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## **Patient complaints on the rise as abuse and aggression continue in practices**



Zahra Shahtahmasebi

[zshahtahmasebi@nzdoctor.co.nz](mailto:zshahtahmasebi@nzdoctor.co.nz)

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Chair of PMAANZ Michelle Te Kira says practices are suffering continued abuse from patients who are protesting COVID-19 infection control strategies

Continued abuse is making it hard for general practices to recruit reception and administration staff as patients continue to protest COVID-19 risk management strategies, says primary care leader Michelle Te Kira.

A national webinar today with health and disability commissioner Morag McDowell was aimed at alleviating the rising stress and anxiety being felt in practices across the country by explaining the process of dealing with complaints when they are received.

The webinar was hosted by Ms Te Kira, chair of Practice Managers and Administrators Association of New Zealand (PMAANZ) and Maura Thompson, chief executive of General Practice NZ (GPNZ).

**HDC complaints rise 47 per cent**

The number of complaints to the Office of the Health and Disability Commissioner since the beginning of the Delta outbreak has been unprecedented – a 47 per cent increase in the last year to date, says Ms McDowell.

There are around 100 complaints a month, and around 30 per cent relate to general practice, including mask requirements, infection-control policies, access to primary care and unvaccinated consumers being seen in an inappropriate environment.

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## Fielding abuse

With general practices a “petrie dish” of possible infections, the requirement to wear a mask for example is a staunch rule, says Ms Te Kira, speaking to *New Zealand Doctor Rata Aotearoa* prior to the webinar.

Access is not being limited, as there are other options available for those who choose not to wear a mask, such as being seen in the practice’s portacabin (if they have one), their car, or virtually.

But still, general practices are continuing to field abuse from patients – it’s becoming hard to recruit people into administration and reception roles and some practices are hiring security, she says.

“The abuse they’re getting, it’s face to face, it’s on the phone. I’ve heard the language being used – it is vulgar.”

Ms Te Kira's practice now has a panic button linked directly to the police which has a "very quick ETA".

Dealing with these abusive patients takes up valuable time. Receiving an official complaint from the HDC relating to COVID-19 protocols only piles on the stress and anxiety for a workforce already under pressure, she adds.

**Code of consumer rights must be upheld**

Those listening to the webinar remarked that many complaints received from patients relate to them expecting the same level of care they received two years ago, despite being in the midst of a pandemic.

Ms McDowell acknowledged the significant effort being made by primary care, as well as the context and circumstances with which they are working under, adding that this is always taken into consideration when a complaint is received.

However, she maintained all aspects of the Code of Health and Disability Consumers' Rights must be upheld and safe access to care must be provided, with risk-management protocols needing to be "reasonable" and that proactive communication is paramount.

**Bombarded by information**

Ms Te Kira sympathises with patients who she says are being bombarded with information that is unclear and constantly changing.

It's the same for PMAANZ members who are getting convoluted messages around rapid antigen tests, mask exemptions as well as the critical workers' close contact exemption scheme.

Next week PMAANZ and GPNZ will meet Ministry of Health staff to discuss all of these issues, she adds.

### **The HDC process**

Ms McDowell used the webinar as a way to explain the HDC's process when a complaint is received.

It can come either as a phone call, web enquiry, an email or even a fax, where it is triaged, and the "seriousness" identified.

From there it can be referred to the provider, to the HDC's advocacy service, or if outside of the HDC's jurisdiction, to another agency, such as the Office of the Privacy Commissioner.

The HDC also has significant discretion to take no further action, with some recommendations, or to refer a case for a full investigation to the director of proceedings, who is only person who can determine whether or not there's been a breach of the code.

For what she called "low-level" complaints, an early resolution is encouraged, which has the best outcomes for all involved.

**Try not to blame the patient**

When a complaint is received by a practice, Ms McDowell recommended trying to address all issues and questions raised in the response as well as maintaining an empathetic and objective tone.

“Sometimes the responses we get can be overly defensive, which can add to the stress and can escalate the case.”

Open disclosure, expressions of regret and apologies, as well as explaining what changes will be made in practice to prevent this incident from happening again is also important: “Try not to blame the patient,” she says.

If a case proceeds to investigation, this will be impartial, and inquisitorial, not adversarial, she adds.

### **Value of complaints**

There is a huge value in complaints, as it provides a unique dataset from consumers, often telling providers what issues their patients care about most, says Ms McDowell.

They have the power to make individual and also system-level changes, but many will be put off from complaining due to concerns it will have a negative impact on their future care, or due to cultural and generational barriers.

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