Dealing with non-compliant patients

Advice correct as of July 2015


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 treatment, but declines to attend for subsequent review and/or monitoring checks
- A patient who declines the investigation or treatment of symptoms with a potentially serious and/or treatable underlying cause
- A patient who insists on alternative treatment without an appropriate evidence base.

These scenarios put a GP in an insidious 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.

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 right to self-determination is reflected in the GMC’s Consent publication (see further information overleaf).
- 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 on page 2.

Further information

- NICE, Medicines adherence – www.nice.org.uk/guidance.CG76
Step-by-step approach to the management of a non-compliant patient

Is the patient engaging with the practice in any meaningful way?

NO

The practice should take all reasonable steps to engage with the patient. Such steps will vary depending on the circumstances but may include:

- Writing to the patient (ensuring that the contact details are correct).
- Contacting the patient by telephone.
- Appending a message to a repeat prescription request.
- Flagging the records with a reminder.
- Opportunistic discussion.

Carefully record your actions in the records.

SHOULD THE PATIENT RE-ENGAGE AS A RESULT OF THE RECOMMENDED ACTIONS...

YES

If you are able to discuss matters with the patient in a meaningful way, the following issues may be explored:

- Try to establish the reasons why a patient is non-compliant.
- Try to identify any specific concerns the patient may have (for example, the patient may have a concern about an underlying serious diagnosis).
- Are there any practical difficulties that are preventing the patient from complying?
- Explain your concerns about the non-compliance and the potential sequelae thereof.
- Would the patient prefer a second opinion?

Carefully record your discussions in the records.

NO

Arrange any necessary treatment and follow-up.
Check to confirm that compliance is maintained.

YES

Does the patient agree to comply?

NO

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.