Complaints and the Doctor

Combined SIG meeting
Noosa September
2015

Dr Kym Jenkins MB.ChB., FRANZCP, MPM, MEd, GAICD
VDHP medical director
- intro to self and vdhp
- Complaints ----
- Vdhp stories
- Health effects of being complained against
- Health problems that may be a factor in being complained about
Set up 2001

to assist doctors and medical students whose condition will, or is likely to, impact adversely on their ability to continue to practice medicine.

- an independent legal entity
- confidential service
Victorian Doctors Health Program

- Confidential
- Compassionate
- Readily accessible

Coordinates the management of doctors and students with health issues related to
- stress, anxiety, mood disorders and
- alcohol and other drug dependence
Provisional Diagnoses

* NB: Participants can present with multiple Axis diagnoses

<table>
<thead>
<tr>
<th>Axis</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Axis 1</td>
<td>135</td>
</tr>
<tr>
<td>Axis 2</td>
<td>8</td>
</tr>
<tr>
<td>Axis 3</td>
<td>17</td>
</tr>
<tr>
<td>Axis 4</td>
<td>138</td>
</tr>
</tbody>
</table>
Breakdown of Doctors as Attendees 2014-15

- DiT: 55%
- GP: 19%
- Medical Officer: 4%
- Academic: 20%
- Specialist: 1%
- Other: 1%
### Definition: *oxford dictionary*

A statement that something is unsatisfactory or unacceptable

A reason for dissatisfaction

The expression of dissatisfaction

<table>
<thead>
<tr>
<th>Complaint</th>
<th>A reason for dissatisfaction</th>
<th>The expression of dissatisfaction</th>
</tr>
</thead>
</table>
To complain of the age we live in, to murmur at the present possessors of power, to lament the past, to conceive extravagant hopes of the future, are the common dispositions of the greatest part of mankind.

Edmund Burke 1729-1797

Thouhts on the cause of the Present Discontents 1770
Complaining

- Whingeing
- Whining
- Beefing
- Bellyaching
- Mithering
- Moaning
- Grumbling
- Carping
- Bitching
- Griping
- ...............
What constitutes a complaint
Oscar the grouch
Never complain and never explain

Disraeli

Life of Gladstone
Complaints hurt
The impact of complaints procedures on the welfare, health and clinical practise of 7926 doctors in the UK: a cross-sectional survey

Tom Bourne et al.,

cross-sectional anonymous survey study. Participants were stratified into recent/current, past, no complaints. Each group completed tailored versions of the survey.

Doctors with recent/current complaints have significant risks of moderate/severe depression, anxiety and suicidal ideation. Morbidity was greatest in cases involving the GMC. Most doctors reported practising defensively, including avoidance of procedures and high-risk patients. Many felt victimised as whistleblowers or reported bullying. Suggestions to improve complaints processes included transparency and managerial competence.
**Sex differences in medico-legal action against doctors: a systematic review and meta-analysis.**

Unwin E¹, Woolf K², Wadlow C³, Potts HW⁴, Dacre J⁵.

Male doctors are more likely to have had experienced medico-legal actions compared to female doctors. This finding is robust internationally, across outcomes of varying severity, and over time.
- Identification of doctors at risk of recurrent complaints: a national study of healthcare complaints in Australia.
- Bismark MM\textsuperscript{1} et al 2013

From the literature

Found:
A small group of doctors accounts for half of all patient complaints lodged with Australian Commissions
REGISTRATION NOW OPEN
www.adhc2015.org.au
PATHWAYS AND PROGRESS
AUSTRALASIAN DOCTORS HEALTH CONFERENCE 2015
22 to 25 October 2015
Pullman Mercure Albert Park
Melbourne, Victoria, Australia
- You
- Something you’ve done
- Something you haven’t done
- Life and you just happen to be an easy target

What do people complain about
Psychiatric colleague, Early career

Patient complained to AHPRA – accusing him of inappropriately touching her in clinic
- Allegation completely unfounded: never seen patient alone, never even shaken hands with her – could appreciate that patient unwell/part of her illness

AHPRA had received multiple separate complaints from this patient about many of staff members at same health service

Despite this effects on Dr N:
- Disbelief that this was happening
- Stress – feeling of having to prove his innocence, feelings of dread
Investigation dragged on several weeks – cloud hanging over him – double/triple checking himself at work

Dr N’s story

Support from
- MDO
- colleagues
- peer review group
Its not just patients that complain

Case history-
a anaesthetist 1
- Late 40s, male, working mostly in private,
- minor errors, not exactly following procedures
- Increasingly irritable with staff,
- Growing reputation as a “miserable ……”
- nursing staff complain to surgeons who complain to hospital manager who complains to anaesthetist then reports to AHPRA and refers to Vdhp
- Reluctantly attends –suspicious
- Vdhp assessment –moderate-severe depression –risk
- Urgent psychiatric care arranged –including admission
- Recovers well from depression but then has to face period of unemployment during AHPRA investigation
- Case managed by Vdhp, working closely with MDO
- Conditions imposed by AHPRA restricting hours worked etc
Much support needed –
- Understanding and accepting mental illness
- Understanding process,
- Financial advice

Complaint potentially avoidable
- Greater awareness of a colleague’s wellbeing
- Earlier recognition of depression
- “Carry on in quiet desperation”

Was “mandatory” reporting really necessary??
- AHPRA/regulatory authority
- Health commissioner
- Local MP
- Employer
- Your staff

Who do complaints get made to?
Young idealistic GP, doing locum

25 yo woman, asking for a “tonic”

GP had taken full history – no treatable conditions, explained nature of placebo response to tonics -

Counselled re diet and offered help with giving up smoking
- Complaint to the local MP
- Complained of Dr’s unprofessional conduct
- Regulatory authority not involved,
- Needed advice from MDO
- Letter back to MP
- Practice principal wanting explanation

Learning points at that stage:- there’s more to practicing good medicine than trying to do the right thing-
They’re unhappy with something you’ve done
They’re unhappy with something you haven’t done
They don’t like you
They’re unhappy

Who complains?
Why do people complain?
There are so many things to complain of in this household that it would never occur to me to complain of rheumatism.

*The Quest*

“Saki” H.H. Munro
1870-1916
OFFICIAL
MEMBER
OF THE MOAN AND
WHINGE ABOUT
EVERYTHING CLUB
Doctor
- Physical /Practical
- Emotional

Family

Workplace (s)
- workload issues
- Workplace relationships

Impact of complaints

Profession

Community
Dealing with AHPRA
  - how long is this going to take?
  - what's the process?
  - how do I find out?

Physical & practical impact

- What do I do about work?
- What do I tell work?
- Financial impact
- Job applications in the future
Stressful

- Being under the cloud of suspicion
- Guilty until proven innocent
- Threat to identity as a doctor
- Question own professionalism
I feel I've let my wife/partner down
What do I do with my time?
What do I tell the kids?
How do I face my medical colleagues?
“Complaints are many and various
And my feet are cold” says Aquarius,
“There’s Venus objects to Dolphin-scales,
And Mars to Crab-spawn found in my pails,
And the pump has frozen tonight,
And the pump has frozen tonight.”

Star-talk

Robert Graves
1895-
Factors in the doctor that may predispose to a complaint
- Burn out and Fatigue
- Inexperience and Practising outside area of expertise
- Poor communication skills
- Personality Style: Arrogance, omnipotence, psychopathy, narcissism
- Mental health issues
  - Depression
  - Bipolar disorder
  - Cognitive decline-losing “the edge”
Vdhp experience
Case study: bipolar disorder

- Female GP
- past history of Bipolar affective disorder
- own MSE stable for 15 years
- No longer on medication
- No regular follow up with psych or own GP
- Reputation as good clinician, caring GP - working in area of need with difficult population base
- Start of mood swing into hypomania – little grandiose, super friendly, intruded into other clinicians consultations, colleagues getting annoyed,
- then own practice “slap dash” & cutting corners
- Complaint concerning incorrect procedure and insensitive comments during pap smear
- Lack of insight
- Engagement with mental health service - admission to MH unit
- Stigma
- Embarrassment / Shame

- AHPRA

- No income protection
- Loss of job

- advocacy for return to work – education of work colleagues that this was part of illness

Case study: bipolar disorder
- Drawing up drugs for pm list at am hospital and
- Travels between hospitals with prepared syringes
- Suspected of SUD
- Internal complaints procedures - Loses privileges at private hospital
- AHPRA – conditions including mentorship
- Naivety – that anyone could think propofol was not for patients
  “was just trying to be efficient”
For the doctor
- Assessment and triage
- Empathic listening
- Referral to appropriate treating practitioners
- Referral to other support services
- Case management
- Liaison
- Advocacy
- Assistance in RTW

Doctors’ Health services: roles in complaints

Education and advice for third parties
Two views on value of complaining
NO WHINING
NO COMPLAINING
ABSOLUTELY
NO FROWNING
ONLY
HUGS, SMILES
and
WARM FUZZY FEELINGS
ARE ALLOWED

Thank you
For it is not the liberty which we can hope, that no grievance should ever arise in the Commonwealth, let no man in this world expect; but when complaints are freely heard, deeply considered, and speedily reformed, then is the utmost bound of civil liberty attained that wise men look for.

_Milton_  
Areopagitica 1644
The work of VDHP is supported by donations from

- MBA
- VMBA
- Monash University
- Melbourne University
- Deakin University
- Private individuals

And sponsorship from

[PSA Insurance logo]
Victorian Doctors Health Program

Tel. 03 9495 6011

Level 8, Aikenhead Building
27 Victoria Parade
Fitzroy Vic 3065
HAVE REALISTIC EXPECTATIONS