

# It's Not Fair!

but then, what is?

The response of health care  
providers to complaints

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# Topics

- What is a complaint?
- What is our usual response to a complaint?
- What is our usual response to a complainant?
- How are most complaints resolved?
- How many complaints are there against health service providers?
- How serious are these complaints?
- What are the specifics of the complaints?
- What is a break-up of the various disciplines involved?
- How is the response of health care providers different to the response of others (focus on medical practitioners)
- A brief digression - mental illness/mental health problem
- The three phases of response to a complaint
- Why is the response of those complained against important?
- Guidelines for dealing with health care providers regarding complaints

# What is a Complaint?

- An expression of pain, dissatisfaction, or resentment.
- A cause or reason for complaining; a grievance.
- The Australian Standard provides the following definition of complaint: “Any expression of dissatisfaction with a product or service offered or provided”.
- A complaint is: Any expression of dissatisfaction or concern made to an organisation by, or on behalf of, an individual client – including government agencies – group or member of the public, related to the organisation’s products or services, or the complaints handling process itself.

# Effective Complaints management

- Commitment
- Fairness
- Resources
- Visibility
- Access
- No Charges
- Remedies
- Data collection
- Systemic and recurring problems.
- Accountability
- Reviews

# What is our usual response to a complaint?

- Anger
- Denial
- Self justification
- Resentment
- Increased emotionality including anxiety, irritability and depressed mood
- Heightened arousal, sleep and appetite disturbance, memory and concentration disturbance, easily distracted
- Resignation
- Acceptance
- Long term positive or negative effects

# complainant?

- Variable – depends on
  - the nature of the complaint
    - The closer the complaint is to one's sense of self, the more painful it is
  - the manner in which the complaint is made
  - the reasonableness of the complainant,
  - the perceived motives of the complainant
  - the threat posed by the complainant
- Whistleblowers fate
  - mistrusted,
  - motives questioned,
  - marginalised,
  - personal attacks,
  - career blighted

# Psychological factors involved

- It is important to differentiate between mental illness and mental health problems. Complaints lead to mental health problems for the people complained against.

# Mental illness

- A pattern of behaviour and/or thoughts leading to dysfunction and which requires treatment
- Associated with a significantly increased risk of suffering death, pain, disability, or important loss of freedom.
- Biological causes predominate
- Common mental disorders include schizophrenia, bipolar disorder and some of the anxiety disorders
- Approximately 3% of the community



# Mental health problems

- Usually a response to an environmental stressor
- Associated with distress, behavioural changes, sleep and appetite disturbance
- Settles with resolution of the stressor/or the passage of time
- May require symptomatic treatment
- About 20% of the population at any one time

# What causes mental health problems?

- Mental health problems are caused by actual, perceived or threatened loss
- Such losses include:
  - Loss of health
  - Loss of life
  - Loss of wealth
  - Loss of others
  - Loss of love of others
  - Loss of self-love
- All these are a possible outcome of a complaint

# How are most complaints resolved?

- Resolution, both parties satisfied
- No resolution, both parties dissatisfied
- Compromise, both parties feel partly vindicated and partly disappointed

# Why do people complain about health care providers?

- because they have a grievance against a health-care provider
- the health-care provider has, in some ways, betrayed them
- may have attempted to raise the complaint with the health-care provider but does not feel heard
- experiences the health-care provider as having all the power in the relationship (ironically, most health care providers feel a strong sense of powerlessness which they conceal)

# Australia and New Zealand 2004/2005

(Medical Board reports)

<b>State or country</b>	<b>No. of doctors registered</b>	<b>Complaints received</b>
New South Wales	27 089	1080 (3.9%)
New Zealand	13 951	494 (3.5%)
Northern Territory	886 (2003 figures)	? 558 (all HCPs)
Queensland	13 649	369 (2.7%)
South Australia	6 400	144 (2.2%)
Tasmania	2 250	148 (6.5%)
Victoria	18 664	690 (3.7%)
Western Australia	7 266	169 (2.3%)

# health service providers?

## Report of the Victorian Health Services Commissioner 2005/2006.

	Health Service	Health Records
• telephone enquiries	6402	2265
• single contact (registered complaints that were not subsequently confirmed in writing)	931	113
• accepted cases	1013	118
• <b>Total</b>	<b>10842</b>	<b>2496</b>

- There was a 7% decrease in the total number of complaints for the year.

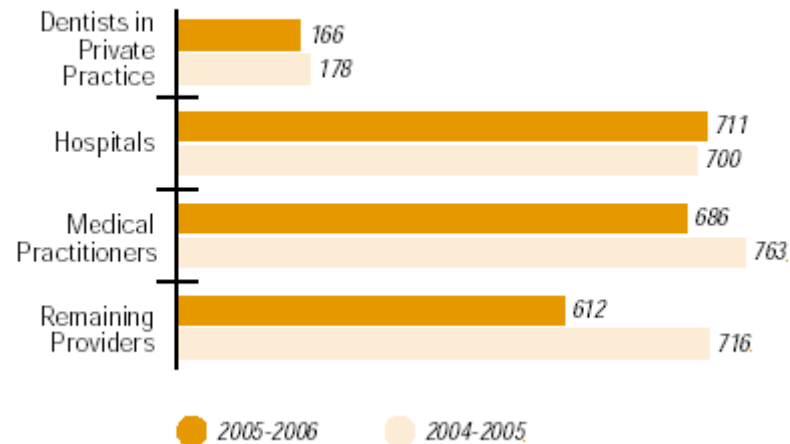
- **Level of Seriousness** with regard to both health records and health service complaints

	Low	Medium	High
• Health service complaints	1259	675	110
• Health Records	136	112	5

- The **gender ratio** of complainants was approximately **1.3 females to 1 male**
- The **median age** of complainants was 35 to 44

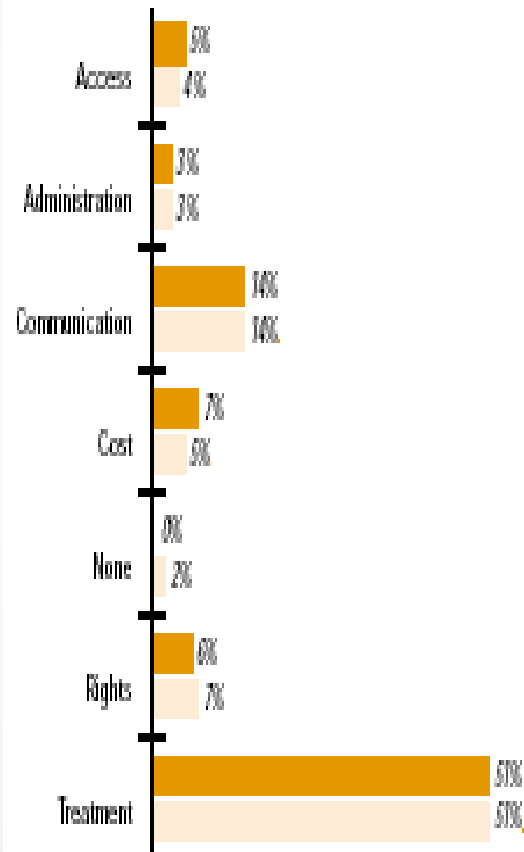
# Who is complained about?

**Figure 9: Categories of Complaints Against Health Service Providers**

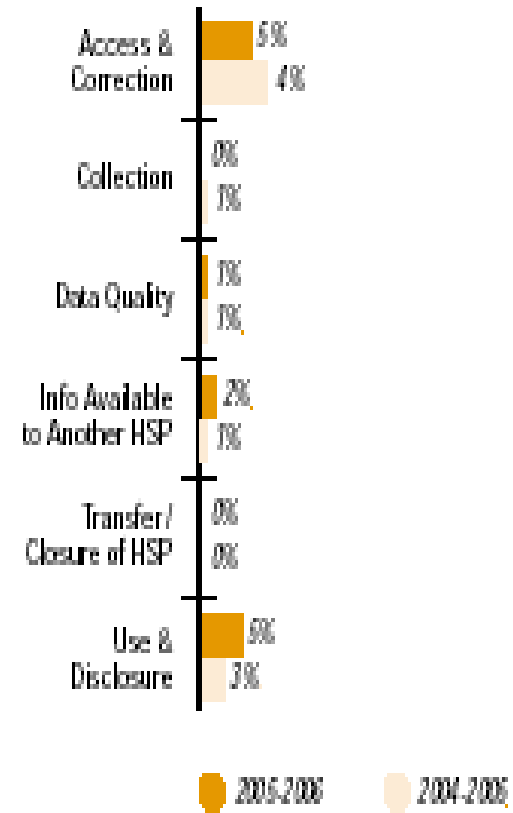


# Issues in GP complaints

HSC&R Issues



HRA Issues





# Reasons for complaints

- administration 82
- communication 235
- cost 121
- rights 101
- treatment 1211 (70%)

# Complaints about treatment provided by medical practitioners

The treatment issues included:

- Inadequate diagnosis 13%
- inadequate treatment 42%
- medication 5%
- negligent treatment 23%
- other 4%
- rough treatment 5%
- unskilful/incompetent treatment 5%
- wrong diagnosis 2%
- wrong treatment 1%

# Complaints by specialist group

- General practitioners\_\_\_\_\_240
- Group practice\_\_\_\_\_ 17
- Surgeons\_\_\_\_\_ 88
  - Plastic surgeons\_\_\_\_\_ 12
  - Orthopaedic surgeons\_\_\_\_\_ 10
- Physicians\_\_\_\_\_ 68
  - Dermatologists\_\_\_\_\_ 17
- Psychiatrists\_\_\_\_\_ 27
- Obstetrician/Gynaecologists\_\_\_\_\_ 26
- Not specified\_\_\_\_\_183
- **Total**\_\_\_\_\_ **686**

# Outcome of complaints against medical practitioners

- In New South Wales one doctor in 20 subject to written complaints to the Health Care Complaints Commission.
- Less than 10% resulted in some form of discipline the action including
  - counselling
  - limited conditions of practice
  - supervision of practice or deregistration
- 2% of general practitioner face a medical negligence claim per year, the number varies among specialties
- 6% of litigating claims go to trial
- 28% discontinued
- 66% settled out of court.

# Is the response of medical practitioners (doctors) different to the response of others?

The response of doctors appears to be more intense and more personally felt for these reasons.

Most complaints are about treatment (70%), this directly challenges a self image of being a caring, competent professional who (is):

- logical and sensible
- perfect
- responsible for patient's health
- has a more personal relationship with patients than do other professions

The fact that a complaint has been made means (that)

- the doctor/patient relationship has been betrayed when a complaint is made to a third party
- an accusation of incompetence
- loss of standing with colleagues and other patients
- livelihood is threatened
- Physical safety possibly threatened



# complaint

- **Initial impact.**
  - A sense of "being out of control"
  - A feeling of shock and panic
  - indignation towards patients generally
- **Conflict Stage**
  - around professional identity
  - with family and colleagues
  - arising from the management of the complaint.
  - accompanied by feelings of anger, depression and suicidal ideation
- **Resolution Stage**
  - Positive response
    - A review of factors leading to the complaint
    - Improved administrative procedures
    - Improved communication skills with patients and other health-care providers
    - An assessment of lifestyle problems leading to fatigue and irritability
    - Joining a peer review group
  - Negative response
    - defensive practice
    - for some, plans to leave practice
    - for some there was no resolution, these were a minority

# Sued and non sued physician's self reported reactions to malpractice legislation

(AmerJPsychiatry1984;141:563-565)

- In a Chicago study 5135 doctors were sued in the period 1978-1981.
- postal survey (one third responded)
- none had an adverse trial verdict.
- 2 clusters of emotional symptoms were found.
- 39% had symptoms of "major depression" a quarter lasting longer than two weeks.
- 20% had symptoms of pervasive anger, mood change, inattention, frustration, irritability, insomnia, fatigue, gastrointestinal symptoms and headache.
- 4% reported no physical or emotional symptoms.

# The response of doctors to a formal complaint,

Nash et al AustPsych14:3 246-250

- Survey of doctors complained about over a 4 month period n=69  
60% responded
- Average age 55,
- Average time in practice 29 years,
- 88% Australian graduates
- 81% male
- 32%GPs (half in solo practice)
- 62% Specialists
- Average attendance 7 peer review sessions per year
- 45% (19) no previous complaints
- 5% (2) 5 or more previous complaints



# The response of doctors to a formal complaint: part 2

- 38% met criteria for psychiatric morbidity.
- 12% psychiatric morbidity in Australian general population
- However similar to other Australian medical samples
  - 37% of interns meeting definition
  - 41% of senior medical staff from a metropolitan teaching hospital meeting definition
- Those who regard the complaint as more serious had greater psychiatric morbidity.
- Little impairment of work, social life, leisure or family life.
- Respondents scored significantly higher than the general population on tough mindedness.

# complained against important?

- the response of those against whom complaints have been made is critical in resolving the particular complaint
- critical also in improving patient care
- and in empowering patients to take control of their own bodies
- an impetus to the health care provider to grow professionally and personally

# providers regarding complaints

- be aware of the different phases of response to a complaint
- the initial response will be an emotional response, the bearer of bad news may become the brunt of this response (do not take this personally)
- health-care providers need time and a framework in which to work through the fact that a complaint has been made against them

# Preliminary comments

- It is vitally important that intermediaries do not have a personal agenda
- It is important to bear in mind the complainant may be wrong
- It is important to bear in mind that the health care provider, especially if a man, might not be an uncaring, unscrupulous, in-it-for-the-money, incompetent 'male chauvinist pig' (although he may be)
- It is useful if the health-care provider can identify with the intermediary
- This includes such matters as:
  - Age of the intermediary relative to the age of the provider
  - The clothing style of the intermediary
  - The perceived neutrality of the intermediary
  - The form of address (eg inappropriate use of first names)

# A framework to consider (1)

- means of first contact
- tone of the letter
- the information in the letter
  - detailing the complaint
  - information about the process of complaint resolution
- the day of the week the letter will be received (better on a Monday)
- an available contact person
- willingness of the contact person to listen
- an awareness of the vulnerability of the health-care provider

# A framework to consider (2)

- usual responses to complaints
- complaint does not always mean that the provider is a bad doctor or incompetent (although it may be)
- support people to contact
- ways to resolve the complaint
- preventing further complaints
- dealing with the complainant (and the complainant's family) at the time and possibly in the future

# Conclusions

- Health care providers have high expectations of themselves personally and professionally
- Health care providers respond negatively at an emotional level to complaints
- An awareness of the response of health care providers allows for more effective resolution of the complaint
- Such awareness also prevents alienation of the health-care provider from the complaints process
- Such awareness may also mitigate the mental health problems arising from the complaint
- A successful outcome is good both for the complainant and for the health-care provider and hopefully for the public more generally