Avant factsheet: Managing unrealistic patient expectations

Patients come to a consultation with expectations (realistic and/or unrealistic) regarding their treatment and care that they may, or may not, make clear to the practitioner. Unmet expectations can lead to patient dissatisfaction and increase the likelihood that they may make a claim or complaint against a practitioner.

What are some examples of unrealistic patient expectations?

Examples of unrealistic patient expectations include:

- You will have time to discuss three major problems in a standard consultation.
- You will prescribe them an S8 medication because they ask for it.
- You will immediately know the exact diagnosis and treat it that day.
- The skin excision will not leave a scar.
- They can call you 24 hours a day.
- They will be able to get an appointment time that suits them.
- The consultation will be fully covered by Medicare.
- You will prescribe unproven treatments based on a newspaper article.
- At the age of 55 they can look 30 with cosmetic procedures.

Staff should be conscious of a patient’s behaviour before, and after, a consultation. If they are concerned a patient is upset they should be encouraged to seek further information from the patient and if they can’t deal with it themselves, report it.

For example, if the patient informs the front desk staff whilst paying for the consultation that the question they actually came for was not really answered, this should be raised with the doctor who saw the patient.

What if a patient expects results that cannot be achieved?

Educating patients and managing their expectations is the key to avoiding claims or complaints arising from unrealistic or unmet expectations.

If, after educating a patient and explaining the likely results from a procedure or treatment, it is clear that the patient expects results that cannot be achieved, you should tactfully decline to proceed.

You can refer them on, refer them back to their referring practitioner, or just explain that you do not feel you can provide what they are seeking.

Being coerced by a patient into providing treatment that you believe to be inappropriate is generally not accepted as a defence if a subsequent claim or complaint is made.

What are some tips for managing unrealistic expectations and/or unreasonable requests?

- Do not allow yourself to be manipulated into giving in to unreasonable demands. This can encourage future unacceptable behaviour and non-compliance.
- Take a step back and try to identify why the patient wants a particular treatment. Exploring this not only improves your communication skills but it will also determine where you need to direct your efforts.
- Explain why you cannot meet a request in terms of your practice’s policy or your own policy, so that the patient can understand that it is not personal to them, e.g.: “It’s practice policy that we don’t prescribe S8s for patients we haven’t seen before” or “Unfortunately, I can’t discuss that because it would be a breach of confidentiality”.
- Explain that your decision is in their best interests, e.g.: “There’s not enough time to deal with each of those issues properly, it would be better for you if we give each issue full attention. How about we deal with the most important one today and the others at your next appointment, which we can book as an extended consultation?”
- Explain the clinical reasons why further tests or referrals are necessary before a definitive diagnosis can be reached, e.g.: “I will need to get some blood test results to try to work out exactly what’s causing this”.
- As a last resort, you can terminate the relationship and refer the patient elsewhere. Again, do not make this personal, e.g.: “We’re not seeing eye-to-eye, I think it would be best if you saw another practitioner”. For further information on terminating the doctor-patient relationship, see our factsheet, “How to end the doctor-patient relationship”.
- Be careful not to be seen or perceived to be unlawfully discriminating against the patient, for example on the basis of gender, sexual preference, race, disability, age, HIV status, etc.
• Ensure staff are trained to instil acceptable expectations. For example, when the patient phones for an appointment, they should be told of the standard time frame and the cost, and that there may be a wait.
• Have systems in place for providing patients with information if you are running late, such as staff ringing patients. You may consider giving each patient a “sorry about the delay” comment at the start of a consultation.

How can I proactively manage expectations?
Inform your patients of what to expect during and after treatment. For example, discuss:
• the possible side effects of any medications and how they can deal with them, when to be worried and when to seek advice
• the consequences of lack of compliance with instructions
• follow-up appointments and frequency
• when the final result could take some time.

Patient information material should emphasise the serious nature of undergoing a treatment or procedure if appropriate, and should provide accurate and realistic information. This is particularly important to counterbalance any unrealistic expectations of what can be achieved. Where possible, with the use of photos, illustrate what the patient may look like before and after the procedure. This can be day one, day two, day three, one week, etc.

The information provided before any consultation or procedure should include information about the costs involved. When major costs will be incurred, you should provide the patient with detailed financial information in writing. Surprise over the cost of consultations or procedures – especially unexpected large “gap” costs – is the source of many complaints, particularly where the patient is unhappy with the outcome.

Advising patients about costs (financial informed consent) should be standard procedure for the practice team when booking patients or when the patient arrives at the surgery. You should tell patients that if a complication occurs while an in-patient, there may be an increase in hospital costs.

Patient information sheets about the practice can set expectations from the beginning, e.g. hours of opening, after-hours assistance, house calls, managing telephone messages, telephone requests for prescriptions, etc. Have a procedure for receptionists about house calls, managing telephone messages, telephone requests from the beginning, e.g. hours of opening, after-hours assistance, house calls, managing telephone messages, telephone requests for prescriptions, etc.

All information provided to patients should be documented in the patient’s clinical record.

Unvoiced expectations
Issues that a patient has not raised in the consultation or at the time of the visit to the practice often lead to specific problems, ranging from misunderstandings to unwanted prescriptions, non-use of prescriptions, non-adherence to treatment and less symptom improvement. Be observant as the patient is leaving the consultation room – they may be raising something important which was the initial reason for scheduling the appointment. At this time, doctors are often busy completing the documentation in the medical record and may not be concentrating on what the patient is saying.

How can I ensure that I elicit patient expectations?
• Aim to develop trusting relationships with your patients. In doing so, patients are more likely to express their feelings.
• Listening to the patient enables them to relate – and you to understand – why they have come, what they expect and how much they understand of what you explain to them.
• Don’t interrupt as you listen to a patient’s presenting problem, and use cues such as nodding or “uh-huh”.
• When the patient stops speaking ask “Anything else?” This question will also help determine with the patient what can be covered at that particular visit and what may need to be deferred to a later time.
• Ensure that patients understand the reasons for the proposed management of their condition and what to expect from any treatment. Ask “Is there anything that you do not understand; have I explained it to you okay?”
• Ask if the patient has any questions, but beware that some patients will respond in the negative, even though they do have concerns. This may be because they feel stupid, intimidated, rushed or confused.
• Ask questions such as: “From the information I have provided to you today, what will you tell your family when you get home?” Doctors report that when they ask this question they are often surprised by the discrepancy between what the patient has said, and the information they were provided.

Ask the patient for his/her opinion and seek to understand/ determine their expectations at the end of the consultation:
• “What do you think of the plan we have discussed today?”
• “Is this what you thought would happen today?”
• “Is there anything in our information sheet that you don’t understand?”
• Contact Avant for advice and assistance if you’re unsure how to manage a situation.

For more information or immediate advice, call our Medico-legal Advisory Service (MLAS) on 1800 128 268, 24/7 in emergencies.

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