

Good Clinical Practice as a Defence against Malpractice Lawsuits - A GP's Perspective

By Dr Barry Thng

INTRODUCTION

Medical negligence lawsuits can be potentially detrimental to our career and are best avoided. Efforts should be made to minimise complaints and patients' dissatisfaction should be managed early before it cumulates into legal tussles. Having good clinical practice is an important factor in the overall strategy in managing the problem of medical negligence.

There are 3 key issues in clinical practice: **standard of care**, **doctor-patient relationship** and **documentation**.

STANDARD OF CARE

There are 5 doctor's factors which can have a direct effect on the standard of care and these can be summarised with the pneumonic **TUMBLE**.

T: Training

The amount of training and clinical exposure determines the core knowledge and skill of a doctor. A properly trained doctor makes better clinical judgment and is more capable of delivering better service to his patients. As the learning of Medicine is an apprenticeship process, it requires time and patience to build a good foundation in clinical skill and proficiency. This learning phase is critical for future practice and should not be compromised for any other reasons.

U: Updating of knowledge and upgrading of one's skill level

Continuing medical education should be a life long process and it is not limited only to formal lectures and courses. Making an effort to clarify problems encountered in daily practice is a useful habit that can steadily enhance the knowledge and experience of a family physician.

M: Mental road maps to various clinical presentations

These mental approaches are important because of the unique nature of primary care practice. Family physicians are often required to tackle illnesses at its earliest presentations within a short consultation time. Familiarisation with the approaches to common symptoms helps doctors to make quick and sound

clinical decisions and thus minimise pitfalls in diagnosis and management.

B, L: Basic level of care assured for every patient

This is a self-enforced minimum level of care that is consistently delivered to all patients. This basic standard of care demands that one have to:

1. Attend to all of patient's complaints.
2. Actively exclude serious underlying conditions before assuming the patient's complaint is due to a common minor disease.
3. Keep a close follow-up in ill-defined clinical situations until a firm diagnosis can be made or there is full resolution of the problems.

This self-imposed standard attempts to eliminate shortcuts in our daily practice which are the common causes of misdiagnosis and mismanagement. It requires self-discipline and a constant self-reminder on the part of the doctor not to slip below this minimum level of care.

E: Evidence based medicine and prescription

Family physicians have to be in touch with the latest medical advances and consensus in disease management in order to practise medicine based on facts and not personal feelings.

DOCTOR-PATIENT RELATIONSHIP

Do we consider patients as customers and clients? Patients do have expectations and these have to be adequately addressed to achieve "customer's satisfaction". Patients who are satisfied and happy with the doctors seldom sue. They are also more likely to listen to and accept the doctor's explanation when unexpected clinical outcomes occur. For example:

- i. A child with upper respiratory tract infection died later from viral myocarditis.
- ii. A child with presentations suggestive of viral gastroenteritis was later operated for ruptured appendix.

A combination of poor clinical outcome and unsatisfied patient is a potential disaster that can easily cumulate into a malpractice crisis.

DOCUMENTATION

Documentation should not be used only as passive recordings of clinical findings but also a powerful tool to defend ourselves against unwarranted allegations. A practical approach in medical records is to include the 4 components **CARE** in our documentation.

C: Caring attitude

Our records should reflect the due care and diligence that we have shown to our patients.

A: Accuracy

Learning to record findings accurately requires persistent efforts. However it can certainly help to improve the efficiency in our documentation once the skill has been mastered.

R: Relevance

Recording of relevant positive and negative findings can reflect the thought process during the consultation. Precision and relevance in documentation will help to overcome the limitation in consultation time.

E: Emotionally neutral

It is only professional for us not to be judgmental and critical towards our patients. As far as possible, we should refrain from commenting about our patients.

CONSENTS FOR PROCEDURES

All surgical procedures done in the clinic should be supported with a written consent from the patient. A proper consent form has the 3 components: **PAR**

P: Purpose of the procedure

A: Alternatives other than that particular procedure

R: Risks of the procedure

For the consent to be useful, the information needs to be explained by the doctor doing the procedure and must be properly dated and signed.

SUMMARY

No-fault clinical practice does not necessarily cure the disease of Medical Malpractice Crisis. However it certainly goes a long way in reducing one's chances of being embroiled in such an unpleasant experience. ■

About the author:

Dr Barry Thng, MBBS (S), MMed (FM)(S), Grad Dip Derm (FP)(S), is the Chairman of Frontier Medical Group. He is a part-time clinical teacher with the National University of Singapore and an appointed tutor for the Graduate Diploma in Family Medicine program.