Dealing with non-compliant patients



Putting members first

Advice correct as of March 2015

"Respect for the autonomous choices of persons runs as deep in common morality as any principle." – TL Beauchamp and JF *Childress, Principles of Biomedical Ethics* (2001)

What is the doctor's role?

A doctor's primary concern is to do their best for their patients; this includes giving advice and treatment, and arranging investigations in accordance with the current evidence base and the patient's best interests.

Why can non-compliant patients present difficulties?

All practices will have a cohort of patients whose autonomous choices conflict with the suggested course of action of their doctor. Given that there is no obligation to provide a treatment requested by a patient that is not to their overall benefit, this can give rise to clashes between doctor and patient.

What are the commonest scenarios in relation to non-compliance?

- A patient has been started on a treatment, but declines to attend for subsequent review and/or monitoring checks. This scenario puts a GP in an invidious position, in that a decision has already been taken that it is in the patient's best interests to commence a particular treatment. This can create a new risk that must be balanced when judging what is in the best interests of the patient.
- A patient who declines the investigation or treatment of symptoms with a potentially serious and/or treatable underlying cause.

Key points

- It is important to remember that it is unlikely that a doctor will be legitimately criticised if a competent patient has made an informed decision to pursue a particular course of action.
- The Medical Council states that you must respect and support the patient's right to seek a second opinion or to decline treatment, or to decline involvement in education or research.
- If a shared understanding is reached between the doctor and the patient, it can be a cathartic experience.
- To protect themselves a doctor must be in a position to justify the approach taken, and to demonstrate that they made the patient clearly aware of the risks of non-compliance.
- Comprehensive records are essential.
- You should end your professional relationship with a patient only when the breakdown of trust means you cannot provide good clinical care.

For a diagramatic view of the step-by-step approach to management of a non-compliant patient, please see the flowchart overleaf.

Further information

Good Medical Practice (paragraphs 31 to 34)

Step-by-step approach to the management of a non-compliant patient

Is the patient engaging with the practice in any meaningful way? If you are able to discuss matters with the The practice should take all reasonable patient in a meaningful way, the following steps to engage with the patient. Such steps will vary depending on the issues may be explored: circumstances but may include: Try to establish the reasons why a patient is non-compliant. Writing to the patient (ensuring that Try to identify any specific concerns the contact details are correct). the patient may have (for example, Contacting the patient by telephone. the patient may have a concern about Appending a message to a repeat an underlying serious diagnosis). prescription request. Flagging the records with a reminder. Are there any practical difficulties Opportunistic discussion. that are preventing the patient from complying? Carefully record your actions in the Explain your concerns about the records. non-compliance and the potential sequelae thereof. Would the patient prefer a second SHOULD THE PATIENT RE-ENGAGE AS A opinion? RESULT OF THE RECOMMENDED ACTIONS.. Carefully record your discussions in the records. Arrange any necessary treatment YES and follow-up. Does the patient agree to comply? Check to confirm that compliance is maintained. Whilst a competent patient is entitled to make autonomous decisions in relation to their management that conflicts with the views of their doctor, you may wish to consider the following: Write to the patient, setting out your concerns and indicating that you would be happy to discuss matters further should they so wish. Diarise a review and/or flag the notes in order that there is a prompt to revisit matters at future consultations. Discuss your concerns with your colleagues.

For medicolegal advice please call us on:

0800 2255 677 (0800 CALL MPS)

Overseas: +64 4 909 7190

or email us at: advice@mps.org.nz

Membership enquiries

- T 0800 2255 677 (0800 CALL MPS) toll free within New Zealand
- E membership@mps.org.nz

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