

Professionalism in doctor-patient interactions

Insights to reduce risk

Key messages

- Lack of professionalism in the interaction between a doctor and their patient is commonly raised in claims. The frequency of these claims demonstrates the importance patients place on this interaction.
- This analysis suggests that a mismatch between a doctor's intentions and a patient's perceptions is a factor in claims.
- This analysis, along with the medical literature¹⁻⁴, highlights that maintaining professionalism in your interactions with patients can assist in reducing your risk of a claim or complaint.

1 in 4 claims involved professionalism in doctor-patient interactions

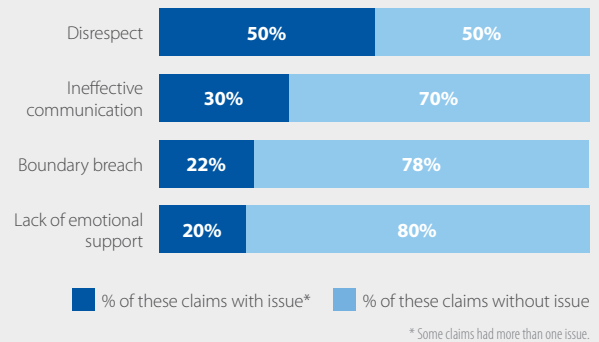
In most of these claims, professionalism concerns were secondary to another issue

- Claims often involve more than one issue.
- Around two-thirds of claims involving professionalism in doctor-patient interactions were primarily focused on another issue (such as the treatment, surgery or diagnosis a patient was given).



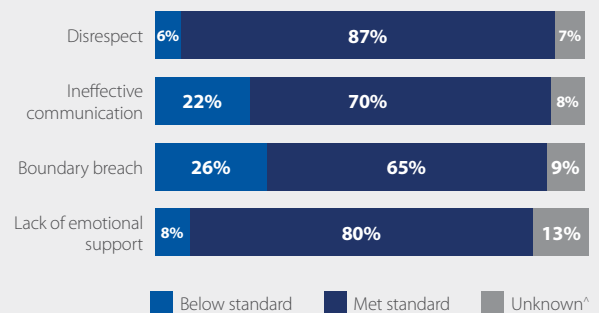
Disrespect was a concern in half of these claims

- Disrespect was a common concern about the doctor-patient interaction (e.g. patient felt the doctor was rude, ignored them or was arrogant).
- Another common concern was ineffective communication (e.g. the doctor made irrelevant comments or did not communicate in an understandable way).
- Boundary breach (physical or otherwise and in rare cases assault) and lack of emotional support (e.g. lacking empathy or thoughtfulness) were less common concerns.



Boundary breach concerns were most likely to be assessed as below expected standards

- Following a claim, a medico-legal evaluation is undertaken to assess whether expected standards of care were met.
- Overall, 14% of these claims were assessed as being below expected standards and 78% as meeting the standards. For 8%, the assessment was unknown[^].
- Concerns of boundary breach or ineffective communication were most likely to be assessed as below expected standards.



[^]Unknown[^] is used when the standard was not assessed or the final assessment report was unavailable.

See back page for more about this analysis.

About this analysis

This report is based on our analysis of the underlying themes in 3,089 complaints to regulators and compensation claims for Avant member doctors from all specialties. These were finalised between July 2019 and June 2020.

There were 766 claims involving professionalism in doctor-patient interactions. These were classified as those for which this was the main or a contributing factor. For the purposes of identifying relevant claims, inclusion categories were defined as:

- **Disrespect:** Claims related to a doctor's lack of respect or consideration for a patient's values, preferences, autonomy, expressed needs, comfort and/or quality of life and/or disrespectful communication with a patient.
- **Ineffective communication:** Claims related to ineffective communication with a patient about their health or care. Includes the doctor not communicating in a way the patient understands (e.g. using jargon), not adjusting communication to suit the patient's communication needs, and/or not communicating appropriately with the patient (e.g. making irrelevant comments).
- **Boundary breach:** Claims related to a doctor breaching sexual or non-sexual boundaries, including inappropriate manner, behaviour or comments to a patient, and/or threatening, bullying, or violence towards a patient (including assault). Also includes inappropriate dealings with a patient or their family (e.g. business dealings).
- **Lack of emotional support:** Claims related to a lack of emotional support for the patient in terms of addressing their anxiety, concerns and/or fears regarding their health and care.

For any queries please contact us at research@avant.org.au

References

1. Debra R. The patient-physician relationship and its implications for malpractice litigation. *Journal of Health Care Law & Policy*. 2006;9:304-314.
2. Hickson GB, Entman SS. Physician practice behavior and litigation risk: evidence and opportunity. *Clinical Obstetrics and Gynecology*. 2008;51(4):688-699.
3. Smith DD, Kellar J, Walters EL, et al. Does emergency physician empathy reduce thoughts of litigation? A randomised trial. *Emergency Medicine Journal*. 2016;33:548-552.
4. Cave J, Dacre J. Dealing with complaints. *British Medical Journal*. 2008;336(7639):326-328.

More resources

For articles, factsheets, case studies and other resources on a range of topics, including the following, visit the Avant Learning Centre at avant.org.au/avant-learning-centre

- [Effective communication](#) eLearning course
- [Boundary issues](#) factsheet
- [Managing patient expectations](#) factsheet
- [Managing difficult patients](#) factsheet
- [Managing differences: care and compliance](#) factsheet
- [How to end the doctor-patient relationship](#) factsheet
- [Breaking bad news to patients](#) factsheet
- [Observers: protection and guidance](#) factsheet

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