

## Patient Follow-Up and Tracking

### 2000. Revised 2002

#### Preamble

Effective communication is essential for the provision of high quality medical care and is the basis for a good working relationship between medical practitioners and their patients.

#### 1. COMMUNICATION BETWEEN MEDICAL PRACTITIONER AND PATIENT

##### Consultations

Practitioners require accurate information from the patient to enable the practitioner to provide appropriate advice and care. Patients can expect to be informed and advised about the:

- nature of the illness and its possible consequences,
- probable cause, and
- available treatments, together with their likely benefits and risks (AMA Code of Ethics (1996), 1.3c).

As part of an effective health partnership, practitioners recognise patient autonomy by respecting each patient's right to:

- choose their doctor freely,
- accept or reject advice, and
- make their own informed decisions about treatment or procedures (AMA Code of Ethics (1996), 1.3b).

Patient autonomy entails responsibility for the consequences of the patient's decision to follow or reject the advice of the practitioner.

##### Referrals

Practitioners referring patients for consultations or diagnostic investigation should clearly inform the patient of the reasons why the referral is recommended and the potential consequences of not proceeding. Practitioners should also make reasonable inquiries to ascertain that it is feasible for the patient to attend the recommended referral.

##### Follow-up

Practitioners may request patients to return for a consultation which may involve further examination, diagnosis or treatment. Practitioners should clearly inform the patient why the follow-up consultation is recommended and the potential consequences of not proceeding.

Follow-up arrangements, such as the means of contact between the practitioner and patient, should be clarified during the consultation at which follow-up is recommended. (In appropriate cases follow-up consultations need not be in person). Recommendations and agreed arrangements for follow-up should be documented accurately in the medical record.

As part of the health care partnership, patients who reject their practitioner's advice to return or to contact the practitioner following a referral need to be aware of their responsibility for that decision.

However, if a practitioner is advised of a clinically significant abnormal result or diagnosis, the practitioner has an ethical obligation to make reasonable attempts to ensure the patient becomes informed.

## 2. COMMUNICATION BETWEEN MEDICAL PRACTITIONERS

Practitioners should explain to patients how personal information collected about them will be used and disclosed to others in the treating team and ensure that their's and the patient's expectations are aligned. Subject to compliance with privacy legislation the referring practitioner should make all clinically relevant patient information available to the other clinician. The other clinician should inform the referring practitioner of the results of the referred consultation whether or not the other clinician assumes continuing care of the patient. Unless the appointment is cancelled by a patient the referring practitioner should be informed if the patient fails to keep an arranged appointment.

## 3. RECORD KEEPING

A practitioner should clearly note in the medical record all requests for investigations and referred consultations, results, any agreed follow-up arrangements and any refusal by a patient to attend a referral or follow-up. When known, non-attendance for a booked appointment should be noted.

Refer to :

*AMA Code of Ethics;*

*AMA Position Statement on Medical Records by Doctors Who Are Not Treating the Patients Concerned;*

*AMA Position Statement on Guidelines for Doctors on Providing Patient Access to Medical Records;*  
*and*

*AMA Position Statement on Transfer of Medical Records Between Treating Doctors.*