

You said what? Appropriate conversations in osteopathy.



Complaints of wrongdoing against osteopaths isn't always about the treatment provided or the clinical outcome. Guild Insurance sees numerous cases annually which relate to the professional behaviour and conduct of an osteopath. This sort of complaint may initially seem less serious than those relating to poor clinical outcomes, however, having your professional conduct questioned and issues raised about inappropriate behaviour towards patients can be incredibly distressing.

Some of these professional conduct complaints relate to conversations, both during and outside of the consultation. Once investigated, it's usually found that the osteopath in no way intended to breach any professional boundaries or make the patient feel uncomfortable. However this is what's occurred. The information below has been created to assist osteopaths understand what they should be doing and saying differently to avoid facing a complaint similar to the following examples.

Examples of inappropriate conversations

- > A patient complained to Ahpra alleging the osteopath made her feel uncomfortable by asking questions about her moving in with her partner. The osteopath claimed it was only intended to be a friendly chat during treatment,

however the patient felt judged when the osteopath made a comment about her living with her partner while not married.

- > A patient complained of feeling uncomfortable as the osteopath lowered the patient's pants during treatment without consent. Following investigation, it was found the treatment provided and lowering the patient's pants was, in this instance, clinically justified. However, distracted by a chat they were having about weekend activities, the osteopath forgot to continually talk to the patient about treatment and didn't seek the patient's informed consent before moving clothing.
- > A patient told her osteopath of neck and shoulder pain she was experiencing and commented that she felt it may be linked to her having large breasts. The patient complained of feeling embarrassed and mocked during the consultation as the osteopath made joking references to her 'big boobs' while treating.

Tips about professional conversations

- > **Don't become too friendly with your patients.** While it's clinically beneficial to build a rapport with patients, a professional boundary needs to be maintained. And this boundary means there are conversations you would have with a friend or family member which

you shouldn't have with a patient. Conversations should be had in a professional manner so avoid becoming too casual, relaxed or jokey when talking to patients. Often comments made in light humour, or to build rapport, can lead to difficult situations and potentially embarrassing accusations or reputation damaging conditions on your registration. What may be funny to you may not be to someone else. The relationship with a patient should always remain a professional one; keeping in mind the patient is paying for a healthcare consultation not a social chit-chat.

- > **Limit non-professional or non-treatment related conversations.** These types of conversations can easily complicate and confuse a professional situation. When a practitioner asks personal questions of their patient, this is most likely intended to just be a friendly chat. However patients often report being confused and uncomfortable and don't understand why they're being asked questions not related to treatment. While some conversations may be fine, such as asking how a person's weekend was, things can easily change when more questions are asked, such as about the partner they spent the weekend with.

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- > **Explain to patients why questions are being asked.** If you do need to ask some personal or lifestyle questions to assist with history taking or to better understand an injury or pain, be careful to explain why you are asking, particularly around partners, sexual activity or 'sensitive' body parts.
- > **Don't forget to keep talking about treatment.** When non-treatment related discussions are had, this detracts from time which should be spent discussing treatment. The discussion about treatment shouldn't just be had at the beginning of the consultation, it's an ongoing conversation throughout. Not only can chats about something other than treatment make a patient feel uncomfortable, it may also mean the

patient isn't fully informed about their treatment.

- > **Consider the situation of the patient during a conversation.** During treatment, patients are often sitting or lying in positions which may make them feel vulnerable or exposed, particularly if they aren't fully clothed. Personal conversations had during this time are likely to compound the uncomfortable feeling. It doesn't mean to say that when the patient is fully clothed sitting at your desk it will be ok to ask about a personal relationship. However keep in mind a patient could easily misinterpret the intentions behind your questions or conversation if they're already feeling uneasy.

- > **Consider the method of communication.** SMS, email and other forms of electronic communication encourage brief messages and don't often adequately convey the full intent or tone of the message. Therefore, if communicating in this way, practitioners need to be mindful that patients may easily misinterpret the message and make assumptions. Also, don't forget that electronic communication, as with all communication with a patient, needs to form part of the clinical record for that patient.



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