

Relationship with former patient and what constitutes ongoing medical care

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General practitioner ~ Relationship with former patient ~ Ethical standards ~ Standard of care ~ Ongoing involvement in patient care ~ Rights 4(1), 4(2)

A woman had been registered with a GP for 27 years, but had seldom consulted him. After a series of consultations, the GP and the woman began to see one another socially. Upon the suggestion of intimacy, the GP transferred the woman's records and care to another GP. The couple married but the marriage was of short duration. Upon break-up of the marriage, the woman complained that the GP had not treated her appropriately while she was under his care, and that after the professional relationship was formally terminated the GP continued to treat her. She questioned the ethics of the GP entering into a sexual relationship with her and effectively continuing to treat her after their relationship had started.

The woman had presented with severe migraines accompanied by a fluttering pulse, breathlessness and chest pain. She also had a heart murmur and "buzzing in the head", suggestive of aortic stenosis, a serious condition requiring urgent attention. In spite of this, the GP chose to refer the woman to a neurologist to address the issue of the migraines, which was the woman's main concern, rather than make cardiac referral the priority. The neurologist considered the stenosis so severe that he referred the woman to the cardiology clinic at the public hospital for urgent consultation. The cardiologist reported severe valve disease and recommended urgent valve replacement, which was carried out in a private hospital.

The Commissioner accepted the GP's explanation that bronchial symptoms complicated the diagnosis, and that chest X-rays and referral to the neurologist, mentioning the systolic murmur, were part of an ongoing exploration of the condition. However, patients should not be allowed to set priorities in treatment; patients rely on their GP to be alert to serious problems and their consequences and to prioritise treatments accordingly.

The GP was found to have continued to treat the woman over the course of their relationship and marriage, thereby breaching professional and ethical standards (Right 4(2)). Although the GP had handed over the woman's medical records to another doctor as soon as the prospect of a relationship arose, and the woman did not need to consult a GP in the following six or seven months, over that time the GP had continued to prescribe and monitor heart medication for the patient. The GP's emotional involvement with the woman could potentially have clouded his professional judgement and, moreover, the power imbalance and degree of influence inherent in a long-term doctor-patient relationship made it unwise for the GP to commence an intimate relationship so soon after terminating the professional relationship.