

# Handling Healthcare Complaints: Dos and Don'ts

Reading time:

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## Receiving a complaint

The most common query MIPS receives is how to deal with patient complaints.

Regrettably good doctors are not immune from complaints and they can happen at anytime. Whilst many clinico-legal presentations deal with how to avoid complaints, there is less information about what steps to take when a complaint is made. This is unfortunate as MIPS' experience is that the manner in which a health practitioner handles a complaint when it is first made, greatly affects both the outcome and the health practitioner's experience of the process.

The list of who can complain is almost endless – the patient, a family member, an advocate, a colleague, an employer, the Coroner etc. Generally the grievance is reported to the individual, the practice or one of the regulatory bodies such as AHPRA /Health Ombudsman/Health Service Commission.

Timeliness in dealing with the complaint is in everyone's best interests and at a minimum it is important to at least acknowledge receipt of the complaint within days. If, for example, the complaint is at the practice level, prompt response may prevent it escalating further to the regulatory bodies. Even if the complaint does escalate, a history of suitable reactions by the health practitioner at the time of the incident will work in the practitioner's favour.

It all sounds easy and obvious but MIPS' experience is that clinicians have varying reactions and emotions when they receive a complaint, hence the need to seek help and guidance from us .

In MIPS' experience, practitioners can feel anger at the attack on their skills and professional ability and respond with irritation and rudeness. Alternatively practitioners can become full of self-doubt, guilt and shame which results in self-condemnation and depression. Things are even more complex if the complaint is instigated (as is often the case) by another colleague or health professional.

Whether there is any fault on your part or not, MIPS would urge you to report all complaints early, preferably on the day they are received. All too often practitioners let us know only when they receive a solicitor's request for the notes having missed a golden opportunity to resolve the situation.

The bottom line is that ignoring or 'trying to fix' the situation yourself is not wise.

## Managing the complaint

Whatever has occurred it is vital to be honest about the facts so that MIPS can assist and advise appropriately. MIPS ensures that members contacting the 24-hour Clinico-Legal Support line speak to a fellow health practitioner or experienced adviser immediately, which we believe ensures that the person on the end of the phone understands the member's predicament.

Omitting vital details about the matter prevents MIPS assisting with a full response and contravenes a member's obligations to us as their insurer (potentially resulting in MIPS discontinuing assistance). Be aware that MIPS clinico-legal advisers are exempt from AHPRA's mandatory reporting regulations.

It is important to read any complaint carefully several times to establish the complainant's precise grievance. All too often health practitioners' responses are deemed inadequate in this area and don't address all the issues raised. MIPS members can also be reluctant to use the word 'sorry', however a well written complaint response which (where appropriate) include an apology as well as an explanation will serve to de escalate concerns.

Expressing sorrow that the patient is unhappy or has had an unpleasant experience is not an admission of liability and displays empathy. Always ask MIPS to have a look at your planned response before sending it, in order that we can identify the issues and help you to reply objectively.

Remember, patient confidentiality still exists and if a full response to the complaint involves breaching confidentiality regarding the patients' medical issues then the complainant or the regulatory body's right to access the information should be queried.

If a complaint is to one of the regulatory bodies, then patient consent is not required and certainly in this situation do not contact

the patient to discuss it with them. Quite often practitioners are surprised and feel betrayed by patient complaints, however any further contact can be perceived as interfering with the course of an investigation and will be seen as unprofessional and a boundary transgression.

Finally, complaints about fees and out of pocket expenses are commonplace. As above, any grievances should be acknowledged and explained. It is not MIPS' function to tell practitioners how to charge their patients, but we know from experience that refunds of 'gap' fees have appeased many complainants in the past and are not perceived legally as an admission of guilt.

In summary, the Golden Rules are:

- Notify and seek advice early.
- Provide MIPS with the facts and a full copy of complaint and consultation.
- Respond promptly with MIPS' assistance.
- Be conciliatory, expressing sorrow is not an admission of liability.

If you need any advice on handling complaints, you can call MIPS for 24-hour Clinico-Legal Support on 1800 061 113.

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