

# When care becomes a complaint:

## A general practitioner's perspective

**IN THE WORLD OF MEDICINE**, the doctor–patient relationship is a bond underpinned by trust, compassion and shared decision making. Yet, even when a clinician acts with integrity and competence, that trust can collapse – leaving behind not only a disillusioned patient but also a practitioner grappling with the unexpected emotional fallout of a complaint.

In 2016, I treated a socially vulnerable man in his mid-50s, Mr W, who had a complex background. He presented initially because of dissatisfaction with his previous care and concerns about a presumed cryptococcal lung infection. He lived in a men's boarding house, received the disability support pension and carried a personal history marked by trauma: the deaths of two siblings, a divorce and past psychiatric admissions. He had a history of depression and health anxiety, and described prior episodes of hallucinations and psychosis. His mental health was fragile, yet he was deeply distrustful of the system meant to support him.

Across several visits, I attempted to provide care that was evidence-based and person-centred. I drafted letters to assist with housing, arranged referrals, biopsied a skin lesion and addressed his request for a mental health care plan. Despite this, a complaint was lodged through the Office of the Health Ombudsman just before Christmas. Weeks later, I was notified by the Australian Health Practitioner Regulation Agency (AHPRA) and began the lengthy process of responding.

Mr W's complaint was not an isolated incident. He had made similar allegations against allied health staff and hospital specialists. His records reflected a pattern of disengagement and dissatisfaction. Within days of ending his care at my practice, he repeated the same behaviours at another, and within 10 days, was discharged for hostility towards staff. Eventually, his online behaviour prompted a formal psychiatric referral.

The complaint came as a surprise. I felt I had done my best for a complex, high-needs patient. Yet, suddenly, I was at the centre of a professional investigation. Although I trusted in my documentation and ethical practice, the experience was nonetheless unsettling. The potential impact on one's career, mental health and sense of professional identity cannot be overstated. As literature increasingly shows, the emotional toll of such complaints can be severe. One study reported doctors facing complaints were 3.78-fold more likely to experience suicidal thoughts and had a higher risk of anxiety and depression.<sup>1</sup> Another recent report found that between 2018 and 2021, 16 healthcare practitioners under regulatory investigation died by suicide, with four additional attempted suicides or self-harm among approximately 37,000 notifications.<sup>2</sup>

We often talk about adverse events affecting patients, but rarely do we speak about their impact on clinicians. The concept of the

'second victim' acknowledges the emotional burden borne by healthcare practitioners when things go wrong or are perceived to have gone wrong. In Mr W's case, I was not found to be at fault. AHPRA concluded the investigation without action. Still, the process exposed how little control we have when complaints arise from complex interpersonal dynamics or unwell individuals.

Mr W's fragmented care journey, mistrust of clinicians and untreated mental illness led to escalating distress. Without the opportunity to build a therapeutic alliance, our relationship collapsed. I became another figure in a long line of healthcare practitioners he felt had failed him. His story is one of systemic gaps, unmet needs and the limitations of what one general practitioner (GP) can do. Mine is one of frustration, empathy and, ultimately, relief that the system acknowledged my care as appropriate.

The complaints process needs to protect patients, but it must also acknowledge the mental health toll on healthcare practitioners. Transparency, support and fairness are critical. Equally as important is education for medical students, registrars, and practising GPs who are learning how to navigate the emotional terrain of complaints; this should be core curriculum.

In the end, the real question is not whether complaints should exist – they must – but how we ensure that in seeking justice for one, we do not cause undue harm to another. Because behind every complaint usually lies a healthcare practitioner who once sat in a room with a patient, trying to help.

In a time where burnout and mental health struggles are rising among healthcare workers, it is vital that the complaint system evolves, not only to protect patients but to safeguard the wellbeing of those doing the work of care. Compassion must flow in both directions.

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