

On-call doctor in regional hospital found to have responded well to a hostile patient encounter



Key messages from the case

Patient expectations of care may be unreasonable, and patients may become angry or aggressive if their expectations are unmet. Situations like this are always difficult but remaining calm and professional can help ensure doctors handle such situations as well as possible, as this case illustrates.

Details of the decision

A patient with vertigo presented after hours at a local regional hospital.

A week earlier the patient had attended a major regional hospital with vertigo, and after investigations had been discharged with recommendations to see her GP.

The patient was assessed by nurses at the regional hospital who, in consultation with the on-call doctor, found the patient suitable for referral to their local GP, for which there was an appointment booked the following day. The patient disagreed with this care plan and insisted on being seen by the on-call doctor, who travelled to the hospital to further explain the proposed treatment plan in person. Despite the doctor's best efforts, the patient became hostile and insisted on being transferred to a major regional hospital for assessment. The on-call doctor organised an inter-hospital transfer via ambulance however this was delayed due to the patient's low acuity and the need for ambulances to attend higher priority patients. Upon arrival at the major regional hospital, the patient was re-assessed and discharged the same day for follow-up with her GP.

The patient complained to the regulator.

Negligence and appropriate standard of care

The Ahpra investigation considered that there had been no inappropriate delay in attending to or transferring the patient. The doctor had appropriately considered the patient's medical history and had not been rude or dismissive of the patient or their spouse.

The committee considered the patient's preconceived views meant they had unreasonable expectations of the doctor, but that the treatment provided met the standard reasonably expected.

The timing of the patient transfer was appropriate and reasonable, given the other priority demands on the ambulance service.

Communication

The patient and her spouse became verbally abusive, making threats of physical violence and insisting that the patient be transferred to the major hospital.

The doctor withdrew from the situation to review the patient's CT scan results, discharge information and summary from the major hospital. This confirmed for the doctor that the patient did not need to be transferred.

The committee noted the patient and their spouse had made aggressive and disrespectful comments and that the doctor handled the challenging situation appropriately.

Outcome

No further action.

Key lessons

These situations are always challenging, but this case illustrates some steps that may help to manage a difficult patient effectively:

- Wherever possible, deal with the patient in person so they know they have been heard.
- Try to remain neutral and make care decisions based on the patient's clinical need, not their behaviour.
- Try to stay calm and not take the behaviour personally.
- Consider steps to de-escalate the situation such as withdrawing to review the clinical information.

Keep careful notes of any hostile patient encounter as these may become important if the patient complains. Bear in mind these may be read by others so take care to keep your language neutral and professional.

It can help to rehearse difficult patient encounters so that you are prepared if they occur.

References and further reading

- Avant article – [Personal safety tips for your practice](#)
- Avant webinar – [Insights and strategies to manage difficult patient encounters](#)
- Avant factsheet – [Managing difficult patients](#)
- Avant article – [What's the best plan of attack for aggressive patients?](#)

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