Weighing the Value of Intra-Professional Kerbside Consultations

By A/Prof Chin Jing Jih

MOST DOCTORS would have had the experience of informally consulting, or being informally consulted by a medical colleague for advice in matters related to patient care, usually in the context of a clinical situation or problem beyond one's usual area of expertise. This could happen in the hospital tea room, clinic corridor, or even at parties or other social gatherings. Or it could come in the form of a phone call, or even an email. These informal or "kerbside consultations" (or "curbside consultations" in North America), as they are commonly referred to, can include casual enquiries made by patients or laypersons, but I will limit this discussion only to intra-professional kerbside consults.

As one commentator puts it, medicine is a collegial profession. There is an expectation of regular consultation among physicians, especially when they are facing situations beyond their usual area of professional expertise or experience. Such consultations can be broadly categorised into two main types – formal and informal consultations.

Most doctors should be familiar with formal consultation, which takes place when the treating physician refers a patient to another physician, often a specialist, in order to obtain formal advice and guidance on some aspects of the patient's care and treatment. The consultant performs the evaluation either in person or by reviewing treatment records, studies, test results, or other relevant information. At the end of the consultation, the consultant documents the evaluation either in the patient's medical record or in the form of a written opinion or report provided to the referring doctor. In general, the consultant does not write any orders or prescriptions, or take any other kind of action regarding treatment. Instead, the consultant only provides recommendations and guidance related to the patient's clinical management.

Informal or kerbside consultations, sometimes called "elevator" or "hallway" consultations, represent a very different form of intra-professional consultation. The treating doctor seeks information or advice about patient care from another doctor, who is deemed to have a particular specialty knowledge, experience, or expertise. In most cases, the doctor who is consulted does not review and examine the patient personally (and is therefore not paid for the consultation, in contrast to a formal consultation), but merely answers the questions posed by the treating doctor, based on information presented.

Benefits and challenges

While there is no local data available, I daresay that kerbside consultation is a well-entrenched practice among doctors in Singapore, and has for many years been looked upon favourably as a desirable and well-accepted feature of our medical practice. In an era of specialisation, subspecialisation and super-specialisation, associated with an explosion of medical information, the role of kerbside consultation is becoming even more evident. An ageing population also means that patients tend to present with complex problems, frequently involving multiple organ systems, and at different degrees of difficulty. A doctor, whether a GP or a specialist, will likely face patients with problems that are beyond their clinical expertise or experience. Many therefore use kerbside consults for a quick answer to help decide the next course of action, for example to decide if a formal consult is necessary. This way, the treating doctor hopes to avoid adding another formal consult to the patient's growing list of medical appointments.

In cases where a formal consultation or referral is deemed necessary, the kerbside consult also serves to provide some estimation as to the urgency of the formal consultation. Precious time is also saved if the kerbside consult leads to timely initiation of important clinical investigations prior to the formal consultation. In some cases, patients can also benefit from symptom relief advised by the consultant. Therefore, in today's healthcare delivery landscape, a well-executed, semi-structured system of kerbside consultation can potentially help to save significant resources and opportunity costs, not to mention improving patients' prognoses and quality of life.

But in spite of these well-recognised advantages, some have expressed apprehension in recent years and question the conventional wisdom underlying kerbside consultations. Most of the concerns relate to the medico-legal liabilities of such informal consultations, and have come from both the consultant as well as the treating doctor requesting the kerbside consult. Some consultants feel uncomfortable when asked to provide a medical opinion and advice without interviewing and examining the patient in person. Some have also cited the lack of clarity with regard to professional legitimacy and accountability when opinions are sought, particularly when they lead to a change in patient treatment. Another often expressed worry is whether a kerbside consult is inappropriately sought when a formal consultation would be more fitting.

There are also those who wonder about equity, as kerbside consultation seems like a privilege, accessible only by those who have a stable of trusted colleagues who are willing to offer their professional opinions, albeit unofficially. Doctors, who for whatever reasons lack this kind of professional network, will not be able to enjoy the benefits of kerbside consult. The counter argument of course, is that as kerbside consultations depend to a large extent on a spirit of trust and collegiality, naturally those who take the trouble to nurture collegial relationships have a better chance of getting to know their fellow doctors and use kerbside consults in their clinical work.

It is likely that many of these misgivings stem from a lack of clarity with respect to the utility and limitations of kerbside consultation. We should remember that kerbside consults are meant to be a convenient and time-saving means of obtaining clinical information and advice from a fellow doctor. It is useful and effective when the problem is not complex and particularly helpful where the practice environment is dominated by domain experts and specialists. Kerbside consultation is also more likely to thrive when there is a high level of intra-professional trust among the seekers and providers of advice and guidance.

To use kerbside consultation effectively and without undue risks, one has to be familiar with its functions and boundaries, and not to drive it beyond its intended purpose. One should be able to differentiate cases suitable for kerbside consultation from those that require more thorough evaluation via formal consultations. Cases that are suitable for kerbside consultation tend to be less complicated, requiring only straightforward, or non-specific advice. They do not require any detailed discussion or complex analysis, and include those where no actual patient is involved or when the knowledge sought is purely for

academic and educational purposes. There is generally no need for the consulted doctor to review patient records and/or examine the patient, and infrequently involves making or confirming a diagnosis, upon which subsequent treatment or care depends. In actual practice, many of these kerbside consults are useful to help ascertain if a formal consultation is necessary.

Kerbside consultations are not suitable, on the other hand, for cases which are complex and challenging, or cases where physical examination in person is needed to give good advice. Kerbside consults are also inappropriate in cases where the treating doctor is dependent solely or substantially on the advice or guidance of the consultant for decision making. In such circumstances, it would be advisable to seek a formal consultation so that the consultant has ample opportunity to assess the patient before coming up with a recommendation. It has also been suggested that on occasions where the patient is aware of the treating doctor's intent to make a consultation, a formal consultation may be more appropriate due to the higher expectations from the patient.

Professional and medico-legal issues

However, it must be acknowledged that fear of medical litigation can be a powerful force in deciding whether kerbside consultation will be adopted by an individual doctor or a community of medical practitioners. But are these fears real? Or do they justify the giving up of the benefits of kerbside consultation?

Professional liability, and therefore legal liability, is derived from the doctor-patient relationship and the subsequent duty of care owed to the patient. The risk of legal liability is therefore low as the consultant hardly has any control over the patient's therapeutic decisions or outcomes. The doctor-patient relationship continues to be between the treating doctor and the patient, while kerbside consultation service is rendered by the consultant to the treating doctor, and not to the patient. Furthermore, it is notable that in kerbside consultations, or even formal consults, the treating doctor is free to accept or reject, wholly or partially, the advice or guidance of the consultant. The primary duty of care, and therefore the professional liability, remains with the treating doctor. A kerbside consultation in no way transfers the professional accountability for the patient from the treating doctor to the consultant.

Documentation of the kerbside consult is another challenge that has frequently been debated upon. Many doctors who have provided kerbside consultations are upset when they perceive that their names are documented alongside their advice in a way that implies a transfer of legal liability and clinical accountability from the primary team to the kerbside consultants. Such concerns are both medico-legal and professional, as quite a number of such records are inadequate and erroneously imply a direct doctor-patient relationship between the consultant and the patient. Fair and proper documentation is useful to the care of the patient, and should accurately reflect the limiting circumstances under which the advice was sought, and subsequently given in the name of collegiality. Another suggestion is to avoid documenting the name of the consultant unless permission has been obtained.

These steps promote trust between the consultant and the treating doctor, which in the long run, strengthens collegiality and enhances the sustainability of kerbside consultation as an enhancer of quality in healthcare.

Best practice recommendations

Here are some unofficial best practice tips shared by a senior doctor on giving kerbside consultations. Firstly, the consultant should understand exactly what is expected when asked to provide a kerbside consultation, and keep closely to the "terms of reference". The kerbside consultant should also be constantly mindful that his role is to give advice, and not orders. Secondly, there should be a low threshold for suggesting a formal consultation. If there is any doubt or consideration for a need to have a more direct involvement with the care of the patient, it may be advisable to escalate to a formal consultation. For advice that is more patient-specific, it may be good if the consultant himself could make a private note of the encounter, including the advice given, for his own future reference. If the documentation of a kerbside consult becomes lengthy, it is probably a red flag to signal the need for a formal consultation. Finally, if a consultant is required to offer a specific diagnosis upon which treatment is dependent, or advice on admission or discharge decisions, the advice is probably best sought via formal consultations.

Many legal counsels and risk managers consider seeking kerbside consultations from a colleague when appropriate as an excellent risk-management strategy. It reflects thoughtfulness by the treating doctor, and when used in a targeted fashion on appropriate cases, kerbside consultations will invariably benefit patient care, both at individual and systemic levels. The key is to use it appropriately and wisely. ■

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