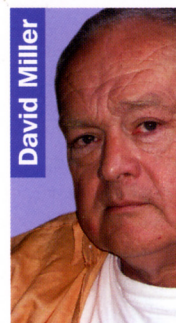


David Miller



# Do patients still trust us?

THE CRIMINAL conviction of Dr Jayant Patel, former chief surgeon at Bundaberg hospital, has been high profile news. Not for 100 years has a doctor been held liable for killing and maiming patients in this way. It seems he suffered an ego problem and did not acknowledge any limits to his surgical abilities. As the chief, he was unsupervised.

People rightly expect that hospital authorities will not appoint a sub-standard or impaired doctor and take timely action if questions arise. It would only have taken a phone call to America to check Patel's references. The question lingers whether the involved bureaucrats should also be in the dock next to the doctor for dereliction of duty. But he was making money for the hospital.

He is not the only one out of order. A Sydney neurosurgeon was behind bars for cocaine offences. The 'Butcher of Bega', gynaecologist Dr Graeme Reeves was mutilating women under the eyes of theatre staff. Closer to home, Lismore Hospital had to deal with a seriously impaired

staff gynaecologist after he had wreaked havoc for some time.

Doctors can have failings, like anybody else. But this is scant comfort to patients, especially when surgery is involved - there may be no going back on a poor decision.

There would not be many practising doctors who have never made any mistakes. How such errors are handled is vital issue and the subject of much research and professional attention.

Serious transgressions are the exception. Even so, it seems the public is edgy after the Patel guilty verdict.

Why did the patients of Bundaberg keep turning up for this seemingly lethal surgeon? Perhaps the people felt lucky to have a surgeon at all and the vast majority of his operations must have gone well. After all, he was only charged on a small number of cases.

What can patients do to protect themselves from surgical misadventure? The rules have been tightened and mandatory reporting of impaired doctors adds a

layer of protection for patients.

Even when everything is ethical and above board it can be hard from a patient's point of view to make the right choice in the specialist's office. Time is limited and there can be a feeling of being rushed or pressured to make life changing decisions in a few minutes.

The nature of advice has changed as well, adding to the confusion. The onus is now squarely on doctors to properly inform patients of anything that might go wrong. This process can end up confusing patients, expected to make an informed choice from a mountain of scary sounding information.

What can patients do when faced with a specialist appointment? If it were a bloke going to look at a car for sale he'd take a friend for reassurance and opinion. By contrast, people considering the re-arrangement of their vital organs often go to the consultation alone.

When pressed by the GP about what was said, often only a part of the interaction was heard or

understood by the solo patient. And if the word 'cancer' is mentioned, everything else may be blotted from recall. The specialist's report can be a great help, but may not arrive on the GP's desk in time for the de-brief.

A second pair of ears at the consultation can remedy such problems and no reasonable doctor objects to a well-behaved support friend or relative.

An obvious but often overlooked patient advocate is the referring GP. GPs have relationships with specialists and the GP is in a position to limit round-robin referrals between specialists. The GP is an expert with a broader overview than the specialist. Having knowledge of the patient as a whole, He or She can be a great help in planning for surgery or not. Referral ideally is an ongoing affair, not done and dusted with just one letter.

Sometimes the decision not to operate or to wait and see may be professionally inconvenient but in the best interest of the patient.

If any doubt exists, such an important choice is best shared.

