

Dealing with non-compliant patients

MPS



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

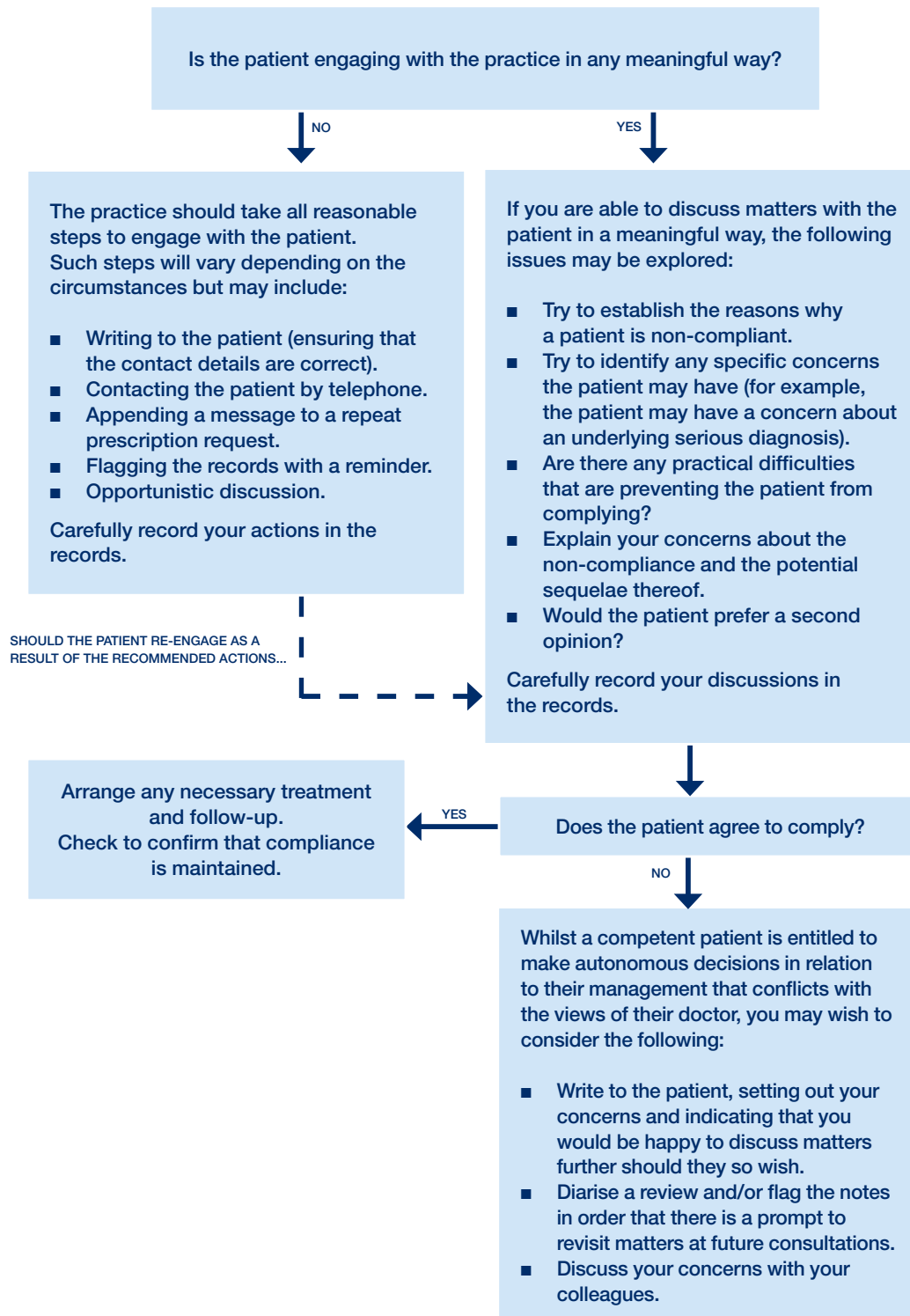
- It is important to remember that it is unlikely that a doctor will be legitimately criticised if a competent patient has made an informed decision to pursue a particular course of action.
- The Medical Council states that *you must respect and support the patient's right to seek a second opinion or 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 diagrammatic 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



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This factsheet provides only a general overview of the topic and should not be relied upon as definitive guidance. If you are an MPS member, and you are facing an ethical or legal dilemma, call and ask to speak to a medicolegal adviser, who will give you specific advice.

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