Supersession - Superfluous for Super-docs?

"What you see here tonight is the general feeling amongst all the GP's in our region, we had enough of specialists stealing our patients." These are the words of a senior GP colleague during a recent CPD workshop of the Academy's Seapoint group. The topic of the discussion was "Supersession".

Another colleague opened the meeting with a story about his patient whom he found dead in her home after an urgent call from the physician who looked after her in the ICU during a recent hospital stay. Needless to say the GP knew nothing about the initial consultation with the specialist, the referral to the surgeon, the operation, the complications that developed, the stay in ICU or the fated discharge home. Could this story have ended differently for this patient had her family doctor been kept informed right from the beginning?

There were many similar stories told during that meeting, and emotions ran high. There were calls for the Health Professions Council to do something about this "Supersession" and calls for blacklisting certain specialists. Yet, we all have heard similar stories before, and experienced our patients consulting with specialists without our knowledge. Sometimes our patients simply disappear only to re-appear months or even years later; often cured, sometimes worse-off or even maimed, but always financially poorer. And yet we do nothing.

In certain metropolitan areas there seems to be an increase in the practice of specialists, (especially the newly qualified – a new breed of super-docs), seeing patients "off the street", very frequently simply taking over a case from the unsuspecting family doctor. These patients are very seldom referred back to the GP and are very often referred further on the medical conveyor belt until they end up under the sharp lights of the operating theatre – sometimes ending up like the patient in our story. In this process thousands of Rands in special investigations can be wasted, because very often-similar tests were performed in the past by the family doctor or by her/his colleagues whom s/he consulted on the case. Needless to say it all ends up as an enormous waste of time and money, and sometimes this lack of communication can cost the patient her/his life.

So why is the HPCSA not doing anything about this? First of all there needs to be an "act or omission in respect of which the Council may take disciplinary steps." Secondly, there has to be a written complaint against a practitioner for transgressing a rule of Council.

Rule 9 (Supersession) reads: "*A practitioner may not supersede or take over a patient from another practitioner in a case where s/he should be aware that a patient is under treatment by another practitioner, without taking reasonable steps to inform the practitioner who was originally in charge of the case*"; and Rule 10 (Impeding a patient): "*A practitioner may not impede a patient, or someone acting on behalf of the patient, from obtaining the opinion of another practitioner or from being treated by another practitioner.*"

It is clear from the above that: (a) there is nothing to prevent patients from consulting whichever practitioner they want to, which seems to be in line with our new constitution; (b) it is a very simple matter for a specialist to ask the patient to inform her previous doctor about the taking over of the case (that would be reasonable in anybody's books). The patient will of course very seldom adhere to such a promise for obvious reasons; (c) very rarely would an aggrieved GP lay a complaint against an offending specialist, for the simple reason that it will be extremely difficult to prove that the specialist did not take "reasonable steps" to inform the GP.

Do we still need this rule about Supersession? I believe very strongly that we should not make any professional rules that cannot be enforced. To my mind Rule 9 must rather go because it makes transgressors of a very large proportion of practitioners, GP's and specialists alike.

The answer to the dilemma may perhaps be found in a properly functioning health system. In the private sector specialists practicing as GP's should only receive GP fees for GP services (PAP smears, paediatricians seeing children with common colds, etc). The Board of Healthcare Funders (BHF) should in the interest of their members attend to this problem as a matter of urgency, as it may save medical schemes millions of Rands. There may also be a good case for refusal of payment of services rendered by a specialist (or a GP) without a proper referral, as proper referrals will in many instances prevent unnecessary duplication of expensive special investigations.

Maybe the time has come for organised General/Family Practice to take the South African Medical Association (still largely dominated by the specialities) to task about this matter and negotiate with the BHF to stop this wastage of resources. The growing number of medical specialities is sucking the funding system dry with the patient very often an ill informed or an entitlement-seeking partner in the process – to the demise of the health care system and the economy of our country. Something needs to be done!

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