



## MEDICOLEGAL ISSUES IN RURAL PRACTICE – THE CHALLENGES OF GEOGRAPHICAL ISOLATION

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### What we will cover

- Confidentiality in the practice.
- Treatment of family and friends.
- Driver's Medical Certification.
- Dealing with difficult patients.
- Burnout.

## Confidentiality in the practice.

### Confidentiality in a small community

#### Case 1

- 48 yr old lady come in to see your registrar.
- Reveals that she has been having an affair and wants an STI check.
- Specifically asks that the registrar does NOT document the consultation as she does not want anyone else in the practice to know – especially the GP teacher (who she is registered under).
- Do you agree?

## Confidentiality in a small community

### Case 2

- You have employed a new receptionist who tells her family that she saw a family friend in the practice that day.
- Her mother then asks the patient what he was there for.
- He complains that his privacy has been breached and asks for the new receptionist to be dismissed.
- How do you proceed?

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## Four steps to respond to a privacy breach

1. Breach containment and preliminary assessment.
2. Evaluation of the risks associated with the breach.
3. Notification.
4. Prevention.

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## Confidentiality in a small community

### Case 3

Don't tell Dad I'm emailing you, but I think you should know that he is drinking 8+ whiskeys a day and he's not taking his medication. We're worried about his safety at home so we want you to get him assessed so that he can go into a rest home.

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## Treatment of family and friends.

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## Professional Boundaries in the Doctor-Patient Relationship

- **Doctors are responsible for maintaining appropriate professional boundaries in the doctor-patient relationship.**
- **It is usually considered unethical to accept gifts, monetary or otherwise from your patient.**
- **Financial dealings with patients (other than the fees for care provided) are generally unacceptable.**
- **In most instances, it is unwise to hold an Enduring Power of Attorney for your patient.**
- **All your communication with patients, including via social media and other electronic communications must be appropriate and professional.**

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## Statement on providing care to yourself and those close to you

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You **must not** treat yourself, family members, or those close to you in the following situations:

- Prescribing or administering medication with a risk of addiction or misuse.
- Prescribing psychotropic medication.
- Prescribing controlled drugs.
- Issuing repeat prescriptions where you do not have appropriate information available.

[Statement on providing care to yourself and those close to you, MCNZ](#)

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You **must not** treat yourself, family members, or those close to you in the following situations:

- Undertaking psychotherapy.
- Issuing certificates.
- Conducting medical assessments for third parties such as ACC and private insurers.
- Performing invasive procedures.

[Statement on providing care to yourself and those close to you, MCNZ](#)

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## Exceptional circumstances when care may be provided

- In an urgent situation, where you may be required to provide treatment to yourself or those close to you until another doctor is available.
- If you are working in a particular community where there are people close to you who are patients because it is difficult for them to access other practitioners. However, in this situation there are additional pressures and you must be aware that objectivity may be compromised. Good professional judgement is required and you must have a low threshold for referring these patients to an independent doctor for consultation, and for seeking advice from a colleague and utilising your peer networks.

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## Driver's medical certification.

## Medical aspects of fitness to drive

A guide for health practitioners



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Health practitioners have two main legal obligations relating to fitness to drive under transport legislation

### The law requires:

- Health practitioners to advise The Transport Agency (via the Chief Medical Adviser) of any individual who poses a danger to public safety by continuing to drive when advised not to.
- Health practitioners to consider medical aspects of fitness to drive when conducting a medical examination to determine if an individual is fit to drive.
- Duncan v Medical Disciplinary Committee 1986 1 NZLR 513.

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It is tempting for the health practitioner to act as an advocate for their patients but this is inappropriate. In situations where this cannot be resisted, health practitioners should be prepared to disqualify themselves and refer their patients to another health practitioner. This may be a wise procedure under other circumstances as well, especially when there is a risk of damaging an established therapeutic relationship. Nonetheless, as a normal rule, the examiner is expected to be the patient's regular general practitioner.

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### The clinical examination itself should include

- Cardiovascular system.
- Respiratory system.
- Musculoskeletal system.
- Central nervous system (noting especially matters such as coordination and sensory loss).
- Vision (according to the specific requirements of section 6).
- Hearing.
- In the report, also note any cognitive or psychiatric issues or defects of mental capacity sufficient to affect driver safety.

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## Procedures for notifying the Transport Agency of an individual under section 18

- Inform the individual that they are unfit to drive and the reasons for this.
- If the individual accepts they are unfit to drive and advises that they will not drive, take no further action.
- If the individual does not accept the advice and is likely to continue to drive, advise the Transport Agency (section 18 of the Land Transport Act 1998).

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## Dealing with difficult patients.

## Dealing with difficult patients

### Case 4

- Patient who transferred to the surgery 6 months ago.
- First appointment very demanding, wanting medication, sickness benefit form, and wanting several minor medical issues to be sorted NOW.
- Rings the practice frequently, shouting at staff if she doesn't get what she wants.
- Sends 5 page emails recounting her medical issues and difficulties with other health professionals.
- Refuses to come in for a further appointment to be assessed.
- Clearly not happy with the service the practice can provide.

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## Boundary setting

### If possible in writing and maybe a meeting as well setting out

- What services the practice can offer (e.g. we do not offer an email consultation service).
- Make it clear what you expect of your patients (polite to staff, attend appointments on time, etc.)
- Can not discriminate so all conditions must be what you would expect of all your patients.
- Make it clear what the consequence of not respecting the boundaries will be (no longer able to offer routine medical care).

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- When pt. would have severe difficulties accessing care elsewhere, may need stronger reasoning for withholding routine care.
- Always have a continued obligation to provide care in an emergency.
- Can specify that it must be an emergency as judged by a health practitioner (normally a nurse).

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## Asking a patient to leave

- Can be as follow up to boundary setting, when pt. has breached the boundaries.
- Need to specify why exactly they are being asked to leave – specifics of behavior.
- If violent or threatening violence then no need to start with boundaries letter.
- In most circumstances would give 2-4 weeks for pt. to find a new provider.
- Usually assist pt. to find new provider (through PHO).

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# Burnout.



In the long run handling stress badly makes us ill, but research shows that it very soon makes us less smart and more unfriendly.

Manchester Centre for Resilience (UK)

## What do we mean by burnout?



Burnout occurs when passionate, committed people become deeply disillusioned with a job or career from which they have previously derived much of their identity and meaning.

It comes as the things that inspire passion and enthusiasm are stripped away, and tedious or unpleasant things crowd in.

[Mindtools.com](https://www.mindtools.com)

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## What do we mean by burnout?



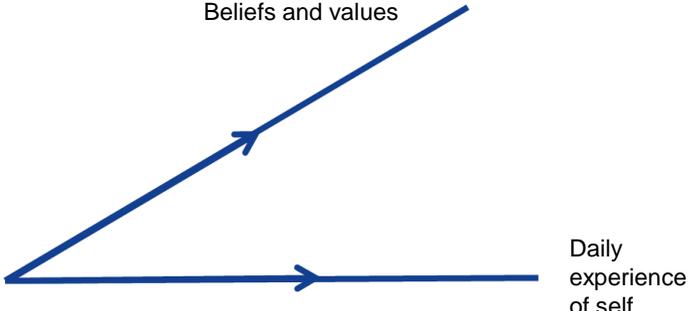
Physical, emotional and mental exhaustion caused by long term involvement in emotionally demanding situations.

[Charles Figley 1995](#)

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## Moral distress



Beliefs and values

Daily experience of self

*The bigger the angle, the more discomfort with self.*

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## Possible triggers for developing burnout

- Making an error or mistake.
- Poor patient outcome.
- Complaint, or regulatory referral.
- Change in job situation or role.
- Change or breakdown in system or team.
- Change in work environment.
- Personal circumstances and life events.
- Episode of ill health.
- Not taking sufficient time out.
- Conflict within the team.

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## Predisposing factors for burnout

- Internal:
  - Some of us are predisposed.
- External:
  - Workplace culture.
  - Workload.
  - Relationships within the team.
  - Patients.

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## Am I burning out?

- Dreading going into work, and wanting to leave once you're there.
- Having low energy, and little interest at work.
- Having trouble sleeping.

Christina Maslach 1981

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## Am I burning out?

- Being absent from work a lot.
- Having feelings of emptiness.
- Experiencing physical complaints.
- Irritated easily by team members or clients.
- Feeling that your work doesn't have meaning or make a difference.

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## Am I burning out?

- Pulling away emotionally from your colleagues or patients.
- Feeling unrecognised.
- Blaming others for your mistakes.
- Poor concentration.
- Thinking of quitting work, or changing roles.

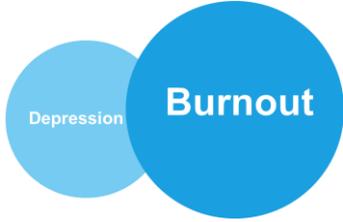
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## Difference between burnout and depression

- Burnout improves with a break or time away - depression does not.
- Burnout is specific to the work context.

Maslach C et al 2001



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## What do we mean by resilience?

- Some people (companies and communities too) handle difficulties well and they bounce back.
- The most resilient find that adversity actually leads to learning and growth: they bounce forward.

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When did you last celebrate an achievement?



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What can you do as an individual?

- Good boundaries.
- Manage your energy, not your time.
- Spend at least 20% of your time doing something meaningful to you.
- Ultradian rhythms.
- Mindfulness.

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## What was your motivation to work in health care?

- Caring for others.
- Job and financial security.
- To be challenged and stimulated.
- To be appropriately rewarded for our efforts.
- To make the world a better place.

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## Recover

- Delegate tasks.
- Where can I live with less than perfect?
- Rest: active or passive?
- Think a new thought (CBT).
- See your GP.
- Schedule regular breaks and holidays.
- Where can you manage your energy more efficiently?

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# Any questions?



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