

Doctor faces complaint after shouting match with patient



Key messages from the case

Maintaining your professionalism and composure is important, particularly in situations where patients express their dissatisfaction. Identifying situations which are likely to lead to emotional responses such as patients being discourteous, rude or ungrateful and employing de-escalation techniques can help prevent complaints and misunderstandings.

Details of the decision

Dr I, a GP specialising in skin cancer detection, removed several skin cancers from patient Mr A, including one from his scalp and another from his back. A subsequent appointment was made after the procedure.

During the subsequent appointment, Mr A expressed his dissatisfaction with his experience, including his unhappiness with the cosmetic result. The appointment degenerated into a shouting match after which Mr A made a complaint to the Medical Board of Australia regarding Dr I's behaviour during the consultation.

Failure to de-escalate

The Medical Board of Australia investigated the matter and obtained responses from Dr I, Mr A, Mr A's partner and the practice manager. Dr I and Mr A both gave differing accounts as to how the follow-up appointment degenerated into a shouting match.

Regardless of the circumstances leading to the shouting match, the Medical Board found that Dr I's performance was unsatisfactory as he "failed to adequately manage an escalating situation". The Medical Board also noted that Dr I had been the subject of three previous notifications regarding patient communication. However, no further action had been taken in those cases.

The Medical Board proposed to impose eight conditions on Dr I's registration. These included undertaking a course of one-on-one education, focusing on de-escalating techniques in response to emotional and aggressive patients and providing a reflective practice report.

Inadequate response

Dr I did make certain admissions regarding his conduct, including that in hindsight, it would have been better to stay calm and allow the patient's partner to come into the consulting room for a discussion about the outcome of the procedure.

In response to the Board's proposal, Dr I suggested the Board allow him to undertake self-directed learning about effective patient communication and responding to emotional and aggressive behaviours.

The Board considered this response to be inadequate and confirmed its decision to impose the conditions.

Appeal

Dr I appealed the Board's decision to the disciplinary tribunal, on the ground that the proposed conditions were not a "reasonable or proportionate response", given Mr A's abusive and aggressive behaviour, and that the education course had to be completed at considerable expense in his own time.

Tribunal findings

In the lead-up to the tribunal hearing, Dr I changed his proposed remediation, acknowledging his "DIY" education was inadequate. Instead he submitted a detailed education proposal to the Board to voluntarily complete one-on-one education, provided by a specialist educator.

At the tribunal hearing, the Board submitted that although Dr I had shown some remorse, he demonstrated limited insight into his behaviour.

The tribunal noted that despite Dr I outwardly accepting the need to improve his patient communication skills, his written responses and oral evidence emphasised the unacceptable behaviour of his patients, inferring they were at fault in each situation. The reflective content in Dr I's responses was described as "brief and muted." The tribunal said it would have been more likely to accept Dr I's proposal if it had been made earlier in the investigation process and reflected a considered analysis of his conduct and how it could be improved.

In the tribunal's view, Dr I's agreement to voluntarily undertake education did not reflect an acknowledgement that he needed to undergo the education, but a desire to avoid what he saw as the significant adverse reputational impacts from conditions being imposed.

Outcome

Ultimately, the tribunal imposed the conditions on Dr I's registration set by the Board. In doing so, the tribunal referred to the importance of determining the action best suited to the circumstances, ensuring the safety and quality of the health service with as little damage to the practitioner as possible.

Key lessons

When confronted with a disgruntled or rude patient, it can be difficult to maintain courteous and calm communication. However as this case shows it is important that you endeavour to defuse the situation, rather than react and become angry.

Ensure you have techniques in place to calmly manage these situations and avoid becoming defensive or taking comments personally.

If you have a challenging interaction with a patient, it's a good idea to reflect on what happened and your response to the situation. Think about what you have learnt and how you may handle similar situations in the future.

References and further reading

Webinar: [Insights and strategies to manage difficult patient situations](#)

Factsheet: [Avant - Managing difficult interactions with patients](#)

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