

# Editorial

## How good is your doctor?

***Tessa Turnbull, Editor and Katikati GP***

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Many of us in general practice now know the stomach-dropping, heart-stopping feeling of reading a letter of complaint from or about a patient. This may happen after something has gone wrong in a consultation or other contact, there is a failure of appropriate referral, or follow-up has been misguided or has not occurred at all. All the human emotions come to the fore - and very much in the order described by Elisabeth Kubler-Ross in her immortal book *On Death and Dying*. First, disbelief and denial at the personal confrontation and attack on one's professional integrity: "No, not me, It can't be true". Anger and resentment follow: "Why me? It's the patient's fault, not mine." This anger, and the sense of loss of control, may be widely displaced and dealing with it can prove very difficult for family, colleagues and staff. Bargaining is the third stage, followed by depression and later still acceptance of the shocking news, its effects and inevitable outcome. Kubler-Ross sees this cascade of emotions as a positive way of dealing with an uncomfortable and painful situation, a buffer after the shocking news. They are coping mechanisms which last for different periods of time and replace each other or exist at times side by side. For the terminally ill, the one emotion that persists is hope.

Understanding these emotional effects can also act in a positive way in coping with practice complaints. In general practice, a complaint may vary from serious professional misjudgment, to a regrettable human error, to a "near-miss" due to a breakdown of practice systems. These near-misses, critical incidents, or potential critical incidents, are important to identify and examine carefully and regularly by all the practice team members. They represent an opportunity to examine what went wrong and prevent a simple mistake or a near-disaster from recurring. They may be spearheaded by a complaint or be identified within the practice itself.

In the RNZCGP document *Aiming for Excellence* (an assessment for general practices currently undergoing validation of the standards and processes of practice accreditation in 100 practices), assessment of complaints and critical incidents, as with all the indicators, is seen as a positive opportunity for change. Each has a separate indicator and five criteria with the focus on quality improvement.

The document takes practices, and their assessors, through a ramble of general practice activities, facilities and systems, examining factors affecting patients themselves, doctor and nurse access and availability, medical equipment, resource management, and quality assurance and education. *Aiming for Excellence* is a living document on which general practice standards will be based and further improved over time. Despite the daunting nature of the task, it represents a success story for the College through its multidisciplinary approach, ready acceptance by GPs, and positive uptake by practices.

Feedback from practices and assessors has been positive. The assessment is seen as a means for an individual practice to improve the quality of their services, an opportunity for team-building, and a way of differentiating one practice from another. We know that patients vote with their feet and this will be a tangible way patients can assess how good their doctor is.

General practice is not terminally ill. It is alive and well, but needs to develop a new sense of hope and vibrancy. Aiming for Excellence is an important new tool, to build that hope and vibrancy, for general practice in the new millennium.