

Communicating a decision not to perform a procedure



Key messages from the case

Doctors are not obliged to provide care that is not clinically indicated. However, as this case illustrates, it is important to take care if you are declining to treat, as patients can be unhappy and complain about your decision.

Details of the decision

Clinical care and decision not to treat

A patient was referred to an ENT specialist after three episodes of tonsillitis in the previous nine months—each taking longer to resolve than the last and requiring antibiotics. The patient requested a tonsillectomy.

According to the relevant state's referral guidelines, tonsillectomy was not clinically indicated based on this history. On examination the patient's tonsils were moderately large but not infected.

The doctor outlined the procedure and explained the risks and potential complications. He also explained that a tonsillectomy was not clinically indicated at that time and what the criteria for tonsillectomy would be.

The doctor developed an appropriate treatment plan to manage the patient conservatively and advised the patient that if he continued to experience episodes of tonsillitis he could return for review and re-assessment of whether the procedure had become clinically indicated.

The patient was dissatisfied and complained to the regulator.

Medical records

The doctor had made very detailed notes covering:

- the clinical basis for his treatment plan and decision to adopt a wait-and-see approach, in line with accepted clinical guidelines; and
- the discussion with the patient as to why the procedure was not clinically indicated.

Outcome

No further action.

Key lessons

Your professional obligation to ensure the services you provide are clinically necessary and likely to benefit the patient means you should not perform a procedure you do not consider is clinically indicated.

If you decline to perform a procedure, it is important to clearly communicate your reasoning to the patient and take extra time to document the discussion carefully – particularly if you believe the patient is unhappy about the decision.

Ensure you refer to any applicable guidelines, second opinions or tests that formed part of your clinical decision-making.

Make sure that you explain any eligibility criteria and how to return for review if appropriate. Consider suggesting the patient obtain a second opinion from another specialist if they seem dissatisfied with your proposed treatment plan.

References and further reading

- [Professionalism in doctor–patient interactions – insights to reduce risk](#)
- [Managing differences: care and compliance](#)

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