

Case 6 – Mr Jason A.

Mr Jason A. is a 29 year old man with moderately severe asthma. He works in a pub, and smokes 10-15 cigarettes a day. He takes regular inhaled steroids and bronchodilators, but usually requires a short course of oral steroids for exacerbations of his asthma several times a year. His GP finds it very frustrating to see Mr A. and he cannot understand why he will not give up smoking.

Best Practice Response

- The Medical Board’s Code of Conduct (1) states that good medical practice involves:
 - Recognising and respecting patients’ rights to make their own decisions (2.1.5).
 - Encouraging patients to take interest in, and responsibility for, the management of their health, and supporting them in this (2.2.11)
 - Ensuring that your personal views do not adversely affect the care of your patient (2.2.12)
 - Not prejudicing your patient’s care because you believe that a patient’s behaviour has contributed to their condition (2.4.2)
 - Encouraging and supporting patients to be well informed about their health and to use this information wisely when they are making decisions (3.2.5)
- The AMA’s Code of Ethics (2) includes “Respect the patient’s right to make their own health care decisions”.
- You have a duty to provide care to Mr A, you cannot discriminate against him on the basis of his addiction. However, if Mr A becomes hostile to your suggestions you could consider asking him to transfer his care to a different GP on the basis that there has been a loss of trust in the doctor-patient relationship (3).

(1) Medical Board of Australia. *Good medical practice: a code of conduct for doctors in Australia*

(2) Australian Medical Association. *AMA Code of ethics 2004. Editorially revised 2006. Revised 2016*. Pdf available at <https://ama.com.au/position-statement/code-ethics-2004-editorially-revised-2006-revised-2016>

Bird S. *Ending the doctor-patient relationship*. Defence Update. 2015; Winter: 12-13.
<https://defenceupdate.mdanational.com.au/Articles/end-dr-patient-relationship>

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