security with recent high-profile cases of 'leaking' sensitive political and military information to the internet for

public scrutiny. The highest profile case is Julian Assange's WikiLeaks (with the strapline 'courage is contagious'), publishing Bradley Manning's (now 'Chelsea Manning' since a gender reassignment—itself a bold form of moral courage) leak of US high-security information and Edward Snowden's leak of classified information from the National Security agency.

Such bold speech has been widely discussed and historically situated as originating from Euripides (487–407 BC) who coined the term *parrhesia* or 'fearless speech' to describe utterance that was free from rhetoric and spoke 'truth to power'. *Parrhesia* literally means 'to speak everything' or to speak openly and boldly, implying not just freedom of speech but speaking 'truth' as a public obligation even if this means bringing risk upon oneself. Michel Foucault[13] has almost single-handedly recovered interest in the topic of 'the courage of truth', 'truth-telling', or the parrhesiastical tradition, and this has led to many commentaries.[14 15]

As an example, an Athenian orator Lykourgos drew public attention to the wrongdoings of Leokratis, suggesting that the law would do nothing but the ordinary citizen can speak out publicly to denounce such wrongdoing.[27] Mansbach[28] notes that Hellenic kings had advisors skilled in *parrhesia* who would temper the rhetoric of the monarch and this is repeated in the role of the Fool or Court Jester who again plays a serious part in tempering royal rhetoric. Whistleblowing in politics now has a major role in civic affairs and an international online network.[29] The parrhesiast often recognises and articulates a tension between corporate or professional interests and those of the public as a social injustice or abuse of privilege.

Nick Cohen,[30] writing in the UK *Observer,* suggested that the law should save whistleblowers, not silence them. Cohen notes that we still live in a climate where if you "spill the beans on your company's criminal activities" you will "not just lose your job, you could lose your career", echoing the findings of Alford above. Cohen notes Pericles' oration for the Athenian war dead, where "To be happy means to be free and to be free means to be brave", taking this as a call-to-arms for would-be parrhesiasts, who, as Foucault noted, must show moral courage without resorting to persuasion, in exposing the truth. Cohen continues:

> On Foucault's reading, the worker who criticises his boss uses parrhesia. The boss who shouts down his worker, does not. The woman who challenges religious notions of her subordination is a parrhesiastes. The clerics who threaten her with ostracism or worse are not. In the Chinese legend, the mandarin who knows he must contradict the emperor orders carpenters to build him a coffin and takes it with him to court. Pericles would have approved.

But whistleblowing, as we suggest, goes back beyond Pericles (495–429 BCE) and Euripides (487–407 BCE) to Homer (8th-century BCE?) and Homer's contemporary storytellers. For example, although Homer does not include the story of the wooden horse and the fall of Troy in the *Iliad*, he does refer to it in the *Odyssey*. At the time of Homeric oral storytelling, all members of the audience would have been familiar with the tale, later retold in Virgil's epic poem *Aeneid*. The wooden horse ruse did not fool all Trojans—Laocoon blew the whistle on the whole scheme seeing it for what it was, a trick, but was ignored by fellow Trojans. Indeed, along with his two sons he was thrown to his death amongst venomous and constricting snakes who both bit and suffocated two of the three to death (one son was said to have escaped), depicted in a famous life-size marble sculpture now in the Vatican. Laocoon is a giant amongst whistleblowers as, in questioning the apparent gullibility of his comrades, he questioned Fate itself (or the gods' will), acting against the preordained script of Troy, destined to fall. No mortal could challenge Fate, and in response Poseidon is said to have ordered Laocoon and his sons to meet their fates wrestling with giant, venomous sea snakes. Metaphorically, this is perhaps what whistleblowers—from high-profile political WikiLeakers to local protesters—feel like when governments, corporations or even powerful seniors turn on them.

In medicine, whistleblowing has been defined as:

> where an employee, former employee or member of an organisation raises concerns to people who have the power and presumed willingness to take corrective action. In most cases, the individual is unable or unwilling to raise their concerns locally either through concern for their own role or because they have raised the concern previously and no action was taken.[31]

This may be simplified to 'speaking out in the public interest', where whistleblowing is ultimately to improve patient care and safety.

Despite Nader's campaign to rebrand 'snitching' as the more positive 'whistleblowing', the consequences of the latter remain for many stigmatising rather than liberating. Helene Donnelly, a nurse involved in the recent Mid-Staffordshire National Health Service (NHS) Foundation Trust scandal, exemplifies whistleblowing at its worst and best. Despite fear of reprisal and a lack of support and feedback, Donnelly was persistent in reporting her concerns over poor and fraudulent practice—falsifying waiting times—in the hospital's emergency department:

> The culture in the department gradually declined to the point where all of the staff were scared of the Sisters and afraid to speak out against the poor standard of care the patients were receiving in case they incurred the wrath of the Sisters…. I was concerned about the terrible effect that our actions were having on patient care. I did raise this with Sisters [X] and [Y], however their response was extremely aggressive, basically telling me that they were in charge and accusing me and anyone else who agreed with me of not being team players.[32]

One feels those mythical Neptunian sea snakes coiling and suffocating ready to sink their fangs and release their poison. Donnelly's concerns were not taken seriously nor formally processed by the Trust. She endured harassment and threats from colleagues so extreme that she did not feel safe walking to her car in the dark at the end of a shift. She later told the public inquiry: "I felt completely on my own".[32] Whistleblowing, then, invites anonymity for fear of reprisal. In recent high-profile cases, Chelsea (previously Bradley) Manning wished to remain anonymous and WikiLeaks was set up to provide anonymity. While anonymity is common in error (accident and incident) reporting systems in medicine and healthcare, reports cannot be validated and so confidentiality rather than anonymity is invited. Again, the likelihood of reprisals from whistleblowing is high—these include being fired, blacklisted and discredited, or ostracised by colleagues if the job is not lost. Being open may then not be seen as the best option.

The *Iliad* plunges the audience straight into the great quarrel between Achilles and Agamemnon, dictating the events of the rest of the poem. That quarrel is precipitated by an act of whistleblowing. Agamemnon, a Greek king, has taken a woman, Chryseis, as a war prize. He refuses to release her to her father, Chryses, who is a priest of Apollo and who offers a ransom as recompense; as punishment, Apollo visits a plague on the Greek encampment. Achilles calls a meeting of the Greek leaders to determine the cause of the plague and the seer Calchas boldly

steps forward saying that he can explain, as an act of *parrhesia* or fearless speech. He demands protection from Achilles because his explanation will incriminate another leader:

> swear to me that you will willingly help me in word and deed. For I think I shall infuriate a man who wields great power over all the Greeks and in whom they put their trust. An angry king is mightier than a lesser man. Even if he swallows his anger at the time, he will harbour resentment in his chest until he may let it forth.[33]

Achilles swears to protect him: "even if you speak of Agamemnon, who claims to be by far the best of the Greeks". Calchas then explains in very straightforward terms that Apollo is angry at the insult by Agamemnon to his priest in refusing to release Chryseis for the offered ransom. Calchas is right to be concerned about the reaction of Agamemnon, who rounds on him: "angry, his heart filled with a black passion and his eyes flashing like flame. 'Prophet of evil, never do you speak anything to my advantage. It is always your delight to prophesy evil…'". Crucially however, Agamemnon has no choice but to accept Calchas's assessment. He returns Chryseis to her father but demands recompense, taking the woman who is by right Achilles' prize. It is from this final insult that the events of the *Iliad* unfold, fuelled by Achilles' quarrel with Agamemnon.

Medical students too are a good example of individuals reluctant to speak out. They regard themselves as on the bottom rung of the hierarchy, paradoxically rendered insensible and insensitive by their superiors whom they hope to emulate. Unlike their superiors, who are now specialists, as juniors they remain generalists and are present in many environments throughout the healthcare system—thus able to bear witness to a host of potential ethical transgressions; they witness examples of bad practice, some serious;[22 23] and they feel a powerful duty to do something with their knowledge, to report it somewhere[34] In some medical schools, these issues are discussed, often in the setting of small group tutorials; however, just as often they are taken no further, despite students making formal reports to senior members of academic staff. This is akin to Calchas's request for support from Achilles. Nothing will be said without the backing of a powerful figure.

Nearly a quarter of a century ago, Henry Silver and Anita Glicken[35] showed a strikingly high incidence of 'medical student abuse' by seniors. Over 80% of medical students reported abuse, but worse, nearly 70% reported incidents that were 'very upsetting' and 16% said that such abuse had marked them for life. A study by Field[36] in 2002 showed that bullying of medical students was still common and that bullying within medicine was endemic to the culture. Coverdale *et al*'s[37] 2009 study showed unacceptably high levels of bullying even in psychiatry training, where more psychological insight, care and empathy would be expected. As noted earlier, nearly a decade of research by Charlotte Rees and Lynn Monrouxe[22 23 38] shows that abuse and bullying can be subtle and wearing for medical students, placing patient care at risk but also numbing the potential for speaking out as students get used to the idea that 'this is the way things happen around here' so that bad behaviour becomes naturalised.

WHAT CHANGES NEED TO BE MADE IN MEDICAL CULTURE TO ENCOURAGE VALID WHISTLEBLOWING, AND CAN 'THINKING WITH HOMER' HELP?

A comparison between an event reported in 2013 from the mid-Staffordshire UK NHS debacle and a fictional event reported some 3000 years earlier would be of passing interest only, except for the light that Homer can shed on our age. Calasso's is a memorable quotation: "Every notion of progress is refuted by the existence of *The Iliad*".[39] It is depressing that the weak still fear to speak out against the strong. Importantly, what we are not looking at here is an immoveable structural disposition or cultural archetype. There is no reason that medicine as a culture cannot change from restrictive hierarchy to open democracy—indeed, the introduction of governance structures after the Kennedy inquiry shows that medical culture learned much from the Bristol Royal Infirmary scandal and such lessons should be processional, progressive and far-reaching. A change in culture from an authoritarian society to an 'open society'—in Henri Bergson's term, famously employed by Karl Popper[40]—or from a hierarchical legacy to the establishment of democratic habits, is already underway in medicine but is slow.[15 41]

A recent, groundbreaking book by the anthropological archaeologists Kent Flannery and Joyce Marcus[42] discusses "the creation of inequality" in terms of "how our prehistoric ancestors set the stage for monarchy, slavery and empire". Following Rousseau's famous suggestion that hierarchical culture shows slippage from a more natural state of egalitarianism, Flannery and Marcus critically investigate the archaeological and anthropological evidence to show that Ice Age hunter-gatherer communities, centred on small family groups that were largely foragers, must have collaborated with other groups for survival and must have incorporated taboos against the development of hierarchy and privilege. Egalitarianism disappears with the introduction of larger groups particularly during the transition to agriculture, as more elaborate clans develop from simpler family units. In a perceptive final chapter, Flannery and Marcus suggest that much greater egalitarianism is possible amongst contemporary societies if we look to the lessons of anthropology and archaeology, not only by restructuring distribution of wealth but through individuals learning to promote social justice. It is ironic that medical students commit themselves ethically to treat all patients as equals in terms of required medical treatment, yet are fashioned through identity formation by a culture saturated with inequality.

Yet, as we have said, both accountability and governance are slowly reshaping medical culture—just as Achilles encourages Calchas to 'take full courage and speak out', so the General Medical Council (GMC) promotes a culture of openness and integrity, asking doctors, and even medical students, to be brave and voice their concerns, providing several options for doing so. The BMA again recognises whistleblowing as a "professional duty that needs to be fulfilled in a professional way".[43] Individuals are advised first to follow local protocol, and, while reporting to the media remains an option and is protected under the Public Interest Disclosure Act, it must only be done in exceptional circumstances.[44] In the event that local systems do not exist or fail to deal with the issue, clinicians must inform the appropriate regulatory body and discuss concerns with an impartial colleague, a defence body such as the Medical Defence Union or Medical Protection Society, their professional organisation, or the GMC.[45] For UK Foundation programme trainees, the first stop is the educational supervisor. One of the *Duties of a Doctor* listed by the GMC in their publication *Tomorrow's Doctors* is: "Act without delay if you have good reason to believe that you or a colleague may be putting patients at risk".[46] By incorporating this in legislation, one could say that it is easier for doctors to understand that they are duty-bound to report on substandard patient care, whereas for previous generations there may have been some ambiguity as to whether a whistleblower was doing the right thing or being an

unreasonable troublemaker. Indeed, as already noted, the GMC now views doctors who do not report misconduct as accountable, even where they are not implicated.[31] However, as we warned earlier, the rhetoric of governing bodies does not necessarily match the reality of how medical students and clinicians feel on the ground, experiencing conflicting loyalties and unsure of the consequences of considered action.

ANONYMITY OR OPEN CONFRONTATION?

We have discussed how we can protect whistleblowers against backlash or abuse, but how will we prevent whistleblowing itself from being misused or abused? In this section, we discuss the difference between a parrhesiast or 'truth teller' who uses whistleblowing to good effect as an ethical gesture, and those who might abuse whistleblowing as a rhetorical gesture to gain publicity or favour. Our examples are again from scenes in Homer's *Iliad*.

Measures to uphold anonymity reassure health workers, as demonstrated by the GMC's confidential whistleblowing helpline that received 358 calls in its first four months of operation. One in eight of these required referral to the GMC's fitness to practise triage system.[47] But there is an important difference here between Homer and the present. Calchas is afraid precisely because his words are spoken in open assembly. Although 'anonymous' is derived from Greek ('having no name'), the concept of blaming someone behind his or her back in such a context is foreign to the ancient Greek mentality. During the 'Embassy scene' in Book 9, when three Greek leaders are sent to persuade Achilles to return to help his comrades, there is an unexpressed need for tact in the way that they express themselves. Achilles himself feels no such need: "I must speak out bluntly what I think and how it shall come to pass. Then you will not sit there muttering one after another. For I hate like the gates of Hell that man who thinks one thing and says another."[48]

These words are spoken in a group of five, but the original revelation and argument occur in open assembly of the whole army, and certainly there Achilles 'speaks bluntly', calling his leader 'a shameless schemer' and 'a drunken sot'. Achilles, however, unlike Calchas, is a hero of equal status to Agamemnon. There is one other occasion when an ordinary man, this time a soldier, speaks his mind. Following the quarrel, Achilles has retired to his part of the camp vowing to take no further part in the fighting. Overnight, Zeus sends a dream to Agamemnon telling him to test the mettle of his troops by suggesting to them that they are losing the war and should return home. The plan backfires and the troops rush enthusiastically to the ships, happy to return, but Odysseus restrains them recalling them to their duty. The troops sit quietly except for one, Thersites, who speaks out against Agamemnon. He asks him what more he wants—his huts are full of booty and he has the pick of the captured women. He urges his colleagues to return to the ships and leave Agamemnon who insulted Achilles, the latter 'a much better man'.[49]

One might think then that ordinary men can speak out in assembly, but Odysseus reacts swiftly. He harshly warns, indeed threatens, Thersites not to speak against his king. If he does so again, Odysseus swears: "I will strip you of cloak and tunic and thrash you weeping and naked from this assembly down to the swift ships." He then beats him around the head and shoulders with his staff to literally drive home the warning. We might think 'so much for plain speaking, for parrhesiasts and their directness'. But recall that bluff and ungainly rhetoric have no part in 'truth telling' or *parrhesia*. This is then an enigmatic passage. While Thersites has apparently only spoken the truth, we get more of the context from Homer. He is introduced by Homer as a braggart and given a bizarre appearance by him. He might expect some sympathy from his colleagues but they laugh at his plight and one says: "This is the best thing Odysseus has done for the Greeks to silence this loud-mouthed braggart." Thus Homer teaches us how to spot would-be parrhesiasts who are in fact common rhetoricians. Persuasive language is not the same as honest truth telling. We might recognise the politician in such rhetorical tactics.

This behaviour of Thersites' colleagues is all the more enigmatic because Homer tells us they react in this way 'despite being angry'. Angry at what? The behaviour of Agamemnon? Being prevented from returning home? We are not told. It is suggested that Homer includes Thersites to epitomise the opposite of the heroic, represented by Achilles.[50] Certainly Thersites' speech echoes some of the words and themes that occur in the quarrel between Achilles and Agamemnon. However, if these two represent opposite ends of the spectrum of safety in whistleblowers, where does Calchas fit within such a spectrum? Perhaps we should think of another paradigm than binary opposites. Rather, Achilles is protected by his heroic stature, Calchas by the patronage of Achilles and his stature as a soothsayer, and Thersites exemplifies the fate of those without protection or perhaps he blurts out what he sees as truth but the rest of us see as devoid of both moral courage and content. Perhaps both whistleblowing and telling the truth are particularly unacceptable if your nature is irritating and your appearance unattractive: the latter is unfortunate, where the former can be re-educated.

SPEAKING TO POWER

Homer makes it clear that Calchas's greatest fear is that of repercussions, for he understands that: "When a king is angry at a lesser man, his is the greater power." There are echoes of this fear of a king's wrath elsewhere in Greek literature.[51] In Sophocles' *Oedipus Rex*, both Teiresias and the shepherd fear the anger of Oedipus as their stories of events following his birth unfold.[52] And the action of Euripides' *Bacchae* revolves around the furious reaction of the king, Pentheus, to the worship of Dionysus by his people.[53] (All three kings suffer dismal fates.) Calchas, healthcare students and staff share a common dilemma: to 'blow the whistle' and face possible negative consequences, or to let poor practice go unreported and, with current professional practice frameworks and legislation, face later warning or chastisement for not divulging information. "Agamemnon's ability to command obedience rests on a fear of retribution",[54] and by incurring the wrath of a king and thus jeopardising this Homeric hierarchy, Calchas knows the only person who will be able to protect him must be superior to himself in standing, and of heroic status equal to or greater than Agamemnon. To whistleblow must one then seek at least one ally of high standing?

Unlike the other Greeks, Achilles does not fear Agamemnon, and when he addresses the king earlier in Book 1 as one "who now claims to be far the best of the Achaeans (Greeks)", his words carry a tone of mockery. Without Achilles' promise, Calchas knows that he may lose everything at the hands of Agamemnon, and while the warrior may not be able to negate the prophet's fears, he is able to neutralise them so far that Calchas may speak the truth.[54] Needham postulates that a medical hierarchy and intimidating senior staff members may also dissuade staff, and medical students in particular, from

questioning practice—even more so where there is a "perception of a 'boys' club' where colleagues cover for each other".[8]

As noted above, the modern UK NHS supposedly promotes approachability and mutual respect amongst all members of the multidisciplinary team, and there are measures in place intended to protect whistleblowing doctors. In spite of this, a 2010 survey conducted by the BMA found that at some point in their career most hospital doctors have had concerns regarding patient care or staff behaviour, yet nearly 50% failed to report them due to fear of repercussions and lack of confidence in a resolution. And of those who did report, 10% faced reprisals.[31]

Sovereign power (exercised by authority)—its use and abuse—is a constant menace to whistleblowers ancient and modern and is reproductive of traditional hierarchies or habits. Michel Foucault's[13 14] extensive study of *parrhesia* as a form of capillary power—power that runs through a system and is potentially productive of change, for example, as resistance to sovereign power—offers a framework for understanding and legitimising whistleblowing in the public interest. The scene that we have described at the beginning of the *Iliad* happens in open debate in front of all the people. It has been argued that this parallels the rise of democratic processes in the newly emerging city-states of the 8th-century BCE, and has been described as 'assembly democracy', a form that has given way in complex 'open' societies largely to 'representative democracy' (parliamentary representation) and 'monitory democracy' (the rule of law or governance).[15 55]

CHANGING THE CULTURE

Again, what can be tangibly changed in medical culture to support error reporting? The patient safety movement has concentrated largely on monitory democracy approaches—governance or quasi-legal requirements such as mandatory reporting of serious error where the hospital itself, rather than the individual, is held responsible. However, reporting of minor errors or close calls that did not lead to accident or incident, as well as attendance at patient safety education programmes, are normally voluntary. Given that close call reporting provides insight into systems factors that are likely to lead to errors, not enough emphasis is placed upon the value of such reporting.[56] Error reporting is facilitated by having a good reporting system in place,[57] but the more important factor is cultural and not administrative. A 'blame and shame' culture must be replaced by one of safety, openness and trust backed by continuing education. Prevention of error through education is clearly better than educating in how to report errors. This offers a shift from a monitory democracy of governance to an assembly democracy of openness and trust in institutional social interactions. In other words, we argue again that whistleblowing and error reporting are part of an 'open society' based on the primacy of assembly democracy (face-to-face debate and social exchange, briefing and debriefing in clinical teams) rather than monitory democracy (quasi-legalistic governance).

How might medical culture change to support and learn from appropriate error reporting and whistleblowing? Bleakley,[15] among others, argues for a democratising of medical culture, as introduced earlier. This is a stepwise process. Medical culture can be democratised through medical education, where patient safety could be an integral part of learning in the undergraduate curriculum. However, medical education must first be democratised through medical education research, to become evidence-based rather than based on habitual practices and unjustified opinion. By 'democratising' we mean shifting from a closed hierarchical culture to an open, collaborative culture. Healthcare cultures such as nursing are already more open to error reporting than medicine, and establishing inter-professional, collaborative teamwork is part of the process of democratising medicine. For example, we have a growing evidence base that more democratic, inter-professional clinical teams have better patient outcomes than hierarchical, autocratic multiprofessional teams.[15] Hence, we must politicise medical education to teach democratic habits to medical students and junior doctors, including egalitarianism and social justice.

However, if assembly democracy, 'open society' methods are to be established (such as valuing decision-making established in grassroots teamwork), then slippage to previous authoritarian structures must be resisted. When Apollo's priest Chryses asks for the return of his daughter, offering a rich ransom: "then all the Greeks cried out that respect should be shown to the priest and the rich ransom accepted."[58] But this is not a democracy and Agamemnon refuses, bringing Apollo's plague down on the troops in punishment. To resolve the problem, Achilles calls an assembly of all the army. The revelation of where the blame lies and the subsequent quarrel happen in front of all.[59] Events, discussions and arguments are open; decisions are not. In the argument between Achilles and Agamemnon, it is clear that Achilles is the mightier warrior but Agamemnon is the more powerful leader. The Greek army described by Homer and the UK NHS alike both make much of teamwork and open debate, but sovereign power, in the form of potential retribution, dominates both systems. It is the mobilisation of capillary power (potency inherent in any system after one strips away sovereign power or the power of authority), or resistance in the form of 'plain speaking' or whistleblowing that can counter such potential retribution through what would be in effect a soft revolution.

CONCLUSION

Whistleblowing requires 'huge courage',[43] indeed, as Foucault[13] noted, a 'moral courage' where 'Free-spokenness hangs on the style of life', and organisations should, in a contemporary democracy aiming for egalitarianism, do everything they can to ensure that there are no obstacles for those who choose to voice their concerns. Yet it is those committed to a style of life that is egalitarian who will choose to whistleblow as opposed to laying low. A good contemporary example is the convicted Chelsea Manning speaking out about the status of classified documents that (s)he thought should be in the public domain, as (s)he shifted lifestyle from military to civilian and gender from man to woman.

Examples from Homer's *Iliad* and modern medical practice demonstrate that for effective whistleblowing to take place individuals should be reassured that their personal and professional well-being are protected and that their worries will be heard and taken seriously, with appropriate action taken. Yet, they must also show the courage and skill of classical parrhesiasts. Recent changes to legislation in the UK are improving the situation, but staff must know to whom they can turn to when in need of support and guidance. Medical students are in a particularly vulnerable position even in a rapidly changing world of medical education, and need mentorial and tutorial structures around them to find their way through the tangle of ethical mishaps and slippage of professionalism described in such detail by Rees and Monrouxe.[22 23]

The medical workplace—a sprawling and confusing landscape for medical students—must adopt a culture not of fear but one of openness and reflection. The Greeks learned through great loss and hardship from their mistakes in politics and warfare; the NHS needs to learn through its collective history and

intelligence. Unfortunately, the signs are not good—there is much preparatory work to do on post hoc investigation of the creation of inequality in medical culture in order to develop an egalitarian, patient-centred medicine that honours whistleblowers as parrhesiasts and not as pariahs. Foucault[13 14] suggested that the Church took over the ancients' parrhesiastic philosophy and invested the pastor with the role and identity of the 'speaker of truth', but this role too has been traditionally ascribed to the doctor. How will doctors of the future manage such an identity heavily entwined with public trust within a politicised health services provision that seems to have lost moral courage?

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Whistleblowing in medicine and in Homer's *Iliad*

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Notes