PRESS RELEASE

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"HEARTSINK" PATIENTS COULD POSE MEDICO-LEGAL RISKS, WARNS MDDUS

"Heartsink" patients could pose serious medico-legal risks, according to new research unveiled today (Thursday, 6 August) by the Medical and Dental Defence Union of Scotland (MDDUS).

Heartsinks – a derogatory and regrettable but widespread term – tend regularly to self-refer without clinical problems. This may encourage GPs to "switch off", risking medico-legal fallout, warns MDDUS risk adviser and head of training and consultancy Liz Price.

There is evidence to suggest that heartsink patients who become genuinely ill may be neglected or treated inappropriately because of their history, says Ms Price, whose research among GPs is highlighted in today's edition of the UK-wide MDDUS eMonthly newsletter.

Sixteen GPs contributed (anonymously) their thoughts and feelings about such patients to the research. "Kate" warned: *"You shouldn't really have a comfort zone for heartsink patients because heartsink patients can get very ill and that is the danger…"* However, all 16 GPs felt strongly that the extra attention they focused on heartsinks effectively moderated risk.

The term *heartsink patient* is now regrettably part of the day-to-day vocabulary of general practice. Heartsinks are a group of patients with whom GPs have repetitive, difficult, extended encounters and to whom they, over time, develop strong negative reactions.

Consultations are perceived as being more frequent, longer and more difficult to manage. However, heartsinks seem peculiar to general practice: they can freely engage, as regularly as they feel necessary, with a GP, points out Ms Price.

In her research, Ms Price explored the emotional experience of GPs with regard to heartsinks, and the strategies they use to manage their emotions in dealing with them.

Heartsink patients, by definition, attend with social problems rather than specific clinical complaints, or have mental illnesses. As a result, a GP acts as a counsellor to them or emotional crutch, rather than a clinician. Participants in the research reported feeling anxiety and futility before encounters, and inadequacy, frustration or anger afterwards.

"Doctors identify their primary motivations for practising medicine as satisfaction derived from solving medical problems, a sense of closure, and the desire to help people," says Ms Price.

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"With heartsinks, they are being asked to act as *toxin handlers*[1] – helping others to transform toxic emotions positively, through counselling techniques. When GPs are asked to take on this non-clinical role, untrained, they may feel that what they offer is worthless and ineffective."

The emotional toll involved can lead to burnout, ill health, job stress and reduced well-being. Additionally, heartsinks may draw resources away from other patients, if only in terms of time. Other patients may also get worse care because of the GP's experience with the heartsink.

Certain GPs in partnerships may be *heartsink attractors* with more heartsink patients than their colleagues: these GPs often routinely run over surgery time. Heartsink patients regularly come back again and again to these GPs, who feel as though they will never "cure" them.

Ms Price points out that there is evidence to suggest, though, that some GPs adapt to heartsinks over time. Five of the 16 participants in her research described how they had matured in their emotional experience of and response to heartsinks over their career.

Strategies to deal with heartsinks varied. Some described trying to feel sympathy for the patient. Others tried to discipline themselves to focus on heartsink patients by, for instance, remembering similar patients who had become seriously ill. Others tried to detach, or resign, themselves. As "Mary" put it: *"I just accept there is nothing I can do…"*

Ms Price concludes: "Participants in this study consistently depicted these encounters as difficult due to the fact that they are required to fulfil a predominantly non-clinical rather than clinical role that supports heartsink patients' psychological, social and spiritual needs.

"This characteristic of general practice should be acknowledged by the profession and GPs' support bodies, who should recognise the emotional demands involved and the potential effects on patients and GPs themselves."

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For further information contact Mike Hutchinson on 020 7624 6257 or 07760 155216.

Note to editors

MDDUS is a medical defence organisation providing access to professional indemnity and expert medicolegal advice for doctors, dentists and other healthcare professionals throughout the UK. For further information on MDDUS go to www.mddus.com.

[1] Frost, P.J. (2003) Toxic Emotions at Work. Harvard Business School Press