

Managing unrealistic patient expectations



Patients come to a consultation with expectations regarding their treatment and care that they may, or may not, make clear to the practitioner. Unmet expectations can lead to patient dissatisfaction and increase the likelihood that a patient may make a claim or complaint against a practitioner.

In Avant's experience the following patient 'types' appear disproportionately in complaints and claims against practitioners:

- the transient patient
- the patient seeing a number of practitioners at the same practice (i.e. where a trusting relationship with one practitioner has not formed)
- the new patient.

Complaints and claims of this type often relate to one of three things:

- unexpected costs,
- unexpected outcomes, or
- unmet expectations.

Examples of unrealistic expectations we have seen include:

- you will have time to discuss three major problems in a standard consultation
- you will prescribe them an S8 medication because they ask for it
- you will immediately know the exact diagnosis and treat it that day
- you will divulge medical details about other family members
- you will provide a repeat script without seeing them
- the skin excision will not leave a scar
- they can call you 24 hours a day.

Appropriate selection of patients is a key to avoiding claims or complaints arising from patient's dissatisfaction with the result of a procedure or treatment due to unrealistic expectations. If after explaining the likely results from a procedure or treatment, it is clear that the prospective patient expects results which cannot be achieved, you should tactfully refuse to proceed.

You can refer them on, refer them back to their referring practitioner, or just explain that you do not feel you can provide what they are seeking. Too often, we hear of practitioners who are drawn into arguments then give in to patient demands against their clinical judgement 'because they felt sorry for them' or

wanted to 'do them a favour' or just could not say no. Proceeding on the basis that, 'at least if I do it, it will be done properly' may be a recipe for disaster.

Managing unrealistic expectations and/or unreasonable requests

- Do not allow yourself to be manipulated into giving in to unreasonable demands.
- Take a step back and try to identify why the patient wants a particular treatment. Exploring this not only improves your communication skills but it will also determine where you need to direct your efforts.
- Explain why you cannot meet a request in terms of practice policy or your standard policy to indicate that it is not personal, e.g. 'It's practice policy that we don't prescribe S8s for patients we haven't seen before' or 'unfortunately I can't discuss that because it would be a breach of confidentiality'.
- Explain that your decision is in their best interests, e.g. 'There's not enough time to deal with each of those issues properly, it would be better for you if we give each issue full attention. How about we deal with the most important one today and the others at your next appointment, which we can book as an extended consultation?'
- Explain the clinical reasons why further tests or referrals are necessary before a definitive diagnosis can be reached, e.g. 'I will need to get some blood test results to try to work out exactly what's causing this'.
- As a last resort, you can terminate the relationship and refer the patient elsewhere. Again, do not make this personal, e.g. 'we're not seeing eye-to-eye, I think it would be best if you saw another practitioner'.
- It is not appropriate to end the relationship if you are currently treating the patient for a serious health problem, if it is an emergency or you are the only specialist offering a particular service. Be careful not to be seen to be discriminating against the patient on the basis of gender, sexual preference, race, disability, age, HIV status, etc.

Pro-actively managing expectations

Inform your patients of what to expect during and after treatment. For example, discuss:

- the possible side effects and how they can deal with them, when to be worried and when to seek advice, etc,
- the consequences of lack of compliance with instructions,

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- follow-up appointments and frequency,
- and that the final result could take some time.

Patient information material should emphasise the serious nature of undergoing a treatment or procedure and should provide accurate and realistic information. This is particularly important to counterbalance any unrealistic expectations of what can be achieved.

The information provided before any consultation or procedure should include information about the costs involved. When major costs will be incurred, it is strongly recommended that the patient be provided with detailed financial information in writing. 'Surprise' over the cost of consultations or procedures – especially unexpected large 'gap' costs – is the source of many complaints, particularly where the patient is unhappy with the outcome.

Patient information sheets about the practice can set limits from the beginning, e.g. hours of opening, after-hours assistance, house calls etc. Have a procedure for receptionists about informing patients if there are lengthy delays.

Unvoiced expectations

To make matters even more complicated, a patient may have unrealistic but unvoiced expectations.

- A review in 2005¹ identified that the most common unvoiced issues were: worries about a possible diagnosis, patients' ideas about their illness, side effects, not wanting a prescription, information relating to social context, and patients' desires for referrals and physical therapy.
- Issues not raised in the consultation often led to specific problems, ranging from misunderstandings to unwanted prescriptions, non-use of prescriptions, non-adherence to treatment and less symptom improvement.

The author further notes that 'in now historic research, Beckman and Frankel found in 1984 that most practitioners interrupt their patients before they have completed their first sentence. Subsequent research has shown that practitioners usually redirect patients towards a single concern, and fail to let the patient finish their "rehearsal" '.

Not surprisingly, patients are less likely to express their main concern if interrupted.

Eliciting expectations

- Aim to develop trusting relationships with your patients. In a trusting relationship, patients are more likely to express their feelings.
- Listening to the patient enables them to relate – and you to understand – why they have come, what they expect and how much they understand of what you explain to them.
- Don't interrupt as you listen to a patient's presenting problem, and use cues such as nodding or 'uh-huh'.
- When the patient stops speaking ask 'anything else?' This question will also help determine with the patient what can be covered in that particular consultation and what may need to be prioritised to discuss at a later time.
- Ensure that patients understand the reasons for your proposed management of their condition and what to expect from any treatment. Ask 'is there anything that you do not understand; have I explained it to you okay?'
- Ask if the patient has any questions, but beware that some patients will respond negatively, even though they do have concerns. This may be because they feel stupid, intimidated, rushed or confused.

Ask the patient for his/her opinion and seek to determine their expectations:

- 'What do you think of the plan we have discussed today?'
- 'Is this what you thought would happen today?'

Complaints

If patients express dissatisfaction about some aspect of your practice or your practice staff, encourage early resolution: unhappiness does not go away because you ignore it.

The way a practice manages complaints and adverse incidents is perhaps the most powerful risk management tool. Properly managing an angry or unhappy patient will significantly reduce the likelihood of litigation or a complaint.

Avant recommends that every practice:

- has a process for receiving, documenting and dealing with complaints promptly.
- orients new patients to what can be expected in terms of possible delays, accessibility to the practitioner and after-hours assistance.
- has a policy in place for managing adverse incidents which includes directly discussing the situation with the patient,

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offering regret (if appropriate) and making changes where necessary to prevent a recurrence.

- return patient's telephone calls even if it is to ask them to attend the practice (it is preferable for the practitioner to make such calls personally).
- train practice management staff to communicate with patients effectively.
- avoid automatic, aggressive billing practices particularly where there has been a poor outcome. The practitioner should personally approve any debt collection procedure *before* it is instituted.
- conduct regular patient satisfaction surveys to identify potential problems.
- conduct referring practitioner satisfaction surveys to identify potential problems.
- contact Avant for advice and assistance if unsure how to manage a situation.
- notify Avant of all adverse outcomes, significant patient complaints or complications involving admission to hospital or return to theatre for major complications. (Notifications alone do not prejudice your policy or add to your premium.)
- never abandon a patient in the event of a poor outcome.

References

1. Young S (2005) Be aware of the gap between what patients say and what really concerns them Australian Doctor 19 Oct 2005.

Further reading

Beckman HB, Frankel RM: The effect of physician behaviour on the collection of data. *Annals of Internal Medicine* 1984; 101(5): 692-96. Cited in Marvel, Kim M., Epstein, Ronald M., Flowers, Kristen, Beckman, Howard B: Soliciting the Patient's Agenda: Have We Improved? *JAMA*. 1999;281:283-287.

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