

Listening to the patient, especially when things have gone wrong

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I was investigating a complaint a few weeks ago, not one specifically related to sexual and reproductive health, but one which could have come from any area of my practice. The patient had complained to the practice, the hospital and her consultant. Her complaint to us was about investigations we undertook in primary care which she thought had delayed a referral to secondary care. The complaint I was handling took many hours of work to investigate because the patient was unhappy about something that had happened several years ago and all the general practitioners (GPs) she had seen since then had moved on. Because of this, I felt a huge burden of responsibility to all concerned to ensure that my conclusions were fair and founded on fact. I had to rely on my analysis of screeds of medical notes and I then sought a review of our care from a specialist not involved in the patient's care.

Our indemnity company advised me and took a particularly defensive view. I kept coming back to my sense of the patient (whom I know well), and believed that a meeting with her to discuss the case would help her to process her experience. I couldn't and wouldn't apologise for something that hadn't happened – the patient wanted an apology for a lack of duty of care. But on reflection, and after many hours of processing my own emotional response to being landed with this task, I was genuinely able to offer her an apology for not having explained our actions to her all those years before.

I met with the patient and a colleague, and the patient accepted the apology. She agreed that she would have appreciated more information but ended the meeting telling me “you're alright really”. Our relationship has healed and we can both move forward. I have continued to reflect on how the case evolved and my reflections continue to influence my practice. I presented the complaint in my appraisal portfolio and reflected on the impact it had

on me and continues to have on me. I am sure other patients will benefit. As painful and as frustrating it was to have managed this process, I believe I am a better practitioner because of it.

I am an appraiser myself and used to looking for evidence of reflection with GPs I appraise. Many old-schoolers seem to struggle with what it means to reflect. Younger GPs raised through medical school with the concept of reflection from day one usually take to the task with ease. The precious 2-hour appraisal meetings once a year can provide important respite for doctors under siege. Some doctors reflect well and honestly verbally, but sometimes something gets lost in translation in the written form. With increasing regulation of the medical profession, it's the written account that holds sway. The fall out of the Bawa Garba case (the paediatrician whose written reflections in an educational portfolio were taken and used as evidence against her by the General Medical Council) might make appraising a little more challenging.

I doubt anyone enjoys dealing with complaints, but it is sometimes surprising what can come out of them. Knowing something has gone wrong and that we as individual doctors may have played a part can feel devastating. But it is part of being a human and humane doctor to live with the possibility that despite having robust systems in place, occasionally things do go wrong and we have to be prepared to hold up our hand. If we don't then reflect on and process the experience for ourselves, opportunities for learning evaporate and more patients will suffer. But just as importantly, without reflection, we practitioners we will find it difficult to move on.

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