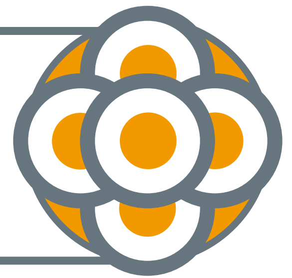
Multidisciplinary Cancer Care in Australia

NATIONAL BREAST AND OVARIAN CANCER CENTRE



Medico-legal implications of multidisciplinary treatment planning meetings

Concern about the medico-legal implications of a team approach to cancer treatment planning has been raised as a potential barrier to the implementation of a multidisciplinary approach to cancer care.[1] The introduction in November 2006 of Medicare Benefits Schedule (MBS) items to reimburse specialists for their attendance at multidisciplinary treatment planning meetings[2] added further impetus to the need for guidance in this area. Anecdotal feedback from healthcare professionals indicated concern that billing a patient for attendance at a multidisciplinary treatment planning meeting could increase the medico-legal risk of healthcare professionals.

National Breast and Ovarian Cancer Centre (NBOCC) has developed a series of recommendations to provide guidance to health services and health professionals about medico-legal aspects of multidisciplinary treatment planning meetings. These recommendations are based on outcomes from an expert workshop and plenary symposium held by the National Breast Cancer Centre (now NBOCC) during 2007 (see Box 1).

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BOX 1:

Development of National Breast and Ovarian Cancer Centre recommendations about medico-legal aspects of multidisciplinary cancer care

In March 2007, NBCC held a workshop of clinical, legal and ethical experts and government and consumer representatives to explore issues relating to medico-legal aspects of a multidisciplinary approach to cancer treatment planning. Issues discussed included patient consent, professional liability for health professionals participating in a multidisciplinary team, documentation of conflicting views and how to incorporate patient views in treatment planning.

Subsequently the NBCC developed a series of recommendations to guide health services.[3,4]

The issues arising from the March 2007 workshop were explored further by an expert panel at a plenary symposium held during the Annual Scientific Meeting of the Clinical Oncological Society of Australia in November 2007.[5] The NBCC recommendations were refined based on the outcomes of this symposium.

Summary reports from both workshops are available from the NBOCC website www.nbocc.org.au

Recommendations about medico-legal aspects of multidisciplinary cancer care

1 *Team role and function*

- The membership of the multidisciplinary team and the purpose of the multidisciplinary meeting should be defined and documented in each clinic or hospital.
- The protocols and criteria used by the multidisciplinary team should be transparent.

Practice points

- Multidisciplinary teams should document core and non-core team membership, the purpose of the team meeting and criteria for which cases will be discussed by the team.
- Multidisciplinary teams should agree a protocol for involvement of non-participatory meeting attendees. It is suggested that whilst pharmaceutical company representatives can address attendees at the beginning or end of the meeting, they should not be present for case discussions.
- The criteria for determining which cases will be discussed by the multidisciplinary team should be agreed and documented. If a case is not discussed at a multidisciplinary team meeting, the reason(s) should be documented in the patient record.

2 *Communication with the patient*

- Informed patient consent should be obtained before a patient's case is discussed by the multidisciplinary team, regardless of whether the patient will be billed by clinicians for the case discussion.
- Informed patient consent should be obtained at an appropriate time and place.
- Patients should understand the purpose and composition of the multidisciplinary team (including non-participatory members), what information will be shared with team members, potential meeting outcomes and who will discuss outcomes with them after the meeting.
- Patients should have the opportunity to identify any information they do not wish to be shared with the team.
- Patient consent can be verbal or written according to local protocols but should be documented in the patient record.
- It is the responsibility of the treating clinician to discuss the meeting outcomes with the patient and to provide adequate counselling regarding the risks and benefits of treatment and possible alternatives.

Practice points

- Information provided to patients should use simple terminology and avoid jargon and patients should have the opportunity to ask questions and consider their options.
  - Develop a generic patient information sheet describing the role and membership of the multidisciplinary team, the types of information that may be shared in the meeting and the importance of both clinicaland psychosocial information inmaking treatment decisions (see Box 2).

3 *Identification of patients during meetings*

- It is unnecessary to de-identify patients during multidisciplinary team discussions.

Practice points

- Members of a multidisciplinary team may declare a conflict of interest and 'opt out' of decision making if the patient is known personally to them.

4 *Availability of adequate information*

- An accurate and comprehensive presentation of the patient's medical history and diagnostic tests should be provided at the multidisciplinary meeting.
- It is the responsibility of the treating clinician to ensure that all relevant and accurate patient information, including the patient medical history, diagnostic results and previous treatment plans are available and presented at the multidisciplinary meeting.
- If an opinion from a discipline considered essential to the treatment of a patient or an additional test result is not available during the meeting, referral outside the team meeting should occur before a treatment plan is recommended.
- Where additional test results are required after a multidisciplinary meeting, it is the responsibility of the treating clinician to inform other team members of the results.

5 *Professional indemnity*

- Health professionals who contribute to a treatment recommendation in a multidisciplinary team meeting share responsibility for that recommendation within their area of expertise, even though individual health professionals may have no personal contact with patients whose cases are discussed.
- Non-participating team members who are present in an observational capacity for a case discussion do not share responsibility for the recommendation.
- Use of MBS item numbers providing reimbursement for attendance at multidisciplinary meetings does not affect a clinician's potential liability.

Practice points

- The core team responsible for decision making should be identified and documented by discipline.
- Attendance at each meeting should be recorded in writing both by discipline and name, including non-participatory attendees.
  - Use a proforma attendance register to record meeting attendance. The register can be circulated for completion during the meeting or completed by a designated member (see Box 2).

6 *Meeting facilitation*

- The meeting chair or lead clinician should provide a summary/overview at the end of each case discussion to confirm consensus or provide an opportunity for final comments to be raised.
- Facilitation of meetings by a team member who is not directly involved in the treatment planning process may encourage inclusion of all relevant views.

7 *Alternative views*

- Team members who have an alternative treatment recommendation to that proposed in a meeting should raise this during the meeting.
- Alternative treatment options should be documented and conveyed to the patient.

Practice points

- The recommended treatment plan should be documented in the patient record. Where more than one option is recommended these options should also be recorded.
  - Use a proforma to document the recommended treatment plan, including alternative options (see Box 2).

8 *Changes to treatment plans after the meeting*

- The final treatment plan agreed to by the patient should be documented in the patient record and communicated to the patient's general practitioner and other relevant treating clinicians, including details of any changes due to patient preference or further results.

Practice point

- The final treatment plan agreed by the patient should be documented in the patient record.
  - Use a proforma to document the final treatment plan (see Box 2).
  - A proforma for communicating the final treatment plan with general practitioners may be useful (see Box 2).

9 *Use of clinical practice guidelines*

- Where a treatment recommendation varies significantly from the best practice guideline, the treating clinician has a duty to discuss this fully with the patient, including the rationale for the variation.

Practice point

- Involvement of all core disciplines relevant to good patient care will help to ensure that all relevant treatment options are considered.

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Recommendations about medico-legal aspects of multidisciplinary cancer care

BOX 2:

Proformas

NBOCC has developed a series of proformas to assist in the implementation of multidisciplinary care. The forms are designed to provide an example of areas to include in tumour specific forms at the local level and are available on our website.

Further information can be found on our website www.nbocc.org.au

References

1 National Breast Cancer Centre. Making multidisciplinary cancer care a reality, a National Breast Cancer Centre forum series: Report and recommendations. National Breast Cancer Centre; Camperdown 2006.

2. National Breast Cancer Centre. Information about the new MBS items for multidisciplinary cancer care. http://www.nbcc.org.au/bestpractice/resources/MDCC_informationaboutthen.pdf (accessed December 2007).

3. National Breast Cancer Centre. Multidisciplinary care – what are the medicolegal implications? Workshop report and recommendations. National Breast Cancer Centre, Camperdown, NSW, 2007.

4. Evans A, Zorbas H, Keaney M, Sidhom M, Goodwin H, Peterson J. Medico-legal implications of a multidisciplinary approach to cancer care: consensus recommendations from a national workshop. Med J Aust. 2008; 188(7): 401-4.

5. National Breast and Ovarian Cancer Centre. Multidisciplinary care: what are the medico-legal implications? National Breast and Ovarian Cancer Centre, Surry Hills, 2008.

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