Tips of the Trade - Risk Management Tips For the Practice of Psychiatry

Written by PRMS

In these litigious times, the practice of psychiatry can be scary and problematic. Let's be realistic, anyone can sue anybody anytime. The key is that the plaintiff has the burden of proving the case. That, of course, is of little consolation to the practitioner (and insurer) with the obligation of defending the case. The more defensible the case is, the harder it is for the plaintiff to prove the case. The following are tips to making a potential lawsuit more defensible!

- 1. **Never** alter a patient record.
- 2. **Document** patient interactions objectively.
- 3. **Document** the rationale for each time you institute, modify, alter (change), or discontinue the course of treatment (especially with medications).
- 4. **Be wary** of treating patients by telephone without a follow-up office visit as soon as possible. (Conversely, do not prescribe lengthy prescriptions without a patient office visit).
- 5. *Always* lock up prescription pads.
- 6. **Follow-up and document** after missed patient appointments, especially lengthy absences. Without the proper closure for terminating the physician-patient relationship, the physician is at risk for any intervening events the patient might experience, including suicide. Also, if the patient calls after several months requesting additional medications, the physician has better clarity on the boundaries of the relationship and the obligations owed to the patient.
- 7. **Never** cross boundary lines with patients, regardless of gender. This includes, but is not limited to, business relationships, social relationships, and sexual encounters.
- 8. **Listen** to what your patients are telling you, a good (caring) bedside manner is still the best defense to being sued.

At some point in your career, you will encounter patients who are adept at manipulating the threat of litigation as one more aspect of their illness. Following these guidelines will help you sleep better at night.

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