

GOOD COMMUNICATION IN CLINICAL HANDOVER

Case Study:

Mrs W has been attending her GP, Dr G, with chronic pain for many years. After multiple tests and inconclusive diagnoses, Dr G refers Mrs W to a pain specialist, Dr R, at her nearest General Hospital. After running further tests, Dr R diagnoses Mrs W with neuropathic pain and prescribes her [Tramadol](#). She is discharged from the pain clinic in the hospital and continues taking the Tramadol, as prescribed, for the next year.

Mrs W continues attending her GP, Dr G, for other complaints, but does not mention that she has been taking Tramadol. Dr G prescribes Mrs W medication for various ailments, including sleeping tablets.

Mrs W regularly drinks alcohol and, after some time, she begins to experience abdominal pain. She visits Dr G who, due to her family history, sends Mrs W to A&E with a suspected gall bladder infection. When she is examined at the hospital, Mrs W is found to have very raised plasma levels in her liver enzymes. Mrs W is kept in hospital for treatment and to allow her to detox in a safe environment.

The doctors and hospital pharmacist who are treating Mrs W are very concerned at the level of medication that she was prescribed and consider making a complaint to the Medical Council about Dr G.

NOTE: This case study does not form part of the Guide to Ethics and Professionalism for Registered Medical Practitioners, nor does it constitute clinical or legal advice. It is intended as a helpful illustration of a potential scenario.

What guidance does the Medical Council provide to doctors that could have helped both the Pain Specialist and the GP in this situation?

Good communication is essential in the provision of good patient care. If we consult the [Ethical Guide](#), we can find guidance that both doctors should have followed which would have avoided such an unfortunate outcome for the patient.

With regard to **referral** and **handover**, the Medical Council's [Guide to Professional Conduct and Ethics for Registered Medical Practitioners](#) (8th edition) states:

- 22.3 **When you delegate or refer you must give sufficient information about the patient and their treatment to the clinicians continuing the care of the patient.** You should take reasonable steps to make sure that the person to whom you delegate or refer has the qualifications, experience, knowledge and skills to give the care needed.
- 23.1 Handover is the transfer of professional responsibility and accountability for some or all aspects of the care of a patient, or group of patients, to another person or professional group on a temporary or permanent basis. You will hand over care when you change shift, **refer a patient to secondary care** or other health professionals, **or when your patient returns to the care of their GP**. Handovers may take place between teams and/or between individuals.
- 23.2 When you hand over care for a patient to another healthcare professional, team and/or institution, you should check that they understand and accept responsibility for the patient's care. **You should pass on all relevant information about the patient and the patient's care.**

GOOD COMMUNICATION IN CLINICAL HANDOVER

When discharging patients back to primary care, you should give all relevant information promptly.

With regard to **prescribing responsibly**, paragraph 42 of the Guide states:

42.5 As far as possible, you should make sure that any treatment, medication or therapy prescribed for a patient is safe, evidence-based and in the patient's best interests. Where possible, when prescribing drugs, avoid the use of brand names – unless there is a good reason for using them. **You should be particularly careful when prescribing multiple medications in case the combination might cause adverse reactions**, and you should liaise with the pharmacy to clarify any issues or concerns you may have. You should take special care when prescribing for patients who may have an impaired ability to metabolise the medication prescribed. You should weigh up the potential benefits with the risks of adverse effects and interactions when deciding what to prescribe. You should **review patients' treatment regimes periodically**.

(bold has been added for emphasis)

How could the Pain Specialist and GP have ensured that their mutual patient received the best possible treatment?

In this case, both doctors caring for Mrs W had a duty to ensure that information was shared through good communication and cooperation. The Pain Specialist had a responsibility to contact the GP to inform him that Mrs W had been prescribed Tramadol. Similarly, the GP could have requested information from the Pain Specialist and/or asked Mrs W about the outcome of her appointment with the hospital. Mrs W's health suffered due to insufficient handover and poor communication and Dr G may suffer professionally as a result.

What should Dr G do if a complaint is made about him to the Medical Council?

Dr G should contact his professional indemnifier immediately on receiving notification of the complaint from the Medical Council. Further supports and information about what to do if a complaint is made about you can be found on the Medical Council's website at:

www.medicalcouncil.ie/Existing-Registrants-/Complaints/What-happens-if-a-complaint-is-made-about-me-/

Further Resources:

Prescribing Tips and Tools (HSE)

www.hse.ie/eng/about/Who/clinical/natclinprog/medicinemanagementprogramme/yourmedicines/prescribingtips/

Safe Prescribing and Medication Management (Medisec)

www.medisec.ie/a-z/safe-prescribing-and-medication-management

Prescribing (Medical Protection Society)

www.medicalprotection.org/ireland/practice-matters/practice-matters---september2014/prescribing