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LEARNING FROM COMPLAINTS DURING COVID-19

Learning from complaints during covid-19: discuss risks and benefits before hospital treatment

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Oliver says that, as we recover from the pandemic, our handling of complaints must surely change.¹ In medicine, and for surgeons and anaesthetists in particular, the concept of discussing risks as well as benefits in advance of treatment is well understood and well established. It is the basis of valid consent.

Perhaps we should regard a hospital based episode of care in much the same way. Rather than apologising when things go wrong or are not as expected, we could inform patients of general hazards and unintended adverse consequences before or on admission to hospital. We could highlight those areas—often delays, décor, and “doing without”—over which we have little control, explain why this is the case, and suggest what steps, if any, the patient might take in mitigation of the risk.

This more open, more “medical,” and less paternalistic approach could be seen as opening a can of worms or used to justify and excuse poor standards of care—but hopefully it could instead be an opportunity for doctors, patients, and managers to, together, grasp the nettle of healthcare shortfalls that continue to cause dissatisfaction, suffering, and complaint. Rather than a list of disclaimers, we need acknowledgment and engagement to tackle these problems together.

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1 Oliver D. David Oliver: What can we learn from formal complaints during covid-19? *BMJ* 2022;378:. doi: 10.1136/bmj.o1629 pmid: 35793829