Dr Peter Dodwell
Specialist in Occupational
& Aviation Medicine
NZMC 07183
MBChB, FAFOEM(RACP,
MFOM(RCP), DipComHealth,
DIH, DAvMed(RCP)

Dodwell & Associates

Informed Consent and Occupational Medicine

Reading this sheet before an appointment could save time and avoid misunderstandings.

Before I see patients for Specialist Review (requested by the patient, or their employer, or an insurer, or a risk management organisation under the Accident Insurance Act 1998) there are four important matters which need to be explained. This sheet provides the patient and referrer with a record of this explanation.

1. **Independence**: If they are being referred by an insurer or ACC, the most common concern of patients before they see me is what kind of doctor are they going to be seeing. Is he part of some "*clobbering machine*"? Will he be following some sort of "*party line*"? I wish to emphasise that I am self-employed and independent. It is my view that the only way to do this sort of work properly is by maintaining complete independence. It is no different from appearing in court as an expert witness: the task involves examining the evidence available, ensuring for myself that this is sufficiently complete and that relevant material has not been withheld, then applying a scientific approach and deciding independently where the problem has come from, and where it is going.

   I will not accept words being put into my mouth, or information being censored. A free and frank release of information to me is essential, so that I can determine for myself what information is relevant. Nevertheless, I will respect a patient's privacy, and will be happy to identify during the interview particular personal information (revealed to me, but which turns out not to be relevant to their claim) which I will undertake to withhold from my report. I will *not* withhold from my report personal information *which I consider relevant* to the claim. My role as an independent is to ensure a fair outcome for all parties concerned in the claim.

2. **Occupational Medicine**: Patients are often puzzled when referred to an ***occupational physician***, wondering what this means. I was first recognised by the Medical Council as a specialist in this field in 1986. Unlike specialties such as neurology and orthopaedics, occupational medicine does not confine itself to a particular body part or body system. Like general physicians, occupational physicians will look wherever the problem appears to be. We are also holistic, in the sense that we try never to forget that the patient is a complete person (rather than a collection of damaged parts). We also consider the patient's *environment*. With a name like "*occupational medicine*", this has got to mean that our main focus is on the work environment.

   Being independent does not mean ignoring what other practitioners have found: I consider myself part of a team, and it is essential that I see relevant reports about the management of the problem so far. Independence just means that I keep an open mind and do not allow these reports to bias me.

3. **The Letter of Referral**: When I see a patient it is important for me already to have *received a specific referral letter in advance*. Several things that must be in this letter are as follows.

   I need to know the nature of the claim and the date from which it began.

   ACC referrals: If multiple claims exist under the AI Act, then it is relevant for me to be told of these, and it needs to be clear which of these I am being asked to consider [*This includes advising me whether there is a currently-active Sensitive Claim. While*

the details of this will not be required unless I am being asked to assist with it, it is important for me to be aware of its existence.]

I need a clear *list of questions* for which the referrer requires answers. I will discuss this list with the patient at the appointment, so if the list is long it will save time for the patient to have seen a copy in advance. These questions are the reason for the appointment.

4. **The Consent Form & the Privacy Act**: I always discuss the consent form with the patient. This form, and the Privacy Act, are the main reasons for this information sheet. It is important to ensure that the patient and I understand each other in terms of *what I will and will not do with the patient's personal medical information.*

   Unfortunately, *consent forms sometimes vary* (from one company to another) in important ways, and *sometimes patients will attempt to modify the form by writing additional comments.* These irregularities can cause important difficulties, particularly if they appear to limit or censor my access to medical information, thus interfering with my ability to form independent conclusions. When a consent form is coming to me which may be completely different from ones previously seen *it is essential that I am forewarned well before the appointment.*

   Collection of information -- It is essential for the referrer to *attach a signed and valid consent form to any personal medical information sent to me prior to the appointment.* I cannot accept delivery of information for which consent does not appear to exist.

   The consent is also about ***release*** of information, such as my sending my report to the referrer. *I always send this report to the person who signed the referral letter* (the "*referrer*"), and I do not send copies more widely (unless a special agreement between patient and referrer exists). This means that I do not send copies to employers (unless an employer happens to be the referrer, in which case special circumstances apply which I will discuss with the patient). I normally leave the patient and referrer to decide what information should go to an employer.

   Finally, patients commonly ask me whether the above restrictions will prevent *them and their usual GP obtaining a copy of my report.* That is not a problem, and I accept this as the right of the patient (who is one of the two co-owners of the report). However, I do not normally send reports directly to them. As a courtesy to the principle "owner" of the report, I leave it to the referrer to provide these copies. This is generally accepted as standard practice and should cause no problems, but details should be discussed with the referrer. If any problems arise, such as delays, the patient is welcome to inform me so that I can help resolve these.

Dr Peter Dodwell
Occupational Physician