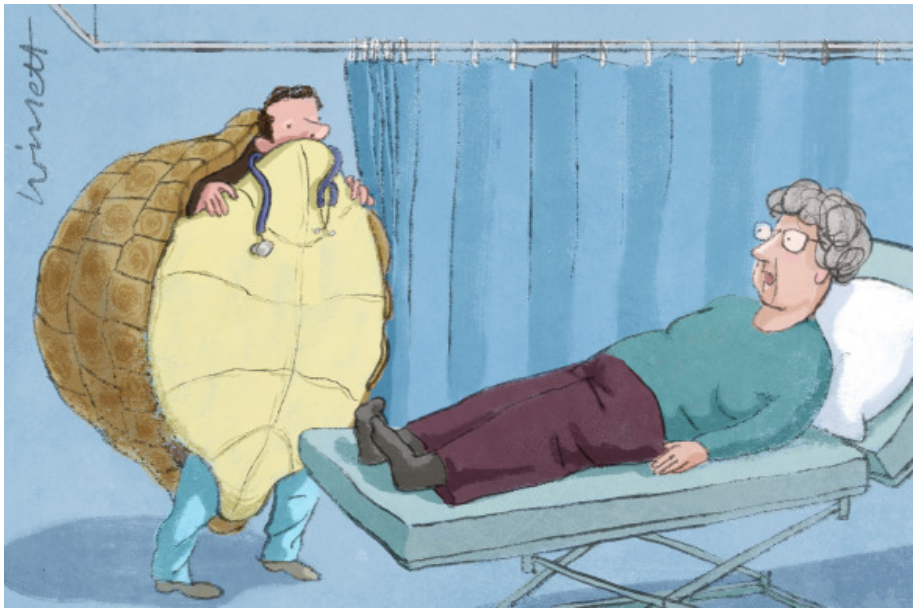
CAREERS CLINIC

Can I avoid complaints by practising defensively?

Abi Rimmer asks whether doctors should work differently to avoid any patient claims



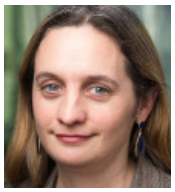
"Follow the principles of good medical practice"

Marika Davies, medicolegal adviser for the Medical Protection Society

"The temptation to practise defensive medicine is understandable given the rising number of claims against doctors. We find that doctors who have been involved in a complaint or adverse incident sometimes respond by saying they will practise more defensively in order to avoid a repeat occurrence.

"But defensive medicine can cause problems: unnecessary tests or investigations are not in the best interests of patients and use up NHS resources. It's also unsatisfactory for doctors, who should be able to exercise their professional skills and clinical judgment without allowing concerns about litigation to affect their decision making. In a survey of 1543 doctors by the Medical Protection Society this year, 87% reported that they were fearful of being sued, and 76% said this fear had an impact on how they deal with patients.

"The GMC says, 'In providing clinical care you must prescribe drugs or treatment only when you . . . are satisfied that the drugs or treatment serve the patient's needs.' The risk of litigation will not go away, but practising defensively is not the solution. Good communication with patients, keeping comprehensive medical records, and following the principles of good medical practice are the most effective ways to avoid problems arising in the first place."



"Make the patient your first concern"

Mary Agnew, assistant director for standards and ethics at the GMC

"Don't practise defensively if it means putting fear of litigation or GMC referral above patients' interests. You have a duty to make the care of your patient your first concern and you should work in partnership with them to make decisions about their care.

"Under or over-treating a patient in the belief that this will be viewed more positively in any legal challenge could subject patients to unnecessary interventions or deny them higher risk treatments that might be appropriate.

"We understand that doctors are human and that good doctors can make a mistake. It is only in cases involving a serious or persistent breach of our guidance that we are likely to take action. Where there is a one-off failing and a doctor has shown insight, taken steps to remedy the failing, and apologised to patients involved, it would rarely lead to GMC action and we are piloting a new approach to resolve such matters swiftly without opening a full investigation.

"Evidence of a pattern of defensive practice causing harm to patients, on the other hand, could raise serious concerns for us. We expect doctors to use their professional judgment in applying relevant guidance to the situations they face. We recognise that the issues involved are rarely black and white."

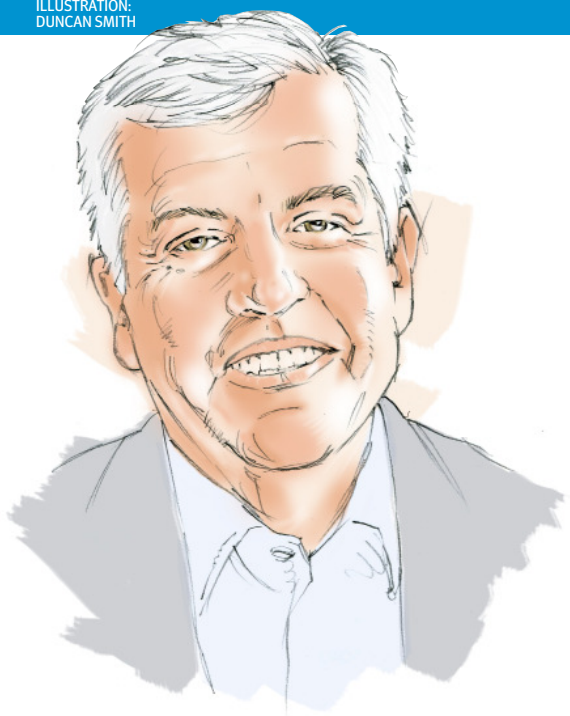
"It's the culture that needs to change"

Tom Bourne, consultant gynaecologist at Queen Charlotte and Chelsea Hospital, London

"The short answer is, of course, no. However, evidence suggests most clinicians do change their practice—possibly because of concerns about complaints and litigation. In a survey of almost 8000 UK doctors we found that 80% practised medicine more defensively after complaints against themselves or colleagues. This involved "hedging"—performing more tests than necessary, over-referral, and overprescribing—and "avoidance"—avoiding procedures, not accepting high risk patients, or abandoning procedures early. None of these behaviours is in the interests of patients and the potential cost to the NHS is a worry.

"No doctor sets out to practise defensively, but a system has been created where this is inevitable. The GMC acknowledges that medicine has become more defensive. Doctors often lack confidence in the fairness and competence of investigations and continue to see the GMC as threatening. It is clear it is not just doctors who need to alter their behaviour if the problem of defensive practice is to be resolved. Perhaps we should ask a different question: "What needs to change in the culture and management of healthcare in the UK that will give doctors the confidence not to practise defensively?"

ILLUSTRATION: DUNCAN SMITH



Harry Brünjes was born to the sound of song: his father (also Harry) was the oldest of three brothers who trod the boards with some success as the Singing Scott Brothers, a close harmony doo-wop group. While qualifying as a doctor at Guy's, Brünjes Jr doubled as a professional pianist and television actor, but medicine won out. He worked as a GP in East Sussex before founding Premier Medical Group, successfully identifying a growing demand for private medicine. The group expanded to 220 UK clinics before being acquired by Capita for £60m in 2010, then Brünjes bought the company back in 2016. He and his wife, Jacqueline Storey, a well known singer, dancer, and choreographer, have restored Folkington Manor, a listed house in the South Downs. In 2015 he became chair of English National Opera, an organisation where offstage drama has sometimes rivalled that onstage. Brünjes is also vice president of the College of Medicine and chairs the governing body of Lancing College.

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Harry Brünjes
The physician of the opera

What was your earliest ambition?
To take over from Jimmy Greaves at Tottenham Hotspur.

What was your best career move?
Taking my place at Guy's medical school and not going into show business.

How is your work-life balance?
Free time is important. I've performed a show, *Dial Medicine for Murder*, at the Edinburgh Festival for the past two years. It's the story of John Bodkin Adams and Harold Shipman, and we're currently on a nationwide tour.

How do you keep fit and healthy?
I run at least four days a week with my golden retriever on the South Downs.

What single change would you like to see made to the NHS?
It needs to be more efficient financially, to release more funds for clinical strategy.

Do doctors get paid enough?
Compared with our peer group in the City, the answer must be no.

To whom would you most like to apologise?
To my wife, for not being around enough when the four children were younger.

What do you usually wear to work?
I normally wear a shirt and tie.

What is the worst job you have done?
I could give you a long list of pubs I've played piano in . . .

What book should every doctor read?
Essential Anatomy! It got me through finals: I knew it back to front.

What is your guiltiest pleasure?
Kit Kats, pork pies, and Scotch eggs.

Where are or when were you happiest?
Weekends at our country home. We have a small performing arts centre and have recently presented shows with Henry Blofeld, Joe Stilgoe, David Gower, Harriet Walter, and English National Opera, which is all enormous fun.

What personal ambition do you still have?
I still hanker for an interesting role in medicine or medical politics, at a medical charity or hospital trust.

Summarise your personality in three words
Determined, ambitious, energetic.

What is your pet hate?
Incompetence.

What would be on the menu for your last supper?
Lamb shank and rhubarb crumble.

Is the thought of retirement a dream or a nightmare?
A reality.

If you weren't in your present position what would you be doing instead?
I've been approached to chair other arts institutions and business initiatives in private equity. If not, I'm still waiting for that call from Tottenham Hotspur.

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