Medical disputes

Dr. Ludwig TSOI
SMO/TKOHAED

About me

- Central Committee, Complaint Management & Patient Engagement, HAHO
- Program Design Workgroup, Better Patient Communication Course, Training and Development Team, HAHO
- Organizing Committee, Annual Complaint Seminar (2012, 2013), HAHO
- Course Coordinator, Healthcare Mediation Course, Federation of Medical Societies HK
- Mediation Services & Development Committee, HK Mediation Centre
- Screenplay cum Instructor, Level I Mediation Skills Training Course, CUHK
- Speaker, "Applying Mediation Skills in Hospital", TKOH/HHH/TMH
- Honorary Advisor, NTW Cluster Clinical Communication Workshop (2012)
- Accredited Mediator (HKMC / HKMAAL)

Example 1

- 50 year-old diabetic patient under police custodial presents with hyperglycemia (H'stix 8) to A&E. Asymptomatic otherwise. Patient was angry with the doctor saying "8度都唔係好高啫，點解要來急症室？"
- What is the problem?
- The patient needs medication!

Example 2

- A 70-year-old man admitted for chest pain was about to discharge, collapsed suddenly. CT brain showed massive ICH and he subsequently died. When the MO tried to explain this is not an medical blunder but a pre-existing condition, the relative went nuts "醫生，你話畀我聽呢個係唔係意外？"

- 醫生 – 意外 -> 醫療事故
- 家人 – 保險金 (concern)

Example 3

- A mother brought her 2-year-old child to attend the A&E for the 3rd time in 24 hours, saying the medicine doesn't work for her boy. Exam and CXR/Urinalysis unremarkable. The boy's temp was all the time 38.5`C or below. But the mother was frantic when you asked her to continue the medication.

- Fear – the mother had a 4-year-old child with epilepsy and MR

Is communication time-consuming?

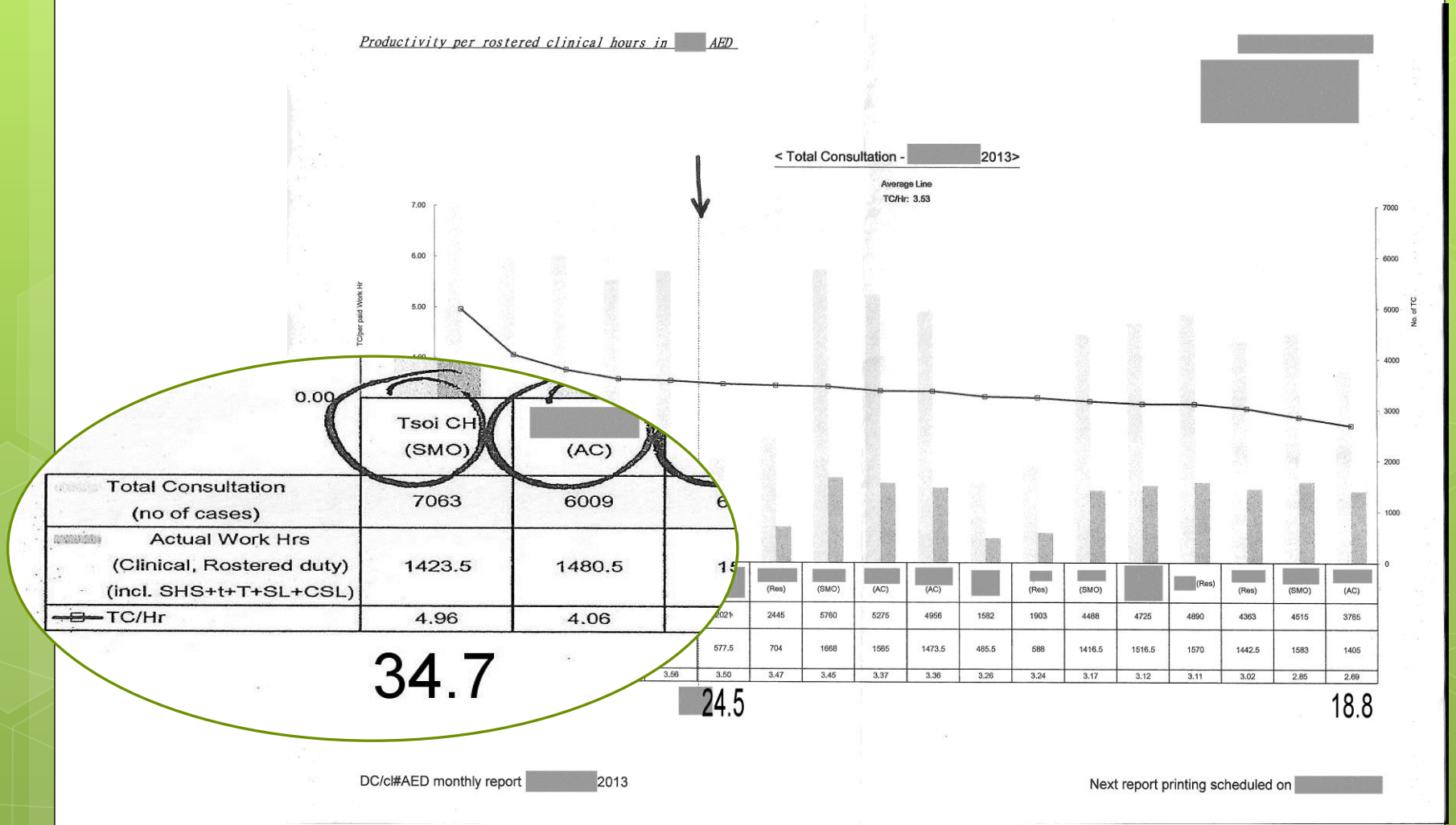
Yes

No

I don't know

Misunderstood communication as counseling

聞到爛味


Productivity per rostered clinical hours in [redacted] AED
[redacted]
< Total Consultation - [redacted] 2013>
Average Line
TC/Hr: 3.53
TC/per paid Work Hr
No. of TC
7.00
6.00
5.00
0.00
7000
6000
5000
4000
3000
2000
1000
0
Tsoi CH (SMO)
[redacted] (AC)
Total Consultation (no of cases)
7063
6009
Actual Work Hrs (Clinical, Rostered duty) (incl. SHS+t+T+SL+CSL)
1423.5
1480.5
TC/Hr
4.96
4.06
34.7
24.5
18.8
(Res) (SMO) (AC) (AC) (Res) (SMO) (Res) (Res) (SMO) (AC)
2445 5760 5275 4956 1582 1903 4488 4725 4890 4363 4515 3785
577.5 704 1668 1565 1473.5 485.5 588 1416.5 1516.5 1570 1442.5 1583 1405
3.56 3.50 3.47 3.45 3.37 3.36 3.26 3.24 3.17 3.12 3.11 3.02 2.85 2.69
DC/cl#AED monthly report [redacted] 2013
Next report printing scheduled on [redacted]

Husband (lymphoma on R-CHOP-5) dead on arrival post-chemo D10

- Husband presented w/ Lt submandibular mass to GP Jul/2010, referred SURG
- Aspirate showed salivary gland tissue "reactive change"
- Slow growing with subjective shrinkage in size FU 5 times in one year. Planned resection Aug/2011 due to increase in size
- Presented to A&E upper airway obstruction Jul/2011. Eventually diagnosed lymphoma and started Chemo in QXH
- Noted decreased GC for 2 days – need diapers, no appetite, SOB. Collapsed in toilet

Issues

- “我要投訴XXX醫院” was the first thing the wife said
- “點解見住佢係咁大都唔同佢抽多次吖?”
- “QX十日咋就同佢做化療喇” (Classic “hero vs devil” frame)
- “而家係一條人命喇”

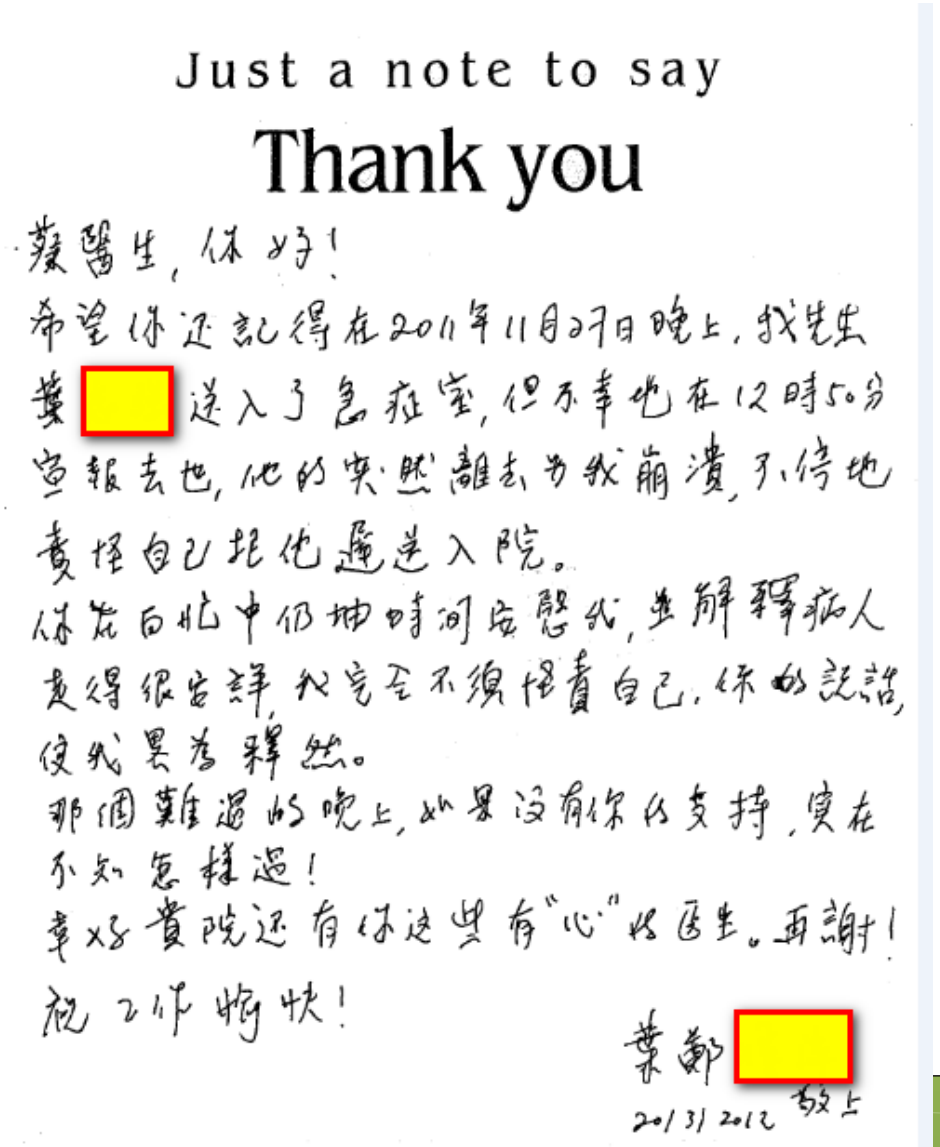
What is her hidden concern?

Hidden need/concern/fear

- Intervene early – the priority is the spouse now
- Active listening – what exactly was the emotion of wife (anger)
- Use common ground to reestablish rapport

"如果我早一個鐘頭叫十字車佢會唔會有得救?"
"如果我一早帶佢來醫院會唔會有得救?" (Guilty feeling)

病人失救≠投訴、醫療失誤



Just a note to say

Thank you

葛醫生，你好！

希望你还記得在2011年11月27日晚上，我先生葉[redacted]送入了急症室，但不幸地在12時50分宣報去世，他的突然離去令我崩潰，不停地責怪自己把他遲送入院。

你在白北中伯伯時伺安慰我，並解釋病人是得很詳，我完全不須怪責自己，你的說話，使我恩為釋然。

那個難過的晚上，如果沒有你的支持，實在不知怎樣過！

幸好貴院还有你這些有"心"的医生。再謝！

祝工作愉快！

葉鄭[redacted]

20/3/2012 敬上

薛醫生，你好！

希望你还记得在2011年11月27日晚上，我先生[redacted]送入了急症室，但不幸地在12時50分宣報去世，他的突然離去为我崩溃，不停地责怪自己把他送入院。

你在百忙中仍抽時间安慰我，並解釋病人是得很安詳，我完全不須怪責自己，你的說話，使我異為釋然。

那個難過的晚上，如果沒有你的支持，實在不知怎樣過！

- Complaint: The medical staff was looking at the computer monitor all the time during the SOPD consultation. “醫生連望都無望過我！”
- 醫生辯解：我係睇病，唔係賣笑

- What is the problem?

醫生：Cure
病人：Care

- 古之善为医者，上医医国，中医医人，下医医病

唐代孙思邈《备急千金要方·诊候》

Environment

- Quiet, comfortable, privacy
- A case was admitted to ICU, the case MO wanted to show the relatives a ct scan of the patient. However the interview did not have ct monitor. The group moved to the nursing station where the mo and nurses were chitchatting behind them. “你地可唔可以靜D!” relative yelled.

https://facebook.com/ludwig.tsoi

- 講故事

- 盲腸炎
- 膽嚢炎

盲腸炎

陳女士昨天開始上腹痛，今天痛楚轉移至右下腹，經政府門診初步診斷為盲腸炎，轉介急症科。

「是這裡痛嗎？」我按着病人的右下腹問。

「痛！」病人只發出短促的一聲，看來說話更痛。

「那我待會放手，妳看痛不痛。」我口中數着一二三便放手。

「哎喲，更痛！」

https://facebook.com/ludwig.tsoi

我着病人從床下來，「是典型盲腸炎，」我十分自豪那麼有把握的說出診斷，「現在先拍X光片然後留院。」病人很聽話的就去了。

半小時過後，護士回來報告說病人不住院了，要簽字離開。

「為什麼不留醫？」我幾乎是質問她。

https://facebook.com/ludwig.tsoi

「剛才護士說我的X光驗查正常嘛，為什麼要留醫？」

我一想，才明白是什麼一回事：「妳誤會了，X光驗查不是用來確診盲腸炎的。其實X光跟盲腸炎沒有直接關系，着妳去做這個驗查只是入院常規驗查的一環，X光正常並不是說妳沒有盲腸炎。」我高興自己及早發現了誤會，也解釋得很好。

怎料她說：「我還是不住院。」

「為什麼？」

「我現在沒有剛才那麼痛。」

https://facebook.com/ludwig.tsoi

「如果回去以後再痛怎辦？」我想這次她定說「我會回來」。

「去私家醫院，我有保險。」她說。≈≈

膽囊炎

S女士四十多歲，前天看過醫生，被診斷為胃炎，吃了兩天藥沒好。今天加上發燒、嘔吐，便跑到急症室來。

「為什麼吃了藥還胃痛？」S質問我。我暗忖：「藥又不是我開給妳的，幹嘛問我？ 」

「妳的意思是不是懷疑自己有其他病？」我問。

https://facebook.com/ludwig.tsoi

「是啊，如果不是有其他病，那吃了藥為什麼不好？」S疑惑。我想：「邏輯不對。」

「我要求驗血。」她續道：「之前我的朋友胃痛，醫院都給她驗血。」

https://facebook.com/ludwig.tsoi

「嗯，各人的病情不同，檢查各異。妳跟我來...」

「可能是膽囊發炎，留院吧。」超聲波檢查後我說。

S說：「今天家裡有事不方便住院，可不可以先開點藥？」我無言。

「蔡醫生，昨天的膽囊炎，簽字離院後不久又回來了。」同事見到我時說起S。一想起S，我怒火中燒，正想發作。

https://facebook.com/ludwig.tsoi

「原來她是單親媽媽，家裡有兩個小孩子，昨天回去托朋友照顧後就回來了。」聽罷，原本到嘴邊的話就嚥回去了。

Question?

- Thank you

- Contact:
https://facebook.com/ludwig.tsoi