Breakdowns in doctor-patient relationships

David McConaghy and Dee Duffy provide a Q&A guide to navigating problems that can arise in the doctor-patient relationship

DID YOU KNOW THAT A PATIENT in your practice can report you to the Workplace Relations Commission (WRC) for alleged discrimination? The GP-patient relationship can encounter unexpected difficulties. This guide aims to assist GPs in navigating these troublesome experiences.

A GMS patient voluntarily transfers to another GP – what do I do?

A patient may choose to attend another GP for a number of reasons including location, convenience etc. With GMS patients, you will likely receive a request from the PCRS, with the patient's written consent, for you to transfer the patient's medical records to their new GP. A secure transfer of records in accordance with the consent should be done without delay. You should keep a copy of the patient's records in accordance with the current HSE Records Retention Policy. You should continue to provide emergency care until the transfer is complete. You may wish to acknowledge the move and wish the patient well.

A private patient voluntarily transfers to another GP – what do I do?

The procedure will be much the same as a GMS patient except the PCRS will not be involved. Ensure that you have written consent from the patient to transfer their records to the new GP, and that this is documented in their record.

What are the main reasons for GP-patient relationship breakdown?

Many GPs can recall situations where they felt the therapeutic relationship with a patient had broken down to the extent that it was impossible to provide effective care. The best doctor-patient relationships are partnerships based on mutual trust, respect, honesty and accountability. You may experience situations where:

- Patients persistently refuse to comply with medical advice or exhibit serious drug-seeking behaviour, to the extent that treatment cannot be effective
- Patients display aggressive or threatening behaviour or present a risk of violence to members of the practice team
- Patients behave inappropriately/intrusively towards their GP
- Patients feel they have been disrespected or received a poor standard of care and have lost trust in the GP.

What should be the first approach when a relationship starts to fail?

Making the decision to remove a patient from a GP practice can give rise to complaints and it should not be made lightly. It is important to adopt a fair, balanced and unbiased approach to manage a potential breakdown and remain objective where possible. GPs are advised to contact their indemnifiers who can help guide them through the process. In the vast majority of cases, it is not appropriate to seek to move a patient on at the first sign of difficulty. Often, there has been a miscommunication, or perhaps a patient had unreasonable expectations, or particular vulnerabilities. Communication can repair the relationship of trust. It can help to discuss the case with colleagues, who may be able to provide context, support or assistance if a patient's behaviour is problematic. Clinical issues (eg. dementia, mental health) could arise, requiring further exploration with the patient or other healthcare providers.

Firstly, the best approach is usually to arrange to meet the patient to calmly discuss any issues arising and see what can be done to restore mutual trust. It can be outlined that it may be in the patient's best interests to attend another GP if the therapeutic relationship deteriorates to the extent that you cannot provide safe or effective care.

Where a patient has behaved in an aggressive or threatening manner with clinical or administrative staff, it should be made known that this is not acceptable and this can be followed up with a letter outlining the discussion. Each case will be different, and on some occasions, an in-person meeting will be inappropriate; a telephone call may be preferable. References to the difficulties using objective, measured and non-emotional language should be made in the patient's file and if necessary, more detailed accounts can be recorded in a secure risk management file and a copy should be kept of any written correspondence.

The recommended steps prior to ending the relationship are:

- Consider explanations for the patient's behaviour
- Communicate in person preferably and if appropriate, follow up with a letter outlining what was agreed
- Make a record in the patient's notes.

A patient or their family is critical of care I delivered. What should I do?

We always advise general practices to have robust complaints policies which can be offered to patients or families who wish to make a complaint, and practices should follow that procedure when a patient raises a criticism. Failure to listen or deal with dissatisfaction appropriately can lead to escalation of the complaint to regulatory bodies, causing considerably more stress for all involved.

Where a patient makes a written complaint, the best course is to respond in writing, addressing the patient's concerns in a sympathetic and understanding manner and, where appropriate, explaining the care provided. It is often helpful to offer to meet the patient to discuss their concerns. Where the complainant is not the patient, GPs need to be mindful of obtaining patient consent or appropriate authority (in the case of a patient lacking capacity) to disclose confidential information in any reply to a third party complainant. In summary, the appropriate steps in a complaints policy are:

- Acknowledge the complaint as soon as possible even if it

cannot be responded to immediately, and bring it to the attention of the principal and the practice complaints lead (if there is one)

- Discuss the complaint with any staff members involved to have a full picture of the concerns raised. Consider any obligations under open disclosure if a patient safety incident has occurred
- Seek assistance from your indemnifier who can assist with responding to a complaint. GPs and practices should also consider whether it is necessary to notify a complaint as a potential claim under the terms of their insurance or indemnity
- Respond to the complaint. Whether this should be a written response or an in-person meeting will depend on the circumstances and the complainant's preferences. A written complaint will generally merit a written response but the complainant should be informed that a face-to-face meeting can be held if they wish to discuss further
- Learn from the concerns raised and consider as a practice whether any changes should be implemented to avoid similar issues arising in future at both an administrative and clinical level.

What does the Medical Council say?

The Council's *Guide to Professional Conduct and Ethics for Registered Medical Practitioners 9th edition* does not provide explicit guidance on handling patient complaints. It does, however, advise: "good medical practice is based on a relationship of trust … based on mutual respect, confidentiality, honesty, responsibility and accountability," and: "medical practitioners must demonstrate effective interpersonal communication skills." The Guide further states where patients present with aggressive or threatening behaviour, doctors should not put themselves or staff at risk of harm when assessing or treating a patient, and should advise the patient that treatment will be resumed when safe to do so.

The Guide acknowledges that a doctor may feel unable to continue to provide effective care for a patient because the therapeutic relationship has broken down and in this circumstance, doctors "should get the patient's consent to send all of his or her medical records to another nominated doctor. You should document this in their medical records."

The WRC could get involved – how and why?

Although the Workplace Relations Commission's name may suggest that it only deals with employment issues, this is not actually the case. It also handles cases under equality legislation where a person feels that they have been discriminated against in the provision of goods or a service, including healthcare. This can occur when a potential patient is unable to join a general practice, or a GP tries to move an existing patient on, and the patient believes the decision is due to one of the 10 prohibited equality grounds (eg. gender, family status, sexual orientation, disability, race, membership of the Traveller community).

Before a patient can bring a complaint to the WRC, they must first write to the practice within two months of the most recent alleged discrimination. If the practice does not respond within one month or the complainant is dissatisfied with the response, they can then submit a complaint form to the WRC. There is a time limit of six months from the last date of alleged discrimination after which a patient can no longer bring a complaint. This can be extended by a further six months if there is a good reason.

Preventative strategies for avoiding relationship breakdown

Most relationships break down due to poor communication. It is important to communicate in a way that makes patients feel heard and respected. Doctors should try to avoid appearing rushed (even when under time pressure!), actively listen and be conscious of non-verbal cues or body language that could be construed as dismissive or confrontational. Additionally, the relationship can encounter difficulties where a patient feels they are receiving poor care or where they disagree with clinical advice and are non-compliant. Managing patient expectations and explaining clearly the logic behind the advice can help reassure a patient.

The nature of general practice has some predisposing factors to aggressive or challenging behaviour from patients. Patients may have unmet or unrealistic expectations regarding their care, have mental health or addiction issues or they may be stressed due to a health condition or concern. Where it is possible to address any such incident directly with the patient, allowing them a chance to correct their behaviour, this should be done, and it may be possible to preserve the relationship.

A patient has complained about me to the Medical Council - can I move them on?

A doctor who is the subject of a Medical Council complaint may feel that this has damaged the relationship of mutual trust with their patient. The Guide states that doctors must not discriminate unfairly against patients, who have a legal and ethical right to raise concerns or complaints to a regulator without fear of negative consequences.

If the patient feels that they have been moved on in retaliation for making a complaint, then they could inform the Medical Council or complain to other bodies such as the HSE or the WRC. If a patient has brought a complaint to the WRC, then any subsequent attempt to move them on could constitute victimisation under the Equal Status Acts, which can form the basis for an additional complaint to the WRC.

That said, a doctor may feel they are unable to provide effective care to the patient due to issues other than the mere fact of a complaint, eg. rude or aggressive behaviour. In that case, the factors outlined above should be considered and a process followed which might result in the end of the doctor-patient relationship. The process should be handled carefully, the decision-making process documented clearly and advice taken from an indemnifier.

If I can't move the patient on– what should I do?

In larger practices, it might be a good idea to arrange for the patient to attend GPs other than the subject of the complaint. With smaller practices, a GP could continue treating the patient but avoid referring to or discussing the complaint being dealt with by the Medical Council. If the patient brings it up, the GP should respectfully decline to discuss it to avoid any suggestion that they are trying to circumvent the Council's ongoing investigation process. Once this has concluded, the GP could try to cautiously address the patient's individual concerns.

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