



**Clinical Support Discussion – 23<sup>rd</sup> January 2024 (Ref 346)**

### **Discussion - The challenge of saying 'no'**

The topic of today's CSD was the challenge of saying 'no.' It might be to a patient who asks for a joint to be clicked - "that's all it needs" - or perhaps demands a technique that you used to do on them many years ago, but would no longer be appropriate, or maybe they are asking for a particular kind of treatment that works for them, but this doesn't conform to your way of working.

As skilful practitioners, we can turn these situations to our advantage, an injection of humour if the patient is trying to guide the examination or diagnosis, or we may need to be more assertive if the patient digresses too far from the salient points during the case history taking.

Some practitioners were concerned about litigation, for example if they were to decline to treat a patient if they perceive a mismatch between what the patient wants and the type of treatment they offer; or if a language barrier meant that they were not convinced valid consent could be given, and whether this could be misconstrued as refusing treatment on the grounds of race. As long as we refuse treatment for legitimate reasons, and, where possible, refer to an alternative healthcare practitioner or medical professional, then there should be no grounds for a complaint (if it were made) to be upheld.

#### **Some useful advice from the discussion:**

- Be meticulous about what you write down in your notes, especially if you sense any hesitancy on the patient's part about the treatment you propose.
- Don't be pressured to adopt a different treatment plan or technique just because the patient demands it.
- Ask them if they would like to see the techniques that you use or, if you suspect they are still unsure, give them time to think about it.
- Agree to part ways after the case history, and before you have done any treatment: A simple phrase such as "I may not be the right kind of practitioner for you" could be a diplomatic way to manage the situation.
- If you are unsure who to refer to, the GP may be a good option.

As healthcare practitioners, we are generally driven by the desire to fix people, but that does not mean we need to be instantly available on WhatsApp or keep the clinic open indefinitely. It's important to be clear about your opening times and respond to patients during working hours. Consider recording telephone calls as an additional safeguard against complaints. In the event of a complaint being made, the practitioner should have a complaints procedure in place that is easily accessible to patients.

## **Linking this case with the OPS Themes**

### **A – Communication and patient partnership**

A1 You must listen to patients and respect their individuality, concerns and preferences. You must be polite and considerate with patients and treat them with dignity and courtesy.

A2 You must work in partnership with patients, adapting your communication approach to take into account their particular needs and supporting patients in expressing to you what is important to them.

A7 You must make sure your beliefs and values do not prejudice your patients' care.

### **B - Knowledge, skills and performance**

B1 You must have and be able to apply sufficient and appropriate knowledge and skills to support your work as an osteopath.

B2 You must recognise and work within the limits of your training and competence.

B3 You must keep your professional knowledge and skills up to date.

B4 You must be able to analyse and reflect upon information related to your practice in order to enhance patient care.

### **C - Safety and quality in practice**

C2 You must ensure that your patient records are comprehensive, accurate, legible and completed promptly.

### **D – Professionalism**

D1 You must act with honesty and integrity in your professional practice.

D4 You must have a policy in place to manage patient complaints and respond quickly and appropriately to any that arise.

## **Linking this case with the Chiropractic Code**

### **Principle A – Put the health interests of the patient first**

A2 Respect patients' privacy, dignity and cultural differences and their rights prescribed by law.

### **Principle B – Act with honesty and integrity and maintain the highest standards of professional and personal conduct**

B8 Justify and record reasons for refusing or discontinuing care. Explain, in a fair, unbiased manner, how to find another healthcare professional.

### **Principle E – Obtain informed consent for all aspects of patient care**

E2 Obtain and record consent from a patient prior to starting their care and for the plan of care.

### **Principle F – Communicate properly and effectively with patients, colleagues and other healthcare professionals**

F2 Have visible and easy-to-understand information on patient fees, charging policies and systems for making a complaint. These policies must include the patient's right to change their mind about their care, and their right to refer any unresolved complaints to the GCC.

F4 Take account of patient communication needs and preferences.

### **Principle G – Maintain, develop and work within your professional knowledge and skills**

G1 Keep your knowledge and skills up to date, taking part in relevant and regular learning and professional development activities that aim to maintain and develop your competence and improve your performance and the quality of your work.

G2 Maintain your knowledge to ensure it is up to date and accurate in terms of the law, regulations relevant to your work and GCC guidance.