

Why Do Patients Get

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Upset With Doctors?

Mike was at the bar counter of the Officers' Mess in the army training centre where I had just completed my in-camp training. It was our last day and we were enjoying our Happy Hour, celebrating two weeks of gruelling training and he gestured me over to hand me a freshly filled mug of Tiger beer.

"Hey, Doc. I heard your battalion did well. Congrats, Sir."

"Thanks, Mike. Good to see you this evening. You don't look so cheerful like before. What's up?"

"My dad just passed away two weeks ago. I'm still shocked and trying to make sense of it."

"I'm really sorry to hear that. It must have been very traumatic for you."

Without much prompting, Mike launched into a mournful tale of how his Dad had been admitted to a public hospital for a heart attack and slipped into coma. After many days of hospitalisation, having been transferred in and out of ICU, he died without a chance to return home. Worse still, he died in the middle of the night when none of his loved ones were around.

"I am so angry with the doctors and nurses that I could punch any of them!" Mike blurted in rage.

I was into my second mug of beer when he related how his family had difficulty learning the facts of his father's medical condition because there was never an appropriate time for them to meet whoever was in charge. That was the main problem – nobody seemed to be the person fully responsible for communicating the progress of his dad to him or his brother. Both brothers left their mobile phone numbers with the ward and called back to check every day. They attempted to fix appointments with the doctors but the meetings were either postponed, cancelled or rushed. A couple of times they met with the on-call doctor who was willing to speak with them in the night, but was either vague in the explanations or non-committal regarding the management plan. Then they received a call from the ward nurse that his father was labelled DIL. "I had to ask over the phone, 'What the hell is DIL?'" Mike fumed, his voice raised above the din of the Happy Hour. The brothers rushed down to see their dad and found that he was stabilised and nothing much had changed. Their anxiety ran high for the next two days until they were physically

exhausted and suspected it was a false alarm. Life returned to its normal routine but unfortunately, after yet another two days, they received an early morning call to hurry to the hospital only to discover that their dad had passed away.

Confused and broken, they requested to see the doctor-in-charge since all the necessary procedures were already completed by the time they had arrived. They had to wait over an hour before someone turned up to talk to the family.

Mike recalled, "He was impatient and curt. All he said was my father was already too sick to make it and they had tried their best. There was no sympathy in his tone of voice and no effort to console us who had just lost our beloved father." Mike deeply suspected that in their absence, there was no attempt to resuscitate his father.

"Those b%£@\$*!ds just let my old man go! Heartless doctors!"

The more impetuous of the two sons, Mike, immediately wanted to call his lawyer buddy to mount a lawsuit against the hospital and doctors. His elder brother, Sean, was more resigned and adamant that legal action was improper. They had a big fight over this matter.

"My brother thinks that the hospital will deny everything we allege and doctors will always protect one another irrespective of what happened. Is that right, Sir?"

His torrent of words ceased abruptly and his steely eyes stared into mine for a reponse.

Somehow, Mike had expected that I would agree with his brother to either state that what had transpired was normal or if the events were not acceptable, they had no case in the court of law.

I began my response carefully, "Mike, I disagree with your brother in that you have to be resigned to helplessness. If it had happened to my father, I would be as hurt and disappointed as you are. I'm also confident that none of the medical staff involved would be able to accept the lack of communication

"If you are sued, it is not because of medical negligence. If you have been involved in medical negligence, you are unlikely to be sued!"

and transparency that had occurred days before your dad's demise had their own family members been admitted. The insensitivity with which the final event was handled left you with unanswered questions and an elusive closure. I urge you to refrain from taking this case to the courts. Instead I encourage you to document meticulously all that had happened and write to the CEO and CMB of the hospital so that they are informed. Describe your agony and disappointment with the services rendered and request for an inquiry. Demand for a meeting with the hospital representatives so that you will get to hear the details of their investigations as well as for them to let you express your grievances. I believe only through such an intentional and mediatory process can the medical services improve the way they treat patients and their families. And most importantly, if this works out right, there will be a peaceful closure to this tragedy for your family."

Mike was a big guy and when he gave me a hug at the end of our intense dialogue, I could feel his bulky chest and shoulders relieved of the tremendous burden he had been carrying before.

What motivates patients to take action against a doctor? That was the very first question that the course participants handled with Dr Nicholas Chew, who conducted the Medical Protection Society's (MPS) "Mastering Your Risk" workshop. Among many useful things I learnt that Saturday afternoon were some startling statistics regarding medical adverse events and medical negligence. A few studies were quoted that showed the following amazing patterns:

- Adverse outcomes happen in 3.7% of admissions
- Only 1 in 4 of these adverse outcomes are due to negligence
Leape et al 1991
- 2 of 3 claims from patients had no adverse outcome
- Only 3 % of patients who suffered medical negligence filed a lawsuit
Localio 1991

70% of litigation is related to poor communication after an adverse outcome where patients feel they have:

- been deserted
- been misunderstood
- lacked information, or
- been devalued

Beckman 1994

The facilitator, Nicholas quipped that the prevailing maxim is: if you are sued, it is not because of medical negligence. If you have been involved in medical negligence, you are unlikely to be sued! The course materials provided by MPS included patients' testimonies that gave insights to what had gone awry with their doctors. Here are a few samples: "I was just waiting for my doctor to mess up so I could get back at him and his wife who runs the office. When she gave me an injection of penicillin, which I was allergic to, I got my chance."

"When my 'hypochondria' turned out to be a pituitary problem I couldn't wait to haul him to court, I only won a few thousand dollars but it was worth all the time and trouble just to show him."

"I was ready to forgive him for botching the surgery even though I had to spend an extra week in hospital. But then he had the gall to bill me above the surgery. So I sued him."

In my own encounter with angry patients, their reasons for wanting to get back at their doctors or the hospitals almost always had nothing to do with medical competence. The MPS course surfaced more statistics to back up my experience.

- 70% of litigation is related to poor communication after an adverse outcome where patients feel they have:
 - been deserted
 - been devalued
 - lacked information, or
 - been misunderstood

Beckman 1994

- 27% of surgical claims are related to poor explanation of the procedure to the patient

Krause et al 2001

- patients sued doctors for the following reasons:
 - to correct deficient standards of care
 - to find out what happened and why
 - to enforce accountability
 - compensation for accrued and future costs

Vincent 1994, Mori 2002

In the MPS workshop on managing our risk, we were told unequivocally that the best way to avert patient dissatisfaction or wrath if the outcome is adverse is to practise good communication and exemplify transparency. Nicholas also shared that increasingly, enough evidence has accumulated to spawn a campaign of open disclosure by hospitals to manage adverse medical events.

This key message was driven home recently when a patient, Pauline, called to inform me that my clinic assistant had inadvertently given her another patient's medicines. She had only realised the error after taking two doses. Pauline said, "I hope you do not get too angry with your staff as I understand that it was a very busy session the day I was at your clinic. I thought you should know what had happened so that such a mistake is not repeated." After I listened patiently and quietly, I told Pauline that I would investigate and revert to her. I learned from my clinic assistants and from my clinical notes that Pauline had been issued the correct drugs but with another

patient's name labels. I called Pauline immediately to apologise and explain the nature of the mistake. I assured her that as a team we had reviewed our procedures so as to prevent a recurrence. What Pauline shared with me was encouraging, "Dr Tan, I have been your patient for a number of years. I know you care a lot for me and my elderly folks and thus believe that this was a genuine mistake. I am also very glad that you did the right thing by acknowledging the mistake. It is now best forgotten."

The body of evidence is compelling – we now know that when patients get upset with doctors, it is usually not because of clinical competence. It is because they feel that they have not been listened to and have not been accorded the care and respect they expect from

their physicians.

We ended our workshop and took home two crucial reminders:

- People are reluctant to sue someone they like
Gorney 1999
- Patients do not care how much you know until they know how much you care
Scherger 2001 **SMA**

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