

# Rural Medicine Australia 2023 Conference Insights

Reading time:

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## General medico-legal advice

- High-quality contemporaneous documentation is critical for even low acuity presentations.
- Matters other than the presenting complaint often form a key medico-legal risk for doctors as they may be highly important to the long-term care of a patient, but not be a high priority for the patient. Thus, documenting discussions around these risk factors is pivotal.
- Clinical follow up and continuity of care is often a key point for medico-legal risk and is complicated in a small community by patient expectations, perceptions of 'holistic care based on geography' and lack of high-quality systems.
- Documentation, discussion, and care delivery in emergency situations must be of high quality to both document interventions given and to protect the healthcare provider.
- Health practitioners have an obligation to participate in, reflect on and learn from incident reviews.
- All MIPS members should notify and involve MIPS early, following a critical or unexpected incident to allow for their effective representation.

## Boundaries

- Mutual trust, respect, and confidentiality are the cornerstones of any healthy doctor-patient therapeutic relationship.
- Because of the inherent power imbalance at play, seemingly innocent and caring acts may exacerbate the patient's vulnerabilities and inadvertently become a boundary transgression.
- Learning how to protect the therapeutic relationship without hindering meaningful and personable care involves ongoing self-reflection and education.
- It is important to be objective, impartial, and unbiased when delivering medical care.
- 'Gold standard' is to have a treating relationship that is entirely separate to any non-clinical contact. This is often possible in urban and suburban practise, but this is not always possible in rural settings.
- Sexual relationships always must be avoided with patients (and their relatives). Always refer to your Code of Conduct.

## Gifts

- A small gift provided in such genuine circumstances is unlikely to lead to any concerns around boundaries from regulators if it came to their attention at all. But it might sometimes be challenging to know when a small gift crosses the threshold of a big gift.
- For example, receiving chocolates or wine at Christmas is quite different from gift tokens of \$200+ or a patient paying the school fees of the doctor's children or naming the doctors as a beneficiary in their will.
- The safest approach is to steer clear of any beneficial financial arrangement with patients.

## Isolation and wellness

In rural and remote setting, employment-related issues and wellness can be problematic due to the tyranny of distance and the many contributing factors we discussed.

There are number of mitigating strategies:

- Access and utilise any peer support.
- Speak up if in trouble, do not let issues simmer.
- Use technology/telehealth to your advantage.
- Always maintain education, credentialing and upskilling

- Set your boundaries early and stick to them.
- Find your right work-life balance that works for you.
- Maintain a regular relationship with a GP.

#### Utilise your medical defence organisation (MDO)

- They can be more than your mandatory insurance policy.
- Are mostly mutual and not-for-profit.
- They provide accredited CPD to assist meet your MBA CPD requirements.
- If you experience a lack of access to supervisor, mentor or peers then access your MDO peer clinicians, lawyers and medico-legal experts.
- Always get that complaint, adverse/unexpected outcome with a patient sorted – it may be nothing or it may be potentially something, needing further investigation.

## MIPS resources

- [Life and times of a rural and remote practitioner - On-demand 1 hour modules](#)
  - [Working remotely – No greater opportunity - On-demand 1 hour modules](#)
  - [Going remote - The highs and lows of a country practice](#)
  - [Ahpra - Good medical practice: a code of conduct for doctors in Australia](#)
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