Referral of a Patient

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Doctors in PHCs, Rural Areas and semi urban areas face problems of treating complicated clinical conditions due to lack of facilities or untrained staff. They need to shift the patient to another doctor or a bigger health facility for better patient management. This is known as "Referral of patient". In medico legal terms "Referral is defined as transferring a patient to a different health care facility for better clinical management of the patient". It does not mean transferring responsibility but rather sharing it.

It is important for the doctor to evaluate shifting a patient in an unbiased and non-prejudiced manner. A failure in referral at the right time can be construed as medical negligence. The moment you think that the case is going to be complicated or difficult to manage in the present set-up, the patient should be shifted to a bigger/better facility to avoid last minute rush to shift the patient.

Understanding "referral process" - the process can be broken down in following steps.

1. Continuous update of the complication to the relative.

Always keep the relative updated of the complication and the course of treatment you are providing to the patient. Always make sure the relatives believe that you are not able to handle the case due to lack of facilities and not due to lack of medical knowledge.

2. Explain need for referral.

Always sit the relative down and explain the need of referral. List down the course of treatment that will be followed by next hospital and how that is beneficial to the patient. While explaining write down the objectives and the pros and cons of referral. After explaining get the paper signed by the relative.

3. Explore Resources for referral

Once the need and the objective of the referral have been established, find out different hospitals where the patient can be shifted. Always give the relative multiple options to refer to and let the relative chose where to shift the patient. Always prefer to refer a hospital with which you have good relations.

4. Start Pre-referral Treatment

Once the place of referral is decided start the treatment which will help the patient reach at the next destination.i.e., if it is an accident case you can provide necessary first aid to the patient before the patient is shifted. The patient should always get best possible treatment before he is shifted.

5. Complete all the documentation

Normally a referral is a complicated case and has a high probability of turning into a medico legal case. Hence it is always necessary to complete all the documentation of the patient before you transfer the patient to the next facility. It is advisable to get the document checked by a colleague. Make the referral note in 2 copies and get the sign of the relative on the duplicate copy. The referral note should have the time and date of referral.

6. Facilitate & co-ordinate referral

Assist the patient in all possible ways for the referral. Call for an ambulance, if possible send an assisting doctor along with the patient. Handover all the necessary documentation and call the referred hospital making them aware of the patients' arrival and the necessary course of treatment that would be needed.

7. Follow-up

As defined before, referral is not transferring responsibility but sharing it. When the patient reaches the next hospital call the hospital and follow up. Assist the doctors with all the information they need and update them about the course of treatment you have given.

Now that the process of referral is clear let us look into a few critical points

- In case of accident, after providing primary treatment the patient should be referred to a higher care center. Providing primary treatment to a patient is the legal duty of a doctor even if you don't take Medico-legal Cases. Do not delay referral of an accident patient.
- Sometimes when a patient is referred to another hospital, the patient does not go directly to the next hospital. He may go someplace else and that may delay the treatment causing harm to the patient.
 To protect yourself from such problems always mention time and date the patient is referred and discharged.

It is seen that doctors are happy to see a patient come but sad to see him go. So it is critical that a referral is a purely a clinical judgment and is not driven by ego or emotional bias. It is always better to transfer and share responsibility of a complicated patient, though it may not always be the best way out.