

# The art of dealing with complaints

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Complaints against medical practitioners are relatively frequent. Appropriate management of complaints is an important part of good practice management. This article provides some guidelines for general practitioners on how to respond to patient complaints.



## Case history

A 37 year old man attended his general practitioner for treatment of a laceration on the sole of his foot. The patient sustained the laceration while walking barefoot in the garden. On examination, there was a 2 cm jagged laceration on the ball of the patient's foot. The GP carefully cleaned and sutured the wound and gave the patient a tetanus injection. In view of the 'dirty' nature of the wound, the GP also wrote a prescription for some antibiotics. The patient was asked to re-attend in 10 days for removal of the sutures, or earlier if there were any problems. The patient did not attend the practice again.

Three weeks later, the GP received a letter from the patient complaining that the wound had become infected. The wound had broken down and the patient required hospitalisation and intravenous antibiotics. He had been unable to work for two weeks. The patient's letter expressed dissatisfaction with the GP's initial management of the wound and concluded by stating that the patient wanted to make sure the GP did not treat any other patients in such a 'negligent' manner.

## Medicolegal issues

The GP felt outraged on receipt of the letter from the patient and drafted the following reply:

'Dear Sir,

*I acknowledge receipt of your ridiculous letter. I would like to point out that my treatment saved you from death by averting shock, giving you antibiotics and an antitetanus injection. The development of complications depends on your body and the follow up by you. You did not return to see me as requested. Any contaminated wound like yours is prone to get infected and develop complications -*

*one of these complications is amputation of the foot from above the wound. I think you should count your blessings that you escaped death first and amputation second. I feel extremely aggrieved that you are blaming me for the complications that you experienced.*

Yours faithfully  
Dr GP'

The GP sent a copy of the patient's letter, his draft response and the medical records to his medical defence organisation (MDO) for review. After discussion with the GP, it was decided that a more

conciliatory approach was appropriate in order to resolve the complaint as soon as possible. Although it may be more emotionally satisfying to send a response along the lines of the draft letter, it is only likely to inflame the situation and, perhaps, encourage the patient to try and take the matter further.

Ultimately, a more appropriate response along the following lines was sent to the patient:

'Dear Mr Patient

*Thank you for bringing your concerns to my attention. I am sorry that you were dissatisfied with my management of your foot laceration.*

*At the consultation with you on 1 October 2002, I carefully examined and cleaned your wound and provided appropriate management in the form of a tetanus injection and antibiotics to reduce the likelihood of infection. I also asked you to return in 10 days for removal of the sutures, or earlier if you experienced any problems. You did not return. My advice and management on 1 October 2002 was in line with the accepted management of wounds such as the one you experienced. I sincerely regret that you experienced complications despite this treatment and I hope that you are now progressing well.*

Yours sincerely  
Dr GP'

The GP did not receive any further communication from the patient.

## Discussion

Complaints against GPs are relatively frequent. In NSW, it has been estimated that one medical practitioner in every 20 is the subject of a written complaint to the Health Care Complaints Commission in any one year.<sup>1</sup> This figure does not include complaints received directly from patients, either verbal or written. Nevertheless, in terms of the number of services provided by GPs, very few consultations actually prompt a formal complaint.

A recent study examining the reactions of GPs to receiving a complaint found that for the majority of GPs the experience was a negative one. Both the initial impact of the complaint and the conflicts arising from the complaint were distressing for the GP and often the resolution stage was unsatisfactory. The study concluded that: 'For most GPs who receive a complaint the experience appears to be punishment in itself, regardless of the eventual decision after the complaint'.<sup>2</sup>

However, in spite of the negative emotions that a complaint may generate, every complaint no matter how minor it may appear should be taken seriously, investigated and responded to in an objective manner. Not only will this minimise the possibility of the matter developing into a formal complaint or a claim, but it will also ensure that you and your practice maintain a good reputation within the community.

## Risk management

- Respond to all complaints promptly – either verbally or in writing. Provision of a prompt response may lead to a quick resolution of the complaint and, as a result, less stress for the patient and you. A long delay in providing a response will often result in the patient's view becoming entrenched, making the complaint more difficult to resolve.
- If you respond to a complaint verbally,

ensure the discussion is documented.

- In all but the most insignificant complaints, seek advice from your MDO. Complaints involving the Medical Board or complaints commission should always be discussed and/or reviewed by your MDO. In line with the requirements of your insurance/indemnity arrangements you must not admit liability ('it is my fault'). Your MDO will provide guidance in preparing your response.
- Remember that your response is not the place to vent your distress, frustration, outrage or anger at the patient. Ensure that you maintain a professional tone – even if the complainant does not. A defensive or offensive response will only inflame the situation and may encourage the complainant to take the matter further.
- Always carefully review a copy of the complaint and the relevant medical records before providing a response to a written complaint. If other members of your practice are involved in the complaint, ensure that they are provided with a copy of the complaint and their response is sought.
- If the complaint is from a relative or other source, ensure that you do not breach your patient's confidentiality. In these circumstances, a verbal or written authority from your patient should be obtained before providing a response to the third party.
- In your response, express empathy for the patient's concerns or disappointments. Try to put yourself in the patient's shoes and acknowledge the patient's feelings. It often useful to include in your response the words used by the patient in their letter of complaint, eg. 'I am sorry you felt I was distracted and rude'. This does not equate to an admission of liability, nor does it require you to express guilt or wrong doing.
- Address any misperceptions or inaccuracies expressed in the patient's letter by summarising the events as you

know them. Be concise but address each of the issues raised in the letter of complaint. It may be useful to summarise the events and then use headings to address the allegations or complaints not already answered in your summary of the events.

- If appropriate, advise the patient what steps have been taken to prevent a similar event from occurring in the future and thank the patient for bringing their concerns to your attention.

## SUMMARY OF IMPORTANT POINTS

- Always respond promptly to complaints. A prompt and appropriate response may help prevent an escalation of the matter to a formal complaint or claim.
- Seek advice from your medical defence organisation, especially with complaints involving the Medical Board or complaints commission.
- Respond to all of the issues raised by the complaint - either by providing a summary of the events and/or responding to each of the issues in turn.
- Remember that your response is not the place to express your distress, frustration or anger at the patient or the complaint process.
- Provide a sincere expression of regret, but do not admit liability.

## References

1. Daniel A E, Burn R, Horarik S. Patients' complaints about medical practice. *Med J Aust* 1999; 170:598-602.
2. Jain A, Ogden J. General practitioners' experiences of patients' complaints: a qualitative study. *Br Med J* 1999; 318:1596-1599.

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