MDDUS
UK INDEMNITY, ADVICE & SUPPORT

Medicolegal Topics: Protecting Yourself and the Patient in General Practice

Dr Myooran Nathan
Medical Adviser

MDDUS
UK INDEMNITY, ADVICE & SUPPORT

Areas to be covered

- Record-keeping
- Prescribing
- Complaints
- In brief
  - Negligence
  - GMC
- Clinical scenarios

MDDUS

UK INDEMNITY, ADVICE & SUPPORT

RECORD-KEEPING

MDDUS
UK INDEMNITY, ADVICE & SUPPORT

GMC Guidance

- Must keep clear, accurate and legible records
- Should be made at the time or as soon as possible afterwards
- Should record relevant clinical findings, the decisions made, the information given to patients, and any drugs prescribed or other investigation or treatment
- Record who is making the record and when

MDDUS
UK INDEMNITY, ADVICE & SUPPORT

What Belongs in the Medical Record

- Consultation records including family history
- Investigations ordered
- Laboratory and X-ray results
- Clinical correspondence between health professionals
- Prescription records
- Vaccination/immunisation records
- Results of screening

MDDUS
UK INDEMNITY, ADVICE & SUPPORT

Record Outside of Clinical Records

- Medical reports eg insurance/DVLA
- Case conference minutes incl. child protection
- Correspondence with solicitors
- Correspondence in relation to GMC/GDC
- Complaint records

RECORDABLE INFORMATION NOT RELATED TO CLINICAL CARE

MDDUS
UK INDEMNITY, ADVICE & SUPPORT

Purpose of Records

- Historical record of clinical case
- Gives insight into diagnosis, treatment, planning, rationale, progress
- Record of consent process
- Details of referrals
- Provides information about standard of care
  - Defence of complaints and claims
  - Inquests

MDDUS
UK INDEMNITY, ADVICE & SUPPORT

Record Keeping Basics

- Be clear
- Be objective, keeping it factual and generally try to avoid opinion (though some unavoidable)
- Make notes contemporaneously
- Notes should be attributable
- Original – do not amend notes unless specific circumstances

MDDUS
UK INDEMNITY, ADVICE & SUPPORT

Key Points to Record

- History including positive and negatives to direct questions
- Progress since last consultation (if relevant)
- Examination findings including positives and negatives, with objective measurements
- Differential diagnosis
- Investigations
- Referrals including urgency

MDDUS
UK INDEMNITY, ADVICE & SUPPORT

Key Points to Record

- Information given
- Any issues re capacity and consent
- Treatment
- Follow-up including interval/urgency
- Safety netting

MDDUS
UK INDEMNITY, ADVICE & SUPPORT

Record Keeping Tips

- Record allergies accurately
- Remember to change if defaults to face-to-face
- Record verbal instructions incl. safety netting
- Don’t forget to document home visits, incl meds
- Record chaperone details
- Record relevant negative findings
- Avoid abbreviations (except conventional)
- Remember patients can request access to records

MDDUS
UK INDEMNITY, ADVICE & SUPPORT

Case Scenarios – Record Keeping

- Case scenario 1
- Case scenario 2
- Case scenario 3
- Case scenario 4
- Case scenario 5

MDDUS

UK INDEMNITY, ADVICE & SUPPORT

PRESCRIBING

MDDUS
UK INDEMNITY, ADVICE & SUPPORT

GMC Guidance

- Prescribe drugs or treatment only when you have adequate knowledge of the patient's health, and are satisfied that the drugs or treatment serve the patient's needs
- Provide effective treatments based on the best available evidence
- Check the treatment you provide is compatible with any other treatments including OTC medications
- Consent patients appropriately

MDDUS
UK INDEMNITY, ADVICE & SUPPORT

GMC Guidance

- If you prescribe at the recommendation of another doctor…you must satisfy yourself that needed, appropriate and within limits of your competence
- You are responsible for any prescription you sign, including repeat prescriptions for medicines initiated by colleagues, so you must make sure that any repeat prescription you sign is safe and appropriate

MDDUS
UK INDEMNITY, ADVICE & SUPPORT

Prescribing Tips

- Take care when using drop down lists of medications
- When adding medicines select appropriate review periods
- Take notice of review alerts and act on them
- Take notice of alerts and warnings from the system
- Ensure you review all discharge notifications and take action/diarise action as appropriate

MDDUS
UK INDEMNITY, ADVICE & SUPPORT

Prescribing Tips

- Ensure patient instructions are clear
- Reconcile old and new medicines, ensuring a clinical check is in place
- Code allergies and conditions consistently and accurately

MDDUS
UK INDEMNITY, ADVICE & SUPPORT

Case Scenario 6

- Ranitidine prescription for baby
- Weight based, dose 4mg tds of 75mg/5ml solution
- Actual dose required 0.26ml tds
- GP prescribed 4ml tds (60mg)
- Picked up by pharmacist
- Verbal complaint by mother

MDDUS
UK INDEMNITY, ADVICE & SUPPORT

Case Scenario 7

- Patient attended surgery with multiple issues to discuss – waiting for ENT referral, chronic pain (fibromyalgia) with some new pain, depression worsening
- At the end of consult (15-20mg) requested usual meds, taking zomorph 10mg bd
- Doctor prescribed zomorph 100mg bd
- No-one realised, patient took for five days, unpleasant side-effects no long-term harm

MDDUS
UK INDEMNITY, ADVICE & SUPPORT

Case Scenario 8

- Patient registered with depression
- Already taking amitriptyline 75mg for chronic pain following previous fracture
- Personality disorder – multiple suicide/self-harm thoughts and attempts eg calls police from station
- Amitriptyline never reviewed by current practice, or mental health team
- Found dead at home after two weeks >> inquest

MDDUS
UK INDEMNITY, ADVICE & SUPPORT

Case Scenario 9

- Patient started on simvastatin while in hospital
- Discharge summary sent, medication changes acted upon by practice, simvastatin added to dosette box
- Complaint from family that had not been notified of medication change
- Patient had previously been on simvastatin, and had intolerable side-effects

MDDUS
UK INDEMNITY, ADVICE & SUPPORT

Case Scenario 10

- 66M with end-stage laryngeal tumour
- Risk of intractable bleed from tracheostomy site
- GP prescribed midazolam, left in house
- Usual practice is for DN to request 'administration form', which likely did happen, but form ?misplaced
- Patient had sudden bleed, DN unable to administer
- 999 called, attended A&E, hx unclear, resus attempt
- Negligence claim re lack of administration form

MDDUS
UK INDEMNITY, ADVICE & SUPPORT

Other Prescribing Risks

- Prescribing medications that patient is allergic to (despite alerts)
- Typo's - eg prescribing sulfadiazine instead of sulfasalazine
- Prescribing immediate release morphine instead of modified release, and vice-versa

MDDUS

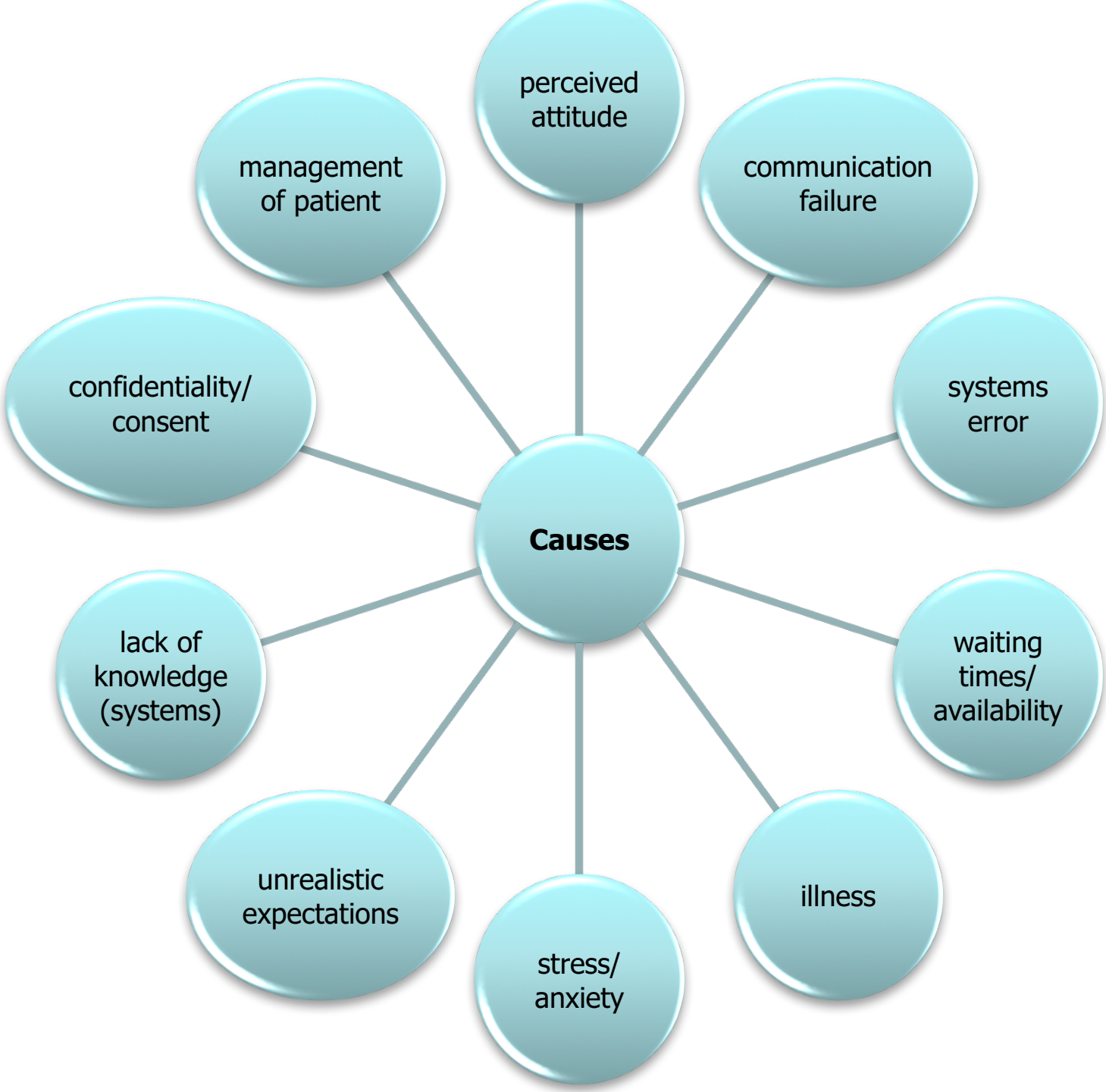
UK INDEMNITY, ADVICE & SUPPORT

COMPLAINTS

MDDUS
UK INDEMNITY, ADVICE & SUPPORT

GMC Guidance

- Must be open and honest with patients if things go wrong. If a patient has suffered harm or distress you should:
  - put matters right (if that is possible)
  - offer an apology
  - explain fully and promptly what has happened and the likely short-term and long-term effects
- Must respond fully and honestly and apologise
- Must not allow complaint to adversely affect care or treatment


perceived attitude
management of patient
communication failure
confidentiality/ consent
systems error
Causes
lack of knowledge (systems)
waiting times/ availability
unrealistic expectations
illness
stress/ anxiety

MDDUS
UK INDEMNITY, ADVICE & SUPPORT

Responding to Complaints

- Keep it conciliatory
- Keep it factual
- Avoid speculating
- Apologise where appropriate
- Address every area of concern
- Don’t forget detail
- Source of comments
- Discuss at SEA
- Lessons learned
- Write in the first person
- Offer to meet
- Ombudsman
- Independent view
- Independent response

MDDUS
UK INDEMNITY, ADVICE & SUPPORT

Easy Mistakes

- Rushing – writing response in heat of moment
- Being confrontational
- Being defensive
- Not addressing all concerns

MDDUS
UK INDEMNITY, ADVICE & SUPPORT

Case Scenario

- Look at complaint letter and try to identify patient concerns
- Assess the complaint response, in particular regarding whether concerns are addressed
- What is done well?
- What could be done better?

MDDUS
UK INDEMNITY, ADVICE & SUPPORT

In Brief – Negligence

- Breach of duty of care
  - A doctor is not guilty of negligence if he has acted in accordance with a practice accepted as proper by a responsible body of medical men skilled in that particular art
- Causation
  - Even if the standard of care was negligent, if it did not cause harm may not find negligence

MDDUS
UK INDEMNITY, ADVICE & SUPPORT

Case Outcomes – 100 cases

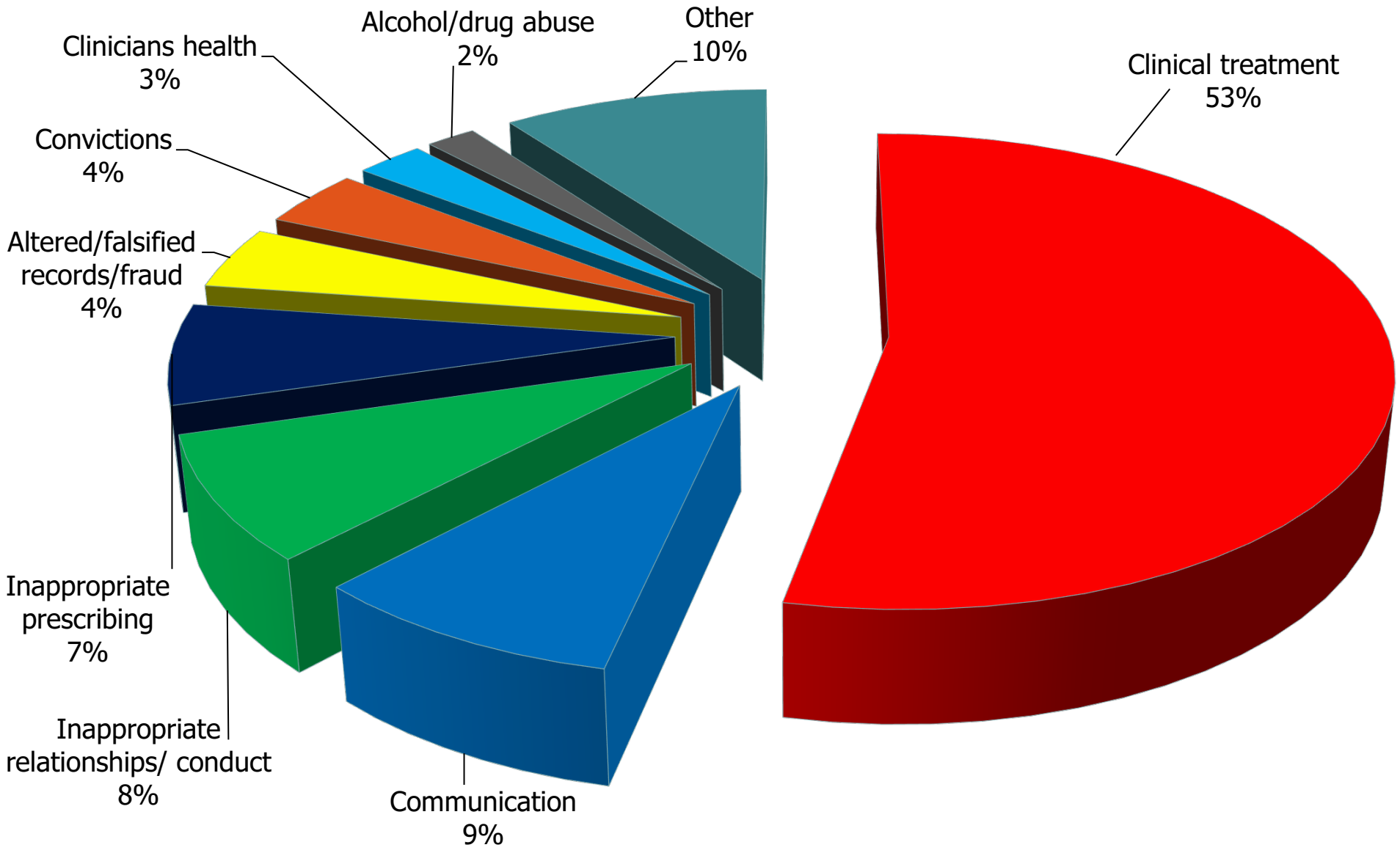
- 85 go nowhere
- 10 – 15 settle with or without admission of liability
- 1 – 5 go to trial (>60% chance to win)

MDDUS
UK INDEMNITY, ADVICE & SUPPORT

In Brief – GMC

- Anyone can complain to the GMC
- GMC will not always investigate – may refer it to responsible officer, advise you to pass it to your local complaints officer, and discuss at appraisal
- Only investigate when they think your fitness to practice may be impaired
- Investigations can take some time – only 10% results in a tribunal (MPTS)

GMC cases: patterns of risk



MDDUS
UK INDEMNITY, ADVICE & SUPPORT

General Cases

- Melanoma referral pathway
- Calling police patient death
- Suicide on ward