

# **By-Laws for Handling Complaints about AAPM Members**

(V9 updated 12 October 2022)



Australian Association of  
Practice Management

## Introduction

The Australian Association of Practice Management (AAPM) is a not-for-profit, national peak association recognised as the professional body dedicated to supporting effective Practice Management in the healthcare profession. Our vision is for Practice Management to be universally recognised and valued at the centre of effective healthcare systems and sustainable businesses for optimal patient outcomes.

AAPM's Members are people who manage healthcare organisations including general practice, allied health, dental, medical specialties, physiotherapy, and podiatry practices. AAPM is a professional body for Practice Managers, business managers, service managers, CEOs, and principals – the key decision makers in a healthcare practice.

AAPM has a *Code of Ethical Conduct* which defines the standards of behaviour it expects of its Members, including Members who are employed by an organisation or are retained as a consultant within the industry. AAPM's *Code of Ethical Conduct* (the Code) is available on the AAPM website at: <https://www.aapm.org.au/Your-Profession/Code-of-Conduct>.

This document sets out AAPM's policy and process for managing **complaints about the behaviour of an AAPM Member**. Information about how to make a complaint is set out in the section which follows. Please note that AAPM cannot deal with a complaint about a Practice Manager who is not a Member of AAPM.

**Complaints about AAPM staff** are handled by a separate complaints system and should be marked "confidential" and sent directly to the office of AAPM's CEO at [ceo@aapm.org.au](mailto:ceo@aapm.org.au).

**Complaints about the AAPM CEO or Board Members** should be marked "confidential" and sent directly to the Chair of the AAPM Board at [president@aapm.org.au](mailto:president@aapm.org.au).

This policy and process may be reviewed and updated from time to time by the AAPM National Board.

## Complaints regarding a breach of code

### 1. Making a complaint

- 1.1. The National Board can only investigate a written complaint about a member. Verbal complaints will not be treated as a complaint for the purpose of these by-laws.
- 1.2. Upon receipt of a written complaint, the National Board (through the CEO) will investigate the complaint and the conduct of the Member being complained about.
- 1.3. If a complaint is received from an eligible whistleblower about a disclosable matter, then the complaint will be dealt with in accordance with the AAPM Whistleblowers Policy, rather than these by-laws, and the complainant will be advised accordingly.

#### 1.4. A written complaint:

- must be addressed to the CEO or the AAPM National Board and received at the principal place of business of AAPM
- may be in any form of writing including on paper, received electronically via fax or email or through the contact form available at <https://www.aapm.org.au/About-Us/Contact-Us>
- must include the name of the Member about whom the complaint is made
- must summarise the behaviour complained about, including the date and location where the behaviour occurred
- where possible, should make reference to the particular provision in the AAPM [Code of Ethical Conduct](#) which it is alleged the Member has contravened
- may include any additional information the complainant (the person making the complaint) deems relevant to the National Board's investigation of the complaint
- must include the name and contact details of the complainant, and a statement about whether the complainant wishes to remain anonymous.

**Complaints that do not include the name and contact details of the complainant will not be treated as a complaint under these by-laws.**

## 2. Principles for investigating complaints

### 2.1. The complaint and investigation process will be conducted by the National Board in accordance with the following five principles:

- Confidentiality for all parties, where practicable and appropriate, until the investigation process is completed.
- Investigations will be handled expeditiously.
- Procedural fairness for both the complainant and the Member: Procedural fairness involves being afforded the opportunity to respond to a comment or allegation made, within a reasonable time. Procedural fairness does not require the decision maker to find any information provided to it as factual, true, or persuasive.
- The National Board may inform itself as it sees fit, including seeking external expert opinion or delegating any part of whole of the investigation to nominated AAPM staff members or consultants engaged for the purpose. The National Board is not bound by any rules of evidence.
- The National Board may expand or limit the scope of its investigation as it sees fit.

## 3. Remaining anonymous

### 3.1. If a complainant asks to remain anonymous (i.e. unidentified to the member about whom the complaint is made), the National Board or its delegate will make a determination as to whether the Member complained about will have sufficient ability to address and respond to the complaint without the disclosure of the identity of the complainant, if the complainant remains anonymous.

- 3.2. If the determination of the National Board is that the Member complained about will have sufficient ability to respond to the complaint, the details of the complainant will not be provided to the Member complained about.
- 3.3. If the determination of the National Board is that the Member complained about will not have fair opportunity to respond to the complaint without the identity of the complainant being disclosed, the National Board will advise the complainant that the complaint cannot be investigated and will come to an end unless the complainant is prepared to be identified as the complainant.
- 3.4. The National Board may, at any time throughout the investigation process, close any complaint without further investigation or determination, and notify the complainant accordingly, where the complainant refuses to be identified and the Member complained about cannot adequately respond without that information.

#### **4. Procedure for investigating complaints**

- 4.1. Within 3 business days of receipt of a written complaint:
  - a written acknowledgment of receipt will be provided to the complainant and
  - the National Board will be notified that the complaint has been received.
- 4.2. Within 7 business days of receipt of a written complaint:
  - A copy of the complaint will be provided to the National Board.
  - The CEO, or other delegate of the National Board, will provide a report to the National Board that:
    - confirms the person complained about is a financial Member of AAPM or was a financial member of the AAPM at the time the alleged conduct occurred
    - identifies the category of membership of the Member
    - identifies what provisions of this Code may have contravened
    - identifies any other Members or third parties who may be involved in the investigation process.
  - Where the complaint has been received about a current or former Member, a copy of the complaint will be provided to that person via post and electronic means sent to the address details on record at AAPM.
- 4.3. If the person complained about is not a current Member or was not a Member at the time of the alleged conduct, the complainant must be promptly notified that the National Board has no authority to consider the complaint. This will bring the complaint to a close.
- 4.4. At the same time as acknowledging receipt of the complaint or providing a copy of the complaint to the Member complained about, the parties will be provided with an information statement outlining the investigative process and likely timeframes.

#### **5. Responding to a complaint**

- 5.1. The Member complained about must provide a written response to the complaint within 7 business days of his/her receipt of the complaint.

5.2. The written response to the complaint:

- must be addressed to the CEO or the AAPM National Board and received at the principal place of business of AAPM
- may be in any form of writing including on paper, received electronically via fax or email or through the contact form available at <https://www.aapm.org.au/About-Us/Contact-Us>
- must include the name of the Member who the complaint is about and refer to the complaint
- must include an introductory summary of the Member's response including any aspects of the complaint the Member agrees with
- may include any information the Member deems relevant to the National Board's investigation of the complaint
- may include supporting statements from other people, and
- may request further time to respond, provided that a fixed date for the response is nominated at the time of that request and is not more than 30 days later than the original date to respond.

**6. Considering the complaint material**

- 6.1. Upon receipt of the response, the National Board or its delegate will review and consider the information received from the complainant and in the response and determine whether any further additional information is required or should be obtained in order to determine the complaint.
- 6.2. If additional information is required, the National Board may request that information from any person, seeking a response within 7 days, and notifying the person from whom information is requested (whether the complainant, the Member complained about or another person) that the complaint will be considered without that information if it cannot be provided within that timeframe.
- 6.3. Where additional information requested under 6.2 is not provided within the 7-day deadline, the Board will proceed with the complaint based on the information to hand.

**7. Initial findings**

- 7.1. The National Board or its delegate will prepare initial findings about the complaint and provide those findings to the complainant and the Member complained about. Either or both the complainant and the Member complained about may respond in writing to the initial findings within fourteen (14) business days. Provision of initial findings are deemed to satisfy the requirements of Rule 10.5(b) of the Constitution.

**8. Final Determination**

- 8.1. The National Board or its delegate will consider all responses to the initial findings received within the required timeframe and prepare a final determination of the complaint. The National Board or its delegate may publish a final

determination that is the same as the initial findings, despite receipt of information in response to the initial findings.

- 8.2. The final determination is final and there will be no avenue of appeal from that decision.
- 8.3. Any actions required as a result of the final determination (e.g. Member suspension) will take effect immediately. The National Board may notify the AAPM membership of the results of its determination but is under no obligation to provide reasons to any party other than the complainant or the Member complained about.

## **9. Consequences of finding a contravention of the Code**

- 9.1. Where the National Board determines that there has been a contravention of this Code by a Member, the National Board may do any one or more of the following:
  - Take no action.
  - Issue a warning to the Member.
  - Suspend the Member's rights as a member for a period of time of no more than twelve (12) months, meaning the Member will be excluded from access to all member benefits, and not able to hold themselves out as being a Member of AAPM during the period of suspension, as well as being excluded from AAPM events.
  - Suspend the Member's ability to access any one or more of the benefits of membership (e.g. nominating to serve on a State Committee, nominating for a particular category of membership etc.) for a specified period of time of no more than twelve (12) months, and for period of suspension no fees will be refunded or extended.
  - Place conditions on the Member's membership, including requiring the Member to repeat or undertake additional education or training within a specified timeframe.
  - Change or revoke a category of membership previously awarded to that Member.
  - Expel the Member from AAPM.
  - Refer the decision to an unbiased, independent person on conditions that the Board consider appropriate (however, the independent person can only make a decision that the Board could have made pursuant to these by-laws).
  - Make a recommendation on how AAPM Members can be educated to avoid the misconduct or breach of the Code of Ethical Conduct in the future.

## **10. Complaint process – likely timeframes**

<b>0 days</b>	<b>Receipt of written complaint by AAPM</b>
+3 business days from AAPM's receipt of complaint	Written acknowledgement of receipt of complaint to complainant with information statement about process. National Board notified that a written complaint is received.

+ 7 business days from AAPM's receipt of complaint	<p>Copy of complaint provided to National Board with confirmation of Membership status of person complained about.</p> <p>Copy of complaint provided to Member complained about, with information statement about process.</p>
+ 14 business days from AAPM's receipt of complaint	Member complained about provides written response to the complaint.
+ 17 business days from AAPM's receipt of complaint	National Board considers complaint and response and the Board or its delegate may request additional information from any person.
+ 21 business days from AAPM's receipt of complaint	Additional information received by National Board and considered.
+ 23 business days from AAPM's receipt of complaint	National Board prepares initial findings and provides to complainant and Member complained about for consideration.
+ 37 business days from AAPM's receipt of complaint	Complainant and Member complained about may provide a response to the initial findings of the National Board.
+ 40 business days from AAPM's receipt of complaint	National Board considers responses to initial findings and prepares final determination of complaint.
+ 45 business days from AAPM's receipt of complaint	Final determination of complaint is provided to complainant and Member complained about, with notification of any aspects of the complaint that will be published (e.g. Member sanctioned).

## Appendix: Conflict of interest

Conflicts of interest form a particularly fraught area of ethical debate for Practice Managers. It requires specific consideration in the Code of Ethics.

A conflict of interest occurs when a Member's personal interests conflict with their responsibility to act in the best interests of AAPM, clients, colleagues, and other professionals. Personal interests include those of family, friends, or other organisations a person may be involved with (for example, as a consultant). It also includes a divergence between a Member's responsibilities as a member of AAPM and another duty that the Member has, for example, to another organisation.

A conflict of interest may be actual, potential, or perceived. It may be financial or non-financial. It represents potential risks to reputation, good governance, accountability, transparency and organisational dynamics. It may also be unlawful.

- The impact of a potential or perceived conflict of interest may well be as damaging to the reputation or management of AAPM as an actual conflict of interest. Each potential event must be assessed and managed accordingly.
- A perceived conflict of interest requires input from impartial third parties. Careful consideration of the perspective of someone who is not directly involved in the perceived conflict is vital. One possible course of action is to undertake consultation and discussion with other members, particularly senior and more experienced Practice Managers. Promoting a culture of disclosure helps facilitate constructive consultations.
- A perceived conflict of interest can often be best addressed by removal or avoidance of the perceived conflict itself.

Members of AAPM:

- conduct relationships in a manner which gives assurance to all parties concerned that their position will not be compromised, and their interests given fair consideration
- disclose to potential clients or employers any direct or indirect personal interest which might cause conflict, either real or perceived
- neither accept nor offer gifts or benefits with the expectation, or likely consequence of influencing, decision making
- do not promote themselves in a self-laudatory manner
- do not publicly criticise other members of AAPM.

For more detailed discussion, members are recommended to consult the following document: Australian Charities and Not-for-profits Commission (2015). Conflicts of Interest. Download from: <http://www.acnc.gov.au>.



## Case study

Initial problem creating ethical concern	Clarifying the ethical considerations	Exploring possible strategies and solutions
<p>A patient who has engaged in self-harming behaviours has been referred to see a psychologist but is refusing to do so.</p> <p>The patient's family is unaware of the self-harming behaviour.</p> <p>The patient states they only trust the GP and refuses to see anyone else.</p> <p>Despite the best efforts of the GP, the patient continues to self-harm and refuse referrals.</p>	<ul style="list-style-type: none"> <li>○ You are concerned that the patient, without effective treatment, may eventually die. This raises issues around principles of care and empathy.</li> <li>○ The stress on the GP is understandable and might affect other patients. This also raises issues of care, as well as justice principles, as first we must "do no harm".</li> <li>○ The Practice has responsibility for the patient's treatment. Refusing to continue treatment, because of noncompliance with the GP's recommendations, might amount to withdrawing the only current source of treatment. Justice principles are again invoked because it is unfair to withdraw treatment without valid reasons.</li> <li>○ There are legal implications for the GP and for the practice if treatment is suspended or if it is continued for the noncompliant patient. These might raise further issues impacting on staff and patients.</li> </ul>	<ul style="list-style-type: none"> <li>○ Contact professional indemnity provider for advice and consult experience colleagues for their input. This would ensure best practice standards can be considered.</li> <li>○ Engage the patient in a strategic conversation, exploring all points of view. As well as understanding the patient's reluctance better, it also allows the needs of the Practice to be considered, including: <ul style="list-style-type: none"> <li>• Inviting the patient to see another GP in the Practice for a second opinion. This would protect the patient's dignity and respect their autonomy, while explaining again to the patient why it is essential they receive specialist treatment from a psychologist. This would ensure the patient makes fully informed decision about their health care options.</li> <li>• Advising the patient that the Practice has a policy that a condition of continuing to treat them as a patient is contingent upon a patient following the GP's treatment recommendations</li> </ul> </li> <li>○ Carefully document all conversations with the patient to record all efforts to persuade the patient to get specialist help.</li> <li>○ Discuss the issues with the GP and consider ways that the GP could empower the patient to engage with other health professionals.</li> </ul>

## Case study

Initial problem creating ethical concern	Clarifying the ethical considerations	Exploring possible strategies and solutions
<p>A doctor is requesting the Practice Manager allow a patient to bulk bill a telehealth care plan, even though this would be incorrect.</p>	<ul style="list-style-type: none"> <li>○ The doctor is aware of the patient's financial and clinical circumstances and is trying to help.</li> <li>○ The care plan item number activates access to other MBS services from other providers potentially contributing to patient health outcomes. The patient may miss any opportunity for allied health care if the patient cannot pay privately for all services.</li> <li>○ The principle of beneficence is raised in this case, as the doctor is motivated by the intention to "do good" for the patient. The principle of care and empathy is apparently driving the doctor's decision making, blurring the importance of other principles.</li> <li>○ Aspects of integrity are also raised by the implications of the course of action proposed by the doctor.</li> </ul>	<ul style="list-style-type: none"> <li>○ One approach might be to initiate a conversation with the GP to discuss the decision-making process.</li> <li>○ It can provide an opportunity to review the ethical issues:               <ul style="list-style-type: none"> <li>• How do we ensure we help patients in acceptable ways?</li> <li>• What is the 'bigger picture' regarding the patient's welfare?</li> <li>• How are other key stakeholders potentially affected by the solution proposed by the GP?</li> <li>• How do we ensure the integrity of the practice is preserved and its reputation not put at risk?</li> </ul> </li> <li>○ It can provide opportunities for information sharing, eg:               <ul style="list-style-type: none"> <li>• Print MBS guidelines for GP on how to bill correctly.</li> <li>• Establish Practice policy for all GPs on billing procedures.</li> </ul> </li> <li>○ Suggest the GP has a conversation with patient about costs and relevant rebates – as per RACGP and MBS requirements.</li> <li>○ Document any conversation that occurs and spell out the billing instructions of GP.</li> </ul>

## Case study

Initial problem creating ethical concern	Clarifying the ethical considerations	Exploring possible strategies and solutions
<p>A current patient's parent is seeking access to Medicare rebates for a Mental Health Care Plan and referred Better Health via Telehealth for the patient who is not presently in Australia.</p>	<ul style="list-style-type: none"> <li>○ The patient is affected by Covid restrictions, and his mental health is deteriorating, creating issues of care and empathy for the patient, parents, and health professionals.</li> <li>○ Access to psychology or psychiatrist services through referral would minimise the cost services through the Medicare rebate. It introduces aspects of justice principles.</li> <li>○ Legal constraints on the Practice Manager raise ethical issues around Integrity and trustworthiness.</li> </ul>	<ul style="list-style-type: none"> <li>○ Practice Managers will probably feel concern and empathy for the patient yet will realise they cannot comply with the parent's request. Nevertheless, they are able to discuss their dilemma with them and provide clarification.</li> <li>○ Explain the Medicare requirements in plain language to ensure they are understood effectively.</li> <li>○ Discuss accessing service providers local to the patient's current location overseas.</li> <li>○ Explore the possibility of the parents offering financial support for patient's immediate care.</li> </ul>

## Case study

Initial problem creating ethical concern	Clarifying the ethical considerations	Exploring possible strategies and solutions
<p>An employee reports that a colleague is experiencing workplace harassment and bullying from a doctor within the practice. The colleague is reluctant to approach the Practice Manager directly but is distressed and unsure what to do.</p>	<ul style="list-style-type: none"> <li>○ There is potential for deleterious impact on employee physical, mental, emotional wellbeing, raising issues of Care and Empathy.</li> <li>○ There is potential for deleterious impact on employee workplace performance and absence, raising concerns of fairness for all employees.</li> <li>○ There is impetus for an impartial investigation of allegation invoking the principle of justice.</li> <li>○ Possible legal claims against doctor and practice arise, e.g. a WH&amp;S claim.</li> <li>○ The employee is reticent to report the claim due to concern of its impact on future workplace opportunities and treatment by employer and colleagues. Raising equity and fairness concerns.</li> <li>○ A formal complaint could impact on the GP's physical, mental, emotional wellbeing raising concerns of care and empathy for the GP.</li> <li>○ There is potential impact on the practice reputation, prompting concerns for the welfare of all practice associates.</li> </ul>	<ul style="list-style-type: none"> <li>○ Provide support to the employee as they encourage the colleague to approach you for a confidential interview.</li> <li>○ Having interviewed the colleague, consider all claims of workplace bullying as serious and take immediate action to investigate and resolve quickly and fairly while ensuring support for the colleague and the GP from appropriate individuals throughout the process.</li> <li>○ Contact professional practice indemnity provider for advice.</li> <li>○ Ensure owners/managers of the practice are aware of any claim arising from the interview while maintaining confidentiality.</li> <li>○ Review/develop a practice Code of Conduct that clearly details the policy regarding response to bullying claims.</li> <li>○ Ensure all doctor and employees are aware of and have agreed to abide by the practice Code of Conduct.</li> <li>○ Nominate impartial individuals/parties to investigate the veracity of claim.</li> <li>○ Manage the expectations of all parties, ensuring clear communication regarding the process for investigation, and potential actions in response to the findings.</li> <li>○ Respond to the findings of the investigation in accordance with the practice Code of Conduct.</li> <li>○ Provide and facilitate access to educational resources regarding bullying for practice associates.</li> <li>○ Provide and facilitate access to wellbeing supports as required (e.g., the use of an Employee Assistance Program)</li> <li>○ Take reasonable steps to ensure that if parties are required to work together that neither experiences difficulties at work as a result of any claim and subsequent process.</li> </ul>

## Case study

Initial problem creating ethical concern	Clarifying the ethical considerations	Exploring possible strategies and solutions
<p>A daughter was appointed as a power of attorney for her mother who suffered from dementia.</p> <p>Two other daughters came to speak to the Doctor concerned that the first daughter was not fit to have hold the power of attorney.</p> <p>They were wanting to access the mother's funds and her daughter would refuse access as the costs were not related to the mother's expenses.</p> <p>The daughter holding the power of attorney was not a regular patient of the practice, although the two daughters and their mother were long-term patients of the Doctor.</p>	<ul style="list-style-type: none"> <li>○ The Doctor had to decide where her alliance was regarding this request by the other two daughters. She had to process the principles of confidentiality and privacy while at the same time wishing to assist her patients, touching on principles of care and empathic understanding.</li> <li>○ The principles of justice also require consideration, as the mother could not make autonomous decisions. What is fair treatment for the mother in this context must be determined.</li> </ul>	<ul style="list-style-type: none"> <li>○ While the doctor might feel a great deal of sympathy and concern for her patients, any attempts to "do good" might cause ethical and legal complications and managed accordingly.</li> <li>○ Recognising and honouring the complex boundaries between the doctor, the patients, and the third sister is critical to the doctor being able to resolve this ethical dilemma effectively.</li> <li>○ The outcome was that as legally the GP could not provide any assistance regarding her patients' wish to access their mother's funds, she informed the others of the limits of her professional responsibilities. The mother had granted power of attorney to the third daughter and that decision must be honoured. She suggested that the two patient/daughters could consider starting a discussion with their solicitor.</li> </ul>

## Case study

Initial problem creating ethical concern	Clarifying the ethical considerations	Exploring possible strategies and solutions
<p>A long term elderly patient asks the Practice Manager to help them lodge a complaint about one of the doctors, who the patient claims has been rude to them.</p>	<ul style="list-style-type: none"> <li>○ Principles of care and empathic understanding are raised in this case. The patient will benefit from support while they explain their concerns.</li> <li>○ Both the patient and the doctor are entitled to be treated fairly and impartially in regard to this dilemma. Even if the patient has proved to be difficult in the past, or if other patients have raised concerns, the matter cannot be prejudged in any way.</li> </ul>	<ul style="list-style-type: none"> <li>○ Providing the patient with the opportunity to explain her concerns and listening non-judgmentally might allow the Practice Manager to defuse the conflict and reassure the patient.</li> <li>○ Documenting the specifics of the issues involved might provide clarity and options for resolving the patient's concerns effectively without pursuing a formal complaint.</li> <li>○ Hearing the doctor's side of the story might also shed valuable light on the matters at hand and assist the Practice Manager in any attempts to reconcile the differing perspectives.</li> </ul>

## Case study

Initial problem creating ethical concern	Clarifying the ethical considerations	Exploring possible strategies and solutions
<p>An elderly patient has contacted the practice, asking for a driving medical. A member of the family later contacts the practice to say the patient is "unfit to drive and the doctor needs to know that fact when assessing the relative."</p>	<ul style="list-style-type: none"> <li>○ The patient is entitled to be treated fairly and impartially, as the principles of justice would indicate. Providing the patient with the benefit of presumed capacity to drive, unless the evidence proves otherwise, is an essential aspect of this process.</li> <li>○ The relative might have details regarding the patient's driving history and any documentary evidence, such as facts of a recent accident, might be invaluable. The relative must therefore not be dismissed out of hand but given a chance to contribute to the process.</li> <li>○ To ensure impartiality, the doctor has to assess the case on its merits and not be biased by the relative's opinions.</li> </ul>	<ul style="list-style-type: none"> <li>○ The relative could be invited to submit any documentary evidence that might assist the doctor in her assessment of the patient.</li> <li>○ The patient can be supported through the medical assessment process, to minimise any stress and the subsequent impact that might have on performance.</li> <li>○ If the doctor has a long-standing relationship with the patient, there might be an unintentional bias towards assessing the patient favourably. Informing the doctor of the call from the relative and providing any documentation that the relative is able to provide can perhaps help ensure that the doctor is able to evaluate the patient's performance more impartially.</li> <li>○ The patient might react negatively to losing his licence and grieve the loss of independence. Appropriate referrals to support services might be an option worth exploring with the patient once the assessment is completed.</li> </ul>

## Case study

Initial problem creating ethical concern	Clarifying the ethical considerations	Exploring possible strategies and solutions
<p>One patient has offered a gift of more than minor value to staff at the practice.</p> <p>Initially, the patient gave a small bunch of flowers to the reception to thank them for being so helpful with changing the patient's appointment times.</p> <p>Over time, this gesture grew to bouquets of flowers for the reception desk and a box of chocolates to be shared by the staff members.</p> <p>This time, the patient has suggested buying a few bottles of champagne for the annual break-up lunch.</p>	<ul style="list-style-type: none"> <li>○ It might be helpful to establish the patient's motivation for donating presents in this manner. Principles of care and empathic understanding come into focus here. A respectful, supportive conversation can help the Practice Manager understand the patient's point of view more comprehensively.</li> <li>○ Concerns regarding conflicts of interest for staff members are worth considering. While small gifts may seem harmless and a refusal might offend the patient, the Practice Manager has to be conscious of the 'slippery slope' that can arise from accepting gifts that cross the line and lead to boundary violations. The integrity of the Practice Manager could then come into question.</li> <li>○ The wellbeing of the patient is an aspect to consider in this dilemma. Feeling obliged to keep giving better gifts could cause emotional or financial concerns.</li> </ul>	<ul style="list-style-type: none"> <li>○ Conducting a respectful and supportive conversation with the patient might assist the Practice Manager in understanding the patient's motivation and understanding of the issues involved.</li> <li>○ Clear boundary setting and explicit statements regarding the acceptability of presents and gifts could help the patient understand why gift-giving in this context might not be as beneficial as perhaps intended. While the patient might be well-meaning, it is important to distinguish between doing good for others and such gestures having adverse consequences even if unintended.</li> <li>○ Explaining the legal and ethical constraints that the practice would face if this gift was accepted. If done in a way that does not embarrass or shame the patient, it might open up opportunities for exploring other ways in which the patient can express gratitude to the staff without compromising their ethical and legal standards.</li> </ul>



## Case study

Initial problem creating ethical concern	Clarifying the ethical considerations	Exploring possible strategies and solutions
<p>An elderly doctor who has been a member of the practice for many years has been reported by several patients to be out of date and appearing senile during some consultations, forgetting details, and losing track of the conversation.</p> <p>The doctor has needed to retire for several years now but there is a shortage of doctors in this particular region of rural Australia.</p>	<ul style="list-style-type: none"> <li>○ The primary ethical consideration in this scenario would be to ensure that no harms occur to patients. The risk of harm is unknown at present, although there is circumstantial evidence suggesting the doctor is creating a hazardous situation.</li> <li>○ There is also risk of harm to the community, as the shortage of appropriate healthcare might be exacerbated if the doctor is prematurely prevented from practising.</li> <li>○ The wellbeing of the doctor and of patients happy with their care are factors that need to be considered. Principles of care and empathic understanding can be invoked.</li> </ul>	<ul style="list-style-type: none"> <li>○ A timely conversation with the doctor raising the concerns voiced by the patients in question and addressing the doctors' capacity to practise at this time, could be initiated by the Practice Manager.</li> <li>○ All or none solution might not be called for at this point. It might be appropriate, for example, to negotiate with the doctor about voluntarily adopting restrictions on limits to practice. The doctor might then find a valuable niche role within the practice that does not overly deplete its professional resources.</li> <li>○ Organising, with the doctor's cooperation, a comprehensive assessment of the doctor's current capabilities would offer reassurance to the practice members that the doctor is not placing patients at risk. On the other hand, it can potentially open discussions for a more formal investigative process to commence.</li> </ul>

## Case study

Initial problem creating ethical concern	Clarifying the ethical considerations	Exploring possible strategies and solutions
<p>A doctor is refusing to see a patient who is an adult sex worker and there are no other suitable referrals that can be made for the patient.</p>	<ul style="list-style-type: none"> <li>○ It is possible that the doctor is refusing to see the patient because of their own moral concerns. Understanding the doctor's point of view would benefit suitable management of this conflict, suggesting that Principles of care and empathic understanding are involved.</li> <li>○ There might be other reasons why the doctor is refusing to treat the patient, and this possibility can be fruitfully explored in a frank and open discussion with the doctor. Principles of Justice and fairness also apply to the doctor, and need to be considered.</li> <li>○ Ultimately, the patient has a right to be treated fairly, without moral judgement on the part of health care workers. This consideration has to be borne in mind throughout the process, as matters of justice and fairness for the patient do come into the equation.</li> <li>○ There is also the aspect of health and wellbeing of the community. Failing to treat this patient might potentially lead to increased prevalence of sexually transmitted infections in the community. Thus, questions of justice and fairness for others are also raised by the facts of this case.</li> </ul>	<ul style="list-style-type: none"> <li>○ Initiating a conversation with the doctor to establish more clearly the basis for their refusal to see this patient would be valuable. If the refusal is based on moral grounds such as religious values, then the process might involve inviting the doctor to consider the implications of their position on treatment options for these patients.</li> <li>○ It might also be possible to explore other issues that could be affecting the doctor's decision. For example, it might be worth considering the possibility that unconscious biases, e.g. based on gender, are at play here.</li> <li>○ The doctor's wellbeing also needs to be considered in any such conversations. They might be deeply distressed by having to confront difficult decisions of this sort, and appropriate support and understanding would be appropriate in such circumstances.</li> <li>○ There is opportunity for creative problem-solving here and the answer might not be a single yes or no decision. For example, a solution might be as straightforward as a referral to another doctor in the practice who is prepared to take on the patient's care.</li> <li>○ It would be important not to neglect the patient in a scenario such as this. Depending on how the initial refusal was communicated to the patient, if it has been, they might be feeling shamed by the decision, or desperate to seek essential health treatment. If the patient is aware of the doctor's initial position on providing treatment to them, an interview with the patient might help with short-term problem solving to ensure the health and wellbeing of the patient.</li> </ul>