Telephone Communication for Physicians

When carelessly conducted, telephone communications can lead to diagnostic errors and misunderstandings that culminate in medical malpractice claims and lawsuits. Telephone conversations may be inherently deceptive because reliable communication is incomplete without facial expressions and body language to clarify and qualify what the voice is expressing.

Once you offer medical advice on the phone, you can legally become the attending physician of a patient you have never seen. The best way to protect yourself from such potential liability is to practice effective telephone communication:

- Listen very carefully and pursue questions relevant to the medical problem.
- Avoid distractions when speaking with the patient, such as checking e-mail or attending to other duties.
- Obtain as much information as possible about the patient who is calling.
- Prescribe or advise by phone only when you know the patient’s medical history.
- Accept a third party’s description of a medical condition only when you have confidence in the third party’s competence to describe what he or she sees.
- Ask the patient to repeat the instructions back to you to ensure his or her understanding.
- Be especially wary of calls concerning abdominal or chest pain, fever of unknown origin, high fever for more than 48 hours, convulsions, vaginal bleeding, head injury, dyspnea, casts that are too tight, visual alterations, or the onset of labor.
- Be particularly careful that the pharmacist understands all dosages and instructions for drug prescriptions given by phone. Spell out the drug when names are similar, and use individual numbers for dosages, e.g., “five zero” for 50. Include the reason for the use of the drug. Insist that the pharmacist repeat the information to you. Make sure the same is true of hospital nurses taking your orders.
- Be especially careful if you take a call for another doctor. In several instances, covering doctors have been held completely responsible for damages resulting from a telephone misdiagnosis, while the original physician was exonerated.
- Provide your covering physician with a brief status report on your acute patients.
- Prescribe only the amount of patient medication required for the period you are covering another physician. Pain medications and narcotics should be refilled or ordered only in small amounts.
- Document all phone calls to and from patients and keep the medical record updated.
- Provide documentation of your coverage period to the absent physician.
- Be sure to record any hospital telephone conversations with nurses that pertain to a patient in the patient’s hospital medical record.
Follow these telephone loss prevention measures to help you avoid giving inadequate information or experiencing a miscommunication:

- Always see the patient yourself when in doubt.
- Obtain the services of an interpreter if there is a language difficulty.
- Repeat instructions you give on the phone and then ask that they be repeated to you.
- Allow the caller both time and opportunity to ask questions.
- Make prompt referrals and follow up with the referred provider if the patient’s medical problem is outside your specialty.
- Be aware of your surroundings if you are talking with a patient outside of the clinic, such as on a cellphone.
- Speak clearly and enunciate carefully.
- Verify patient compliance through follow-up contact to ensure continuity of care.
- Be especially diligent when the caller is an unknown patient.
- Remember that drowsiness, fatigue, or distraction on the part of either party is a giant step toward miscommunication.
- Document, document, and document again.

Disagreements about what was said are invariably a major problem when cases are tried. It is of prime importance, therefore, to obtain all of the necessary information on the phone. If you still feel there is any area of ambiguity, we strongly advise that you see the patient. An alternative is to have either a physician in the hospital or a licensed staff member check the patient. The critical point is that you must arrive at an accurate and totally reliable appraisal of the patient’s condition either while you are on the phone or within a few minutes thereafter. Use standardized language when at all possible.

The information you received, what you advised, and the orders you gave must be immediately recorded to avoid future discrepancies about what was said. This is especially important when the phone call occurs after office hours or on weekends. During office hours, take steps to resolve the caller’s questions and problems. The patient’s problem should be appropriately addressed and the process should be documented. Office staff should tell the caller when the physician is most likely to return his or her call and follow up to ensure that the caller’s questions and problems were resolved.

**Conclusion**

Effective communication is particularly important on the telephone. Physicians who use telephones carefully will reduce misunderstandings that can lead to legal action.

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