



Managing the Stress of Claims & Complaints

A guide for medical practitioners

All medical practitioners can expect to receive at least one claim or complaint at some time in their professional career. The prospect of facing a claim or complaint is a significant source of stress.

This brochure discusses:

- ✓ the common reactions of practitioners to the receipt of a claim or complaint
 - ✓ why the threat of a claim or complaint is such a severe stressor for medical practitioners
 - ✓ what steps medical practitioners can take to better manage these processes.
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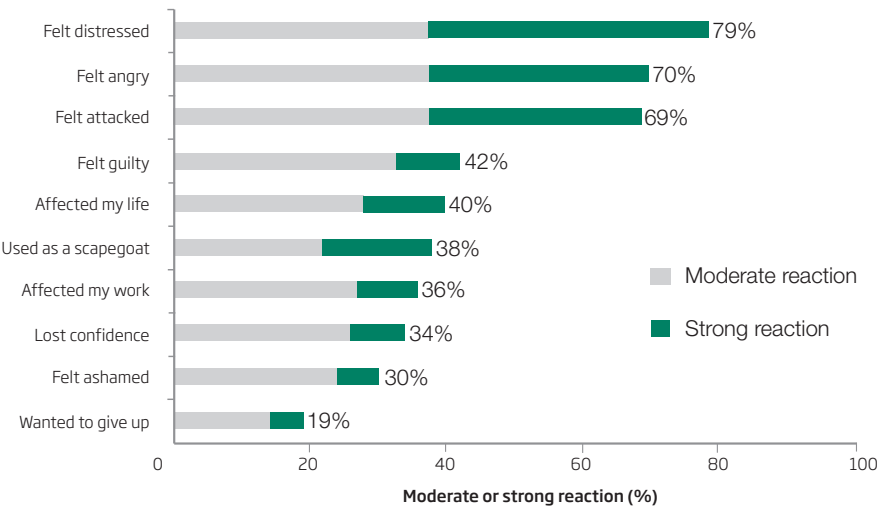
The effect of a claim or complaint

An Australian survey which examined the differences in psychological morbidity between practitioners who have experienced a medico-legal matter and those who have not found that practitioners who have experienced a medico-legal matter reported:

- ✓ increased levels of disability in work, social or family life
- ✓ higher prevalence of psychiatric morbidity including a higher frequency of depression
- ✓ higher levels of alcohol use (male practitioners).¹

Responses to medical negligence claims

A survey exploring the personal effects of being sued found that medical practitioners experienced the following reactions when faced with a claim:²



1. Nash L, Daly M, Johnson M et al. Psychological morbidity in Australian doctors who have and have not experienced a medico-legal matter: cross sectional survey. *Aust N Z J Psychiatry* 2007; 41:917-925.

2. Bark P, Vincent C, Olivieri L, Jones A. Impact of Litigation on Senior Clinicians: Implications for Risk Management. *Quality in Health Care* 1997;6:7-13.

Responses to complaints

The emotional responses of medical practitioners to patient complaints are similar, and often more marked, than those experienced in relation to claims.

A UK survey revealed that medical practitioners who have recently received a complaint were 77% more likely to suffer from moderate to severe depression than those who have never had complaints. The survey found that 16.9% of medical practitioners with a current or recent complaint had moderate to severe depression and 15% reported moderate to severe anxiety. Medical practitioners with current or recent complaints were twice as likely to report thoughts of self-harm or suicidal ideation than those who had no

complaint. One quarter of those practitioners with current or recent complaints spent over one month off work.³

A study exploring the reactions of medical practitioners to the receipt of a complaint described three stages:

1. **Initial impact** - involving feelings of shock, panic and a sense of indignation towards patients in general.
2. **Conflict** - involving feelings of anger and depression, doubts about clinical competence and conflicts with family and colleagues.
3. **Resolution.**⁴

Common reactions

It is not uncommon for medical practitioners to experience a range of differing emotions as a claim or complaint proceeds. Initially upon receipt of a claim or complaint, a medical practitioner may experience disbelief and denial. On reading the complaint, the nature of the language will often create anxiety and self-doubt. The wording of the claim or complaint can often distort what, in the medical practitioner's opinion, actually occurred. As the matter progresses, disbelief is usually replaced with anger and resentment. Symptoms may last for only a short period, recur with each step of the process or persist throughout the entire claim or complaint. Further symptoms may be triggered by new developments in the case.

Emotional reactions to claims and complaints

- ✓ Anger
- ✓ Anxiety
- ✓ Denial
- ✓ Depression
- ✓ Despair
- ✓ Indignation
- ✓ Self-doubt
- ✓ Shame
- ✓ Shock

3. Bourne T, Wynants L, Peters M et al. The impact of complaints procedures on the welfare, health and clinical practise of 7926 doctors in the UK: a cross sectional survey. *BMJ Open* 2015;4. Available at: bmjopen.bmj.com/content/5/1/e006687.

4. Jain A, Ogden J. General Practitioners' Experiences of Patients' Complaints: A Qualitative Study. *BMJ* 1999; 8:1596-1599.

Coping strategies

The good news is that the vast majority of medical practitioners do manage to deal with these reactions in an appropriate and effective manner. There are a number of coping strategies practitioners can use:

1. Gaining understanding and control of the process

When a medical practitioner is involved in a claim or complaint they are not in control. Legal analysis is not equivalent to the medical workup or investigation of a patient. The claim and complaint processes are often unpredictable and may take up to three years to reach resolution. These factors can cause feelings of powerlessness and loss of control. In order to counteract these feelings, medical practitioners should familiarise themselves with every aspect of the claim or complaint process. Reviewing the literature relevant to the case and participating in the selection of any medical experts can also help in achieving a sense of control. Being aware of the processes and how they operate enables realistic expectations of the process and outcome.

2. Making sense of the personal meaning of the claim or complaint

Medical practitioners who have been involved in a claim or complaint often report a sense of shame and a belief that they are “bad” or incompetent doctors. The literature describes some medical practitioners as becoming “second victims” of the event.⁵ Practitioners should reflect on their own feelings and examine how the event has impacted on their relationships with patients, colleagues and family. It is important to take steps to solidify a sense of professional competence. This is generally best achieved by participation in continuing medical education and interaction with peers.

Consider the impact that the claim or complaint is likely to have on productivity and usual commitments. Take steps to make sure work commitments are more manageable and ensure sufficient time for relaxation and physical activity.

3. Gathering together the resources to cope

The ability to cope with stress is highly individual and medical practitioners need to reflect upon their own means of coping. As a result of the emotional and physical impact that a claim or complaint can have, it is important to have a general practitioner and to avoid the temptation to self-prescribe. Self-observation is essential and medical help should be sought if somatic symptoms do not resolve promptly.

Utilising available social and professional supports is also vital. Those involved in a claim or complaint generally need to share their reactions to the experience, preferably with those with whom they feel most comfortable. This may include colleagues, family, friends and your MDA National adviser. MDA National can help Members to access the various professional support systems that are available.

In summary

The most experienced and competent medical practitioners can become involved in medical negligence claims and complaints. They can also occur at any stage in a medical practitioner's career.

If you do receive a claim or complaint, MDA National is there to assist you. Our experienced medico-legal team is available to provide you with expert advice, case management and support. Please stay in contact with us.

To minimise the stress of the claim or complaint process

- ✓ Understand that it is normal to experience an intense emotional response when faced with a claim or complaint.
 - ✓ Find out about the legal and/or complaint process.
 - ✓ Participate in continuing medical education and other interaction with your peers.
 - ✓ Institute steps to reorder your practice to make it more manageable.
 - ✓ Talk openly about how you are feeling with your MDA National adviser, family, friends and/or colleagues.
 - ✓ Seek professional counselling if you need more support.
 - ✓ Have your own GP.
 - ✓ Seek medical assistance if somatic symptoms do not resolve promptly.
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Additional support services

MDA National Doctors for Doctors Program

The aim of the Doctors for Doctors Program is to provide additional support to you, and enable you to share your experience with another medical practitioner during the course of a claim, complaint or other investigation.

MDA National Professional Support Service

This service provides you with confidential access to a psychiatrist who can give professional support to you during the course of a claim, complaint or other investigation.

The Doctors for Doctors Program and the Professional Support Service are available to MDA National Members at no cost. Please contact your Claims Manager or our Medico-legal Advisory Services team to discuss your needs and how to obtain access to these Member support services.

Doctors’ Health Advisory Service (DHAS)

This free service offers 24 hour telephone advice to medical practitioners, students and their families. It is a confidential service and can be used anonymously. Calls are taken by a panel of experienced general practitioners.

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| QLD | (07) 3833 4352 | |
| SA | (08) 8366 0250 | |
| TAS | 1300 853 338 | (8.00am-11.00pm) |
| VIC | (03) 9495 6011 | (8.00am-11.00pm) |
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For more information see also Australasian Doctors’ Health Network adhn.org.au.



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