

A Survey of Patients' Complaints against Physicians in a Five Year Period in Fars Province: Implication for Medical Education

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Abstract

Background purpose: One of the prominent sources of needs assessment is a survey of complaints and medical errors. This study aimed at determining the number and reasons of patients' complaints against physicians during five years in Fars province, Iran .

Methods: After required correspondence and coordination with the head of Fars Medical Council, a questionnaire was prepared. As suggested by the head of medical council and also due to the secrecy of the data, two employees of medical council cooperated in collecting the data. Then the collected data were categorized and analyzed, using SPSS statistical package.

Result: The results revealed that 368 complaints have been made during five years against public hospitals, private hospitals, private offices and clinics, respectively. Most of these complaints have been made against dentists, gynecologists, ophthalmologists, orthopedists and general surgeons respectively. Based on the content analysis of the complaints, 33 cases (9%) have been related to death, 56 cases (15%) disability and 50% misunderstanding and lack of good relationship. In 95 cases (26%), the physicians have been faulty from which 59 cases (16%) have been settled by arbitration. In 177cases (48%), physicians have not been faulty. Some cases have been closed due to the passage of time and request for stopping the claims.

Conclusion: The results of this study indicate that the majority of the complaints have been made due to a lack of proper relationship between physicians and patients, mostly related to behavioral problems. Considering the fact that one's behavior reveals his/her attitude, there is a severe deficiency in medical education with regard to affective and attitudes domain of objectives. To solve this problem, the experts, specialists and ethics experts' contribution is called for so that by establishing a medical curriculum committee, this aspect of medical education can be integrated in the program.

Key words: PATIENTS COMPLAINTS, NEEDS ASSESSMENT

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Introduction

When Diojen ruled over Greece, a painter gave up his profession and started practicing medicine. Diojen said, "you did the best, since errors in

painting are seen and condemned by others but the errors in medicine are covered by earth so that nobody can see them".

Medical error, complaint and how to deal with them is a common finding in many studies in Iran and other countries.(1,2,3,4) A report by institute of medicine's (IOM) in 1999 entitled as "to err is human" focused public attention on medical errors and patients' safety(5). The survey of the patients' complaints about the errors especially

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when talking about medical education is covering new dimensions. It is said that one of the significant aspects of any discussion about medical errors is the relationship between patient care and medical education curricula (6, 7,8). Among the characteristics of a humanitarian physician, any doctor should:

- 1- Respect the patient's viewpoints, beliefs and attitudes
- 2- Consider the patient's needs
- 3- Consider the patient as a unique character
- 4- Treat the patient while considering the social and physical environment and family conditions
- 5- Try to be a good listener and possess necessary skills in establishing a good relationship with the patient
- 6- Create confidence for the patients
- 7- Show empathy to the patient
- 8- Feel sympathy for the patient

Are all of these really considered in practice? (9) Unfortunately, at present interpreting medical knowledge especially in the field of treatment, whether in private sector or public, is varied so that some of the physicians are ignorant about the ethical and elementary principles of medical profession, a condition which is far from greed, cupidity and secular desires.(10). This deviation from ethics has caused some problems for these physicians.

Unlike the past when physicians only considered love to their profession and enjoyed the patient's recovery, it seems that nowadays these values are fading out. Therefore, confidence and trust in the relationship between the physician and patient has been declined. This state can easily cause controversy and lead to complaints. A short review of this issue reveals that at present physicians, ethics philosophers, and lawyers strongly have to reassess their mentality concerning the definition of medicine as a science or art and the structure and objectives of medical education(10, 11). Therefore, there is not only a need for assessment of physicians about what they must do, but also the competence of their profession is necessary to be assessed. (6)

A study in USA on designing a system for analysis of medical errors reveals that lack of

sufficient knowledge of the externs has resulted in medical accidents. Insufficient education can potentially lead to significant hazards for the patients. According to the results of this study, interns and residents in specialty and subspecialty fields lack sufficient knowledge about vital points of blood transfusion medicine. They rely on the information presented to them when they were in the 2nd year of the university and have not tried to complete their knowledge during later years of their education.

In a survey of all these cases, it was noticed that deficiencies in educational materials and structure were prominent. Such information can determine the interns' needs about the patient's health care (12). In this relation, a survey of the complaints and analysis of their reasons is one of the phases of educational needs analysis in order to reassess educational programs to match with the community's requirements. One of the most important resources in needs analysis has been reported to be special events and complaints (6). The present study has aimed to survey the patient's complaints in order to investigate the relationship between these complaints and medical ethics which can inform changes needed in undergraduate and continuing medical education (CME) programs.

Methods

This is a cross-sectional descriptive and analytic study which aimed to survey the patient's complaints about physicians as one of the significant sources of needs analysis and medical education reform. Then, there was an attempt to analyze the rate of and the reasons of complaints about medical education programs. First of all, the director of the medical council was informed about the study. Due to the confidentiality of the program, two personnel working in the institution were assigned to collect the data. All the files referred to from 2001 were checked for information including physicians' specialty, type of complaint (death, disability, overcharging, dissatisfaction and insufficient care) and the final judgment. Experts' content analysis of cases was used to categorize reasons

for complaints. Then, the data were analyzed using SPSS statistical package.

Results

According to the results, during the five year period, there were 368 cases of complaint by patients in Fars province about physicians' performance.

The majority of complaints were related to

governmental hospitals (43.2%, Table 1). Among them, 23% involved physicians' errors among which 59 cases (16%) were finalized by an arbitrator. About 177 cases (48%) were not proved to be due to errors. Based on the results, gynecology was second to dentistry in having the most complaints and the highest rate of confirmed errors. The least complaints have been made about radiology which proved to have the lowest rate of errors (Table 1).

Table 1. Frequency distribution of the complaints' reasons (death, disability, charging extra fees)

Complaints	Disability	Charging extra fees	Others	Total
	Frequency (%)	Frequency (%)	Frequency (%)	frequency (%)
dentistry	0 (0)	26 (38)	43 (62)	69
gynecology	0 (0)	9 (16)	38 (68)	56
ophthalmology	12 (27)	16 (35)	17 (38)	45
orthopedics	15 (28)	10 (26)	13 (33)	39
general surgery	0 (0)	7 (19)	19 (51)	37
general practice	8 (27)	4 (13)	15 (50)	30
ENT	8 (42)	2 (10.5)	7 (37)	19
Urology	4 (24)	5 (29)	8 (47)	17
Internal	4 (28)	2 (14)	3 (22)	14
Psychiatry	1 (9)	2 (18)	7 (64)	11
radiology	0 (0)	3 (60)	2 (40)	5
dermatology	0 (0)	3 (43)	4 (57)	7
pediatrics	4 (66)	1 (17)	0 (0)	6
Hospital affairs	0 (0)	3 (43)	4 (57)	7
Pharmacy	0 (0)	3 (50)	3 (50)	6
Total	56 (15)	96 (26)	183 (50)	368

Based on the content analysis of complaint cases by experts, the reasons for complaints were categorized into four cases of patients' death, disability, overcharging and relationship problems. According to the results, 9% of the complaint cases have been related to patients' death, 15% about disability, and 26% about overcharging. Content analysis was used to find the theme of the rest of the complaints. The results revealed that 50 % of the rest of the complains were concerned with misunderstanding, lack of good relationship, lack of responsiveness in part of physician, lack of patient's respect, lack of patient education, lack of coordination among care provider team, lack of communication skills by physicians and patients, lack of inter-professional ethics, and lack of attention to patient's rights (Table 2). As shown in Table 2, 52.7% of the complaints are made against hospitals and private offices, public hospitals showing only 43.2% of the complaints (Table 3).

Discussion

Overall, the majority of complaints against physicians have been due to lack of good communication skill of health care staff or physicians toward their coworkers. Other studies

Table 2. Other issues which was recognized through content analysis as the reason's for complaint.

Case of complaints	Frequency (%)
misunderstanding	42
lack of good relationship	18
lack of responsiveness	12
lack of patient's respects	8
lack of patient education	6
lack of coordination among care provider team	6
lack of inter-professional ethics	5
lack of attention to patient's rights	3

Table 3. Frequency distribution of complaints by the provider of the services

Provider of the service	Frequency (%)	percentage
Governmental hospitals	159	43.2
Private hospitals	104	28.3
Physicians' office	90	24.4
	15	4.1
total	368	100

have reached the same conclusion (3,13,14,15). In most cases we can prevent patients' complaints through kindness, sympathy and thoughtfulness. Still, we believe that this issue should be included in medical education programs to educate physicians on appropriate communication skills between patients and physicians. The results of a study on the clinical competence of interns regarding prevalent clinical diseases reveal that these students do not function efficiently in their relationship with patients, permission for examination and educating the patient. Such studies show that the students do not possess the requisite capability or clinical efficacy in relation to humanistic relations. This deficiency or inadequacy could be due to insufficient education (16). A study conducted in the vice-chancellor for educational affairs aimed at a survey of clinical students' opinion about the methodology of medical ethics and communication skill course(17). It was revealed that this course is offered about three months before the student's entry to clinical fields through lectures by the academic staff. 54% of the students have confirmed the inappropriateness of the contents of this course and have stated that this course has not been influential in their behavior toward patients. 30% of them believe that the academic staff lecturing in this course have not been selected appropriately and the

course assessment has not been done well. Considering the objective of this course, i.e. enhancement of student's emotional and communication skills and their attitude in relation to their duties, it is recommended that lecturing be replaced with a better approach in teaching this course. Necessary instruction in relation to medical ethics is also recommended to be provided (17). To this aim, there was an attempt in Shiraz University of Medical Sciences to reassess medical ethics methodology in order to make it more attractive and influential. The results indicated that 41/7% of the students wanted the course to be extended and 95.7% of them suggested that the course be extended during their internship period (18). As reported in a newsletter by vice-chancellor of educational affairs, misunderstanding and different attitudes about the basics of medical ethics have resulted in an unqualified course which is of one unit. Edinburgh emphatically recommends that ethics be always paid attention to in medical schools and clinical encounters. Consultation groups must permanently assess the ethical condition and principles in different cultural groups and recommend appropriate educational models so that compassionate physicians are trained (19). Scientists recommend that physicians' main duty is good conduct toward patients. Although the patient's end is treatment of his/her disease, his/her first expectation is physician's smiling face, good manner, soothing tone and answer to his/her questions in spite of the fact that such questions might be tedious, unnecessary and illogical to the doctor (20). But does our physicians' behavior and manner confirm this point? One of the universities conducted a study aiming at determining the relationship between humanitarianism and other functioning assessment criteria and also determining whether a student with more humanitarianism functions better, equally, or worse than one with less humanitarianism (12). Medical ethics education is one of the significant issues in medicine. A study carried out in Japan indicated that 75% of the participants in the study requested more comprehensive education and 66% believed that

physicians and ethics philosophers must educate the residents on medical ethics Jointly (7). According to a report in the education newsletter, medical ethics is taught in different universities of our country based on different views with different contents and methodologies while in some cases they are going the wrong way. It can be said that there is no specific syllabus for this course (19). What the students learn and function is based on informal and hidden curriculum, the practice of which is so harmful for medical education (21,22,23). Some experts believe that in order to counteract this phenomenon, based on role modeling, appropriate models among the academic staff can influence the students' attitude and behavior since the students are more affected by model than courses and formal classes (24,25,26). To remove this problem, the researcher recommends the establishment of medical ethics committee and emphasizes the inclusion of more ethics and communication skills material in the curricula (11,28). To save the patient's life, there should be surveillance systems for assessing the treatment and clinical wards for having the minimum standards (28). It should be clarified that for which group the arbitration issues is beneficial. Isn't there any abuse regarding this issue? Finally, to find the reasons for the numerous complaints about mortality and negligence, further researches are required to be conducted so that mistakes or errors are identified.

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