President's Letter

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President

Limiting patients to one problem per visit puts patients and their physicians at risk

Dear Colleagues:

In recent weeks, there has been a spike in complaints from patients who say their family physicians refuse to deal with more than one medical problem per visit. Some patients reported being asked to schedule additional appointments regardless of whether they believe their concerns to be urgent.

For example, one patient recently contacted the College of Physicians and Surgeons of Newfoundland and Labrador about a visit to her family doctor to get the results of her pap smear. When she asked about the results of recent blood work, her doctor refused to discuss it and insisted she schedule another appointment.

Another patient contacted the College after he received a telephone call from his doctor's office to book an appointment to discuss a medical condition he had called about previously. When the patient indicated he would bring it up at the visit scheduled for the next day for a separate medical concern, the doctor's assistant told that patient that this was not possible because the doctor had a policy of one problem per visit.

It is the shared position of the NLMA and the College that physicians should use a common sense approach and good communication when approaching the issue. While "one medical issue per visit" policies may appear attractive to some doctors, they can create unacceptable risks for patients. As such, they may not always be the best solution. They may also increase the potential for medico-legal risks if such policies prevent physicians from detecting serious health problems.

In its June 2011 paper, *Limiting discussion to one medical issue per visit: Know the risks*, the CMPA advises that a blanket policy of one problem per visit "may increase medico-legal risk if patients feel compelled to triage their own issues or symptoms without the knowledge, skills, and judgment to do so. Such self-assessment may lead patients to focus the discussion on peripheral or secondary issues, in part through the information they provide. However, if they have an incomplete picture, physicians can arrive at an improper diagnosis or miss important health issues."

In some cases, patients may mistake "one problem" for "one symptom" policies. For example, during a visit to deal with one problem – dizziness – the patient may omit discussion of a second problem, jaw pain.

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One problem per visit policies may also unfairly shift the time management problem from the doctor's office to patients and their employers. In the second example from the College's recent contacts, the patient had to take time off work twice within a short space of time. This created problems for both the patient and his employer who had to arrange for someone to cover the employee's shift while he was out of the office.

The NLMA recognizes that dealing with multiple problems during a routine visit can place burdens on practice schedules. While it is not the intent of the NLMA to tell physicians how to manage their practices, we are obligated to present physicians with more acceptable methods for dealing with patients who present with multiple problems in a way that works for physicians and their patients.

In 2007, the NLMA surveyed family physicians to determine if there were more appropriate ways for physicians to manage their practices and patient visits. Many respondents expressed a need for patient education on how to communicate appropriately during appointments.

Our Communications Division, in consultation with the GP Section, developed a physician resource kit, which was distributed to all family physicians in the province and is currently available on the NLMA website at www.nlma.nl.ca under the section Health Promotion/Patient Centred Practice.

The kit includes a brochure and poster designed to be displayed in your clinic to educate patients about making the most of their office visit, while helping physicians manage issues that may impact on clinic efficiency. Materials feature guidance for such topics as urgent care protocol, how to communicate symptoms, and booking appointments among other issues. Also available are Quick Tips that physicians and reception staff can use as a reference for improving their communication with patients.

Complaints from patients are not always an indicator of clinical performance. They are, however, an indicator that some physicians may need to improve the way they communicate with patients. Patients need to know how medical exams are structured and communication of such information can help you align a patient's thinking with your clinic's policies and the way your practice functions.

Regards,

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President

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