Communication and complaints

If the ideal objective is to be achieved, both sides should accept the need for education

Conversations with Charles

I was feeling depressed. After a good run with no complaints, a couple landed on my desk. The usual problem: after several mishaps in the same patient, there were long letters telling us what a terrible hospital we were. The outcome had not been compromised, the justification for writing being to prevent others being so ill treated. Charles came round for a drink before we went out to the theatre.

‘Charles,’ I said ‘I went some months without a complaint, and now I’ve had a couple. Why does everything that goes wrong seem to happen to the same patient?’

‘Partly because some complain more than others, but also, as is so often the case, pure chance’ he replied.

‘These letters claim their objective is to prevent others suffering the same fate. The government, the community health council, and even our own management, encourage complaints, stating they can only be beneficial. Do you think this is really true?’

‘When deficiencies are brought to the management’s attention by a customer, improvements should result. Commercial organisations recognise this and are therefore not adverse to receiving complaints’ he replied.

‘But we don’t make or sell goods, which might objectively be shown to be defective, and most of our complaints aren’t about clear errors in prescription or surgery. Indeed, we are repeatedly told by our professional and educational bodies, our managers and the press, that most are due to a lack of communication, yet they seem to come from patients or relatives with whom we have already spent the longest time.’

‘But Coe, that proves the point. Communication is two-sided and therefore failure may be attributable to one, the other, or both sides, ie absence of right “chemistry”. There may be no real fault. Just as in your younger days you might have admired and liked a girl, but knew you could never fall in love with her. As with charming the opposite sex, so some people are better born communicators than others, and certain relationships are predestined to success or failure.’

‘So Charles, communication can’t be taught’.

‘Nearly’ he replied, ‘the best analogy is with teaching. Good teachers are born, but education can improve everyone’s ability within a narrow range.’

‘Fair enough. I should go on my communications course, learn my strengths and weaknesses, but logic demands so should the difficult relative. Clearly that’s impossible.’

‘Well Coe, school general studies should teach how to complain and what to expect. Your peers and the press should not overemphasise poor communication by doctors, lest it be a self fulfilling prophecy. The best opportunity is with the advisers of those who, like your complainant, are not litigious, but wish to improve the service. They should respect the law of diminishing returns, accepting another lesson from education, one lecture—one message: one complaint—one criticism. A complainant who confines himself to the worst fault, however many he sees, is likely to achieve his objective effectively at little cost. A single complaint, seen as “a fair cop” is likely to prevent recurrence without producing resentment, cost nothing to investigate, and hardly disrupt the service. As successive points become less justified, there will be two sides to the story. Investigation costs more and produces resentment.’

‘Yes Charles, I would go further. I find it difficult to concentrate on my patients when complaints hang over me’.

The consumerist would say that you should be trained, as in industry, to deal with complaints without letting them affect your performance. I accept this is easier said than done where a doctor gives himself to the care of his patients, possibly at the expense of his own family. The natural response is “if I’m not good enough, I might as well give up”. An introductory sentence such as “I know you are trying your best, but I do feel you have failed here...” is much more likely to protect morale than any amount of training which might, by inducing inappropriate detachment, depersonalise the professional relationship. Complainants, particularly their advisers, should remember that no-one is perfect, and to hound someone out by destroying morale must replace the imperfect with the imperfect.’

‘So if community health councils wish to see a good service, it is in their own interest to encourage constructive and sympathetic complainants, concentrating on one issue’.

‘Yes’ he said. ‘You should learn to accept complaints in good faith. Criticisms concerning a well defined issue are likely to be justified and should be encouraged. Complainants should accept that nearly all staff are doing their best, and that multiple complaints are likely to be counterproductive’.