

## **Managing Complaints**

In this unit we will explore some aspects of managing the uncertainty around complaints. Complaints will form a routine part of your future medical practice, however many doctors find them emotionally draining and professionally difficult.

You will divide into 4 groups to discuss/role play 4 scenarios which are based on real events. Please attempt to navigate through the complaint procedure as far as your group thinks appropriate in each case. Consider the replies you might give in letters. Consider role-playing meetings with complainants if appropriate. We will join at the end for a discussion.

During the discussion we will explore events from the point of view of:

*The Doctor*

*The complainant*

*Attached professionals.*

You might find it easy to approach the discussion having completed SWOT analyses of the complaint with in your 4 small groups.

NB a standard response to complaints would be:

- 1 A letter to complainant.
2. A meeting between complainant and doctor
- 3 Escalation via PCT Health Care Commission GMC lawyers etc

The vast majority stop at 1.

## **Scenario 1.**

### **Players.**

*Dr White --- a partner in Blacks practice*

*Dr Black, Green and Yellow the partners.*

*Mrs Smith The wife of the dead patient.*

*The practice operates a standard complaints procedure organized by Dr Black. Dr Black is aggressive and unhelpful.*

Dr White has received the following letter from Mrs Smith.

Dear Dr White I am writing to complain about the horrific and incompetent treatment you offered my husband who has now died of cancer. Despite him seeing you every week for 6 months you failed to diagnose what the hospital called an obvious and advanced disease. I am writing to the GMC the health commission and my Lawyer. I and my daughters await your response.

Dr White looks through the medical records and discovers he/she saw Mr Smith some months ago with back pain. Mr Smith was a 36 year old policeman finding work more and more difficult. Dr White had arranged an orthopaedic opinion and also an endoscopy. The second arranged because Dr White felt the back pain might in fact be epigastric.

Dr White saw the patient several more times prescribing simple pain relief. The last appointment was 4/12 ago.

Since then Mr Smith had seen every doctor in the practice at least once. On the last occasion when seen by Dr Yellow he was admitted having lost a great deal of weight. He died in hospital from an adenocarcinoma of unknown origin.

N.B endoscopy NAD, bloods all normal, orthopods –never got to see them.

## Scenario 2

### Players

*Dr Meat – A locum working for an Ooh service*

*Dr Veg—Medical Director of the Ooh service.*

*Mr Pudd--- Son of the dead patient.*

Dr Meat receives the following letter from Dr Veg .

Dear Dr Meat,

Please find enclosed the following letter from the son of a patient whom you saw and then relevant clinical notes. In line with PCT policy I require a response with in 7 working days. Many thanks for your help. Hope this finds you well.

Yours truly,  
Dr Veg.

CLINICAL NOTE.

MR PUDD. 5/5/05 05 AM

93 NORMALLY WELL ALERT RESPONSIVE NOT DEHYDRATED. IN BED FOLLOWING 3/7 DIARRHOEA. TOLERATES FLUID. SAYS MOBILE TO LOO. SIMPLE ADVICE RE FLUID ETC TO CALL BACK IF WORSE OR UNRESOLVING.

LETTER FROM MR PUDD JUNIOR.

Dear Dr Veg,

I wish to complain in the strongest possible terms about one of your doctors who saw my father on the night that he died. I myself was not present but a neighbour of my father relayed the story to me. Your doctor did not examine my father and told him just to take fluid and paracetamol. How can this be the right advice for a man who was so ill when I arrived that the paramedic told me he had never seen any body so dehydrated. The hospital said it was outrageous that such a frail old man living by him self had ever been left alone. If only he had been admitted sooner he might still be alive.

My father fought for this country . To be treated this way at the end of his life is disgusting.

Yours truly,  
Mr Pudd

Dr Meat remembers the patient. When Dr Meat left a neighbour was with him and knew to call if things changed. Mr Pudd had asked not to be admitted to hospital and said he could easily manage what he felt was a simple illness. He wished the doctor had never been called. Dr Meat had left feeling a little uncomfortable, but did not know why.

### Scenario 3

#### Players.

*Dr Tall—A locum who did a morning surgery for Middle Size practice 3/12 ago*

*Dr Short Dr Round and Dr Lovemachine partners in middle Size practice*

*Mrs Giant wife of the dead patient.*

Dr Tall receives the following letter from Dr Lovemachine.

I am forced to write to you following events at our practice. You saw Mr Giant on the morning of 12.12.05. Your clinical note is enclosed. I would be grateful if you could explain your actions so I can pass these on to the widow of Mr Giant.

CLINICAL NOTE.

NORMALY WELL 38 YEAR OLD WITH SYMPTOMS TYPICAL OF VIRAL ILNESS. SIMPLE  
ADVICE

Dr Tall can't remember the patient. Enclosed is a brief hospital letter from the same day :

15.00 Admitted with advanced meningococcal septicaemia. Died 16.50. Not given any meds by own GP.

#### **Scenario 4**

##### **Players**

*Dr 50 cent—a salaried Gp making £40,000 for 9 sessions in a busy practice*

*Dr Snoop Dog Dr Emandem Dr Bonyem partners at same practice all making £130,000 for 8 sessions*

*Mrs Solicitor.—complainant.*

Dr 50 cent receives the following letter from Dr Bonyem the senior partner.

Dr Dr Nifty Ment,

We have received the following complaint and would like your response.

I wish to complain in the strongest terms about the locum Dr I saw in your practice some weeks ago. They were rude and dismissive and did not take my complaint seriously. I attended when I was six weeks pregnant with some bleeding. The doctor did not listen to my concerns and brushed me off with an appointment for an ultrasound at the hospital 4 days later.

The doctor did not examine me and despite my tears ignored my symptoms saying there was very little they could do.

My bleeding got worse and I went to hospital where they said I was having an ectopic pregnancy. If they had seen me earlier I would not have needed an operation. However they did need to operate taking away one of my tubes. I am a 38 year old solicitor and we have been trying for a baby since we got married 6 months ago. I believe your incompetent locum has wrecked my chances of having a family and I wish to pursue this matter as far as possible.

Please let me have any information about this doctor you may have on file regarding other complaints. I have every right to this information.

Hope that makes sense. I have given her all the files she has requested.

Look forward to hearing from you

Yours truly,

Dr Bonyem FRCS MD

##### **CLINICAL NOTE.**

NORMALY WELL 38 YEAR OLD .6/40 MUCH ANXIETY. MINIMAL PV LOSS LESS THEN 1 PAD IN LAST 24 HRS. NO BLEEDING CURRENTLY. NO PAIN.REASURED +++ EPAU BOOKED 3/7 TO CALL SOS IF ANY CHANGE. SMALL CHANCE OF ECTOPIC PREGNANCY DISCUSSED. ANXIETY MAKES PV NEAR IMPOSSIBLE