

Editorial

Meeting the challenges of rising patient expectations: the 10 'C's for emergency physicians

迎接病人期望日益提升的挑戰：急症科醫生的十個‘C’

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Clinicians are facing unprecedented *challenges* in patient care nowadays, with escalating risks of *complaints* and *claims*. This may be exemplified by the litigation and *compensation* expenses of the Hong Kong Hospital Authority in the past 12 years (Table 1).¹ The days of absolute trust and blind obedience to doctors are gone. In their places are patient rights and *customer* satisfaction, as a result of the growing affluence of society and rising level of education. Emergency Medicine suffers from an innate lack of patient rapport, as the visit to the emergency department could be the first *contact* of the patient with the hospital. Furthermore, the illness or injury is usually sudden and unexpected, resulting in disproportionate anxiety and stress in both the patients and their families. The highly charged and noisy environment of a busy emergency department will distort patients' perception and raise their tension. As a result, far greater efforts are required in risk management and to secure patient satisfaction in the emergency department.

There are four well known 'C's in Disaster Medicine – *command*, *communicate*, *control* and *coordinate*. Other 'C's have been suggested to facilitate effective

writing or presentation, namely, *clear*, *complete*, *concise*, *considerate*, *correct*, *creative*, *credible*, *current*, and more.² By the same token, there are 15 'C's listed for leadership: *candor*, *change*, *character*, *charity*, *coaching*, *cohesion*, *commitment*, *competence*, *concern*, *conduct*, *confidence*, *consistency*, *courage*, *courtesy*, and *creativity*.³ A similar approach may be helpful for quality emergency care and risk management.

The first requirement is certainly professional *competence*, which means having the requisite *current* knowledge and skills to perform the task *correctly*. The practices should also be evidence-based, if possible, and supported by references to databases such as the

Table 1. Compensation and legal expenses of Hospital Authority, Hong Kong.¹

Year	Compensation (HK\$)	Legal expense (HK\$)
1992	2,500,000	850,000
1993	20,500,000	7,420,000
1994	9,700,000	2,620,000
1995	9,800,000	3,890,000
1996	41,000,000	14,520,000
1997	16,700,000	8,450,000
1998	32,300,000	11,300,000
1999	38,700,000	16,890,000
2000	30,000,000	11,120,000
2001	12,000,000	3,280,000
2002	5,000,000	1,300,000
2003	4,600,000	800,000

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Cochrane Library. In addition, the physician must know his ability and limitations, and be *confident* and *comfortable* in providing the care required. However, a *careful* attitude and *compliance* with institutional protocols and guidelines will help to reduce slips and errors. *Checklists* may help to prevent omissions in certain procedures or conditions. If the need arises, *consultation* or referral should be undertaken liberally.

Courtesy is a basic requirement of professionalism. Poor attitude such as rudeness, apathy and inattentiveness are predisposing factors of patient dissatisfaction and hostility. Even when the patient is in an agitated state, medical personnel need to remain *calm* and *controlled*. Should a conflict occur, think of the 4 'D's: *delay, drink water, breathe deeply, and do something else*.

Another requirement is a *compassionate* attitude. Every complaint begins with a dissatisfied patient. Anger, denial, and litigation may be ways of coping with grief. With a *considerate and caring* attitude, the patient may reveal his or her expectation, which helps to locate the root of the problem.

Adverse outcomes, technical errors or substandard care are the precipitating factors for complaints and litigation, which however are unlikely in the absence of predisposing factors such as attitude or *communication* problems. The latter include miscommunication, negative communication, no communication, and delays in communication.⁴ Patients will often judge our competence on our communication skills, because they are not in a position to judge our competence.⁴ Listening to patients is a crucial skill with which mutual trust can be built. By simply discussing what is likely to happen, medical personnel can greatly enhance patient satisfaction. Spending more time in explaining adequately the risks, understanding the patients' concerns and rectifying their expectations will result in fewer complaints or claims. It is also important to encourage patient participation in decision-making,

so that they can contribute to their own well being. In addition, communication between colleagues is crucial, so that timely diagnosis and intervention can be ensured. Never make negative comments on other colleagues in front of patients.

The process of obtaining a valid *consent*, especially for special examinations and procedures such as transvaginal ultrasonography, requires good communication skills in adequately and accurately informing patients, which helps *clearing* uncertainties and *checking* their understanding. In addition, written consent should be filed securely.

Charting or documentation is another important issue.⁵ Many lawsuits are lost because of inadequate documentation in the medical record. As lawsuits are usually brought up years later, memories will have faded by that time. In order to protect yourself, records should be dated, timed, complete, contemporaneous, accurate and objective. Recording errors should be corrected and signed, and not covered up.

It should also be remembered that *confidentiality* of patient information should always be maintained and respected.

In many cases, patients file lawsuits for suspected cover up. Fear of litigation silences discussion and admittance of error. This is the traditional recommendation given by lawyers. However, if the commission or omission is obviously indefensible, it is better to *confess* early.⁵ Early *confession* and settlement will defuse patient's anger, shorten staff distress, reduce adverse publicity, retain good image of accountability and ultimately save or even gain resources for the organisation. After all, honesty is the best policy as the old adage says. In addition, history often repeats itself, experience is a poor teacher and a wise man learns from other's mistakes. The Medical Protection Society of UK regularly publishes actual case reports to alert its members to pitfalls that have caught their colleagues unawares. This is an invaluable risk management and educational tool.

We should not overlook that when examining female patients, ensure a *chaperone* is available.

Lastly, *cleanliness* is very important in this era of emerging virulent infectious disease strains, for the protection of yourself, the patient and the community. Litigation processes have been started in some of the Severe Acute Respiratory Syndrome cases contracted last year. Make sure that you are adequately *covered* with personal protective equipment before dealing with patients and wash your hands thoroughly after *contact* with patients.

With motivation and commitment, it is hoped that the quality of our service will become as good as diamonds, which also carry four 'C's – *carat, clarity, colour, and cut.*

References

1. 梁洵瑜，盧文烈。醫療失誤訴訟增五倍。蘋果日報。頭條港聞。2004/11/04。 [Litigation for medical negligence increased five times. Appledaily. 2004 Nov 4].
2. Hurley PK. The eight C's business writing. [cited 2004 Jul 30]. Available from: <http://emedia.leeward.hawaii.edu/hurley/eng209w/index.htm>
3. Colorado Springs School District 11. The C's of leadership. [cited 2004 Jul 30]. Available from: http://www.d11.org/springcreek/education_program/non_traditiona.../c's_of_leadership.ht.
4. McTigue A. How to communicate with care. Medical Protection Society South East Asia Casebook 2004; 12(4):11-2.
5. Atwood LA, Macken K. Safety in maternal care. In: Damos JR, Eisinger SH, editors. Advanced Life Support in Obstetrics Course Syllabus. 4th ed. Kansas (USA): American Academy of Family Physicians; 2000.