## **POSITION PAPER**

**ROYAL AUSTRALASIAN COLLEGE OF SURGEONS** 

Subject: Excessive Fees	Ref. No.	FES-PST-036
-------------------------	----------	-------------

### BACKGROUND

There are anecdotal reports of a small number of surgeons charging extremely high fees for surgical procedures. Some of these procedures relate to treatment for advanced malignancy. It has been reported that some patients have been advised to undergo these procedures when other surgeons have advised that the proposed treatment may be unlikely to result in patient benefit.

It has been suggested that some of these patients may have been placed in an invidious position, in that they find out late in a decision making consultation that the recommended procedure will involve very large out of pocket expenses. Patients may feel compelled to accept the procedure and attendant cost in the understandable hope for cure or relief of suffering, and may not be in a position to make a clear, objective decision.

#### PRINCIPLES

- The Royal Australasian College of Surgeons (RACS) supports patient choice in selecting their treating doctor.
- Full informed consent regarding the surgical procedure and likely outcomes form the moral, ethical and professional basis of the doctor patient relationship. This includes informed financial consent for the proposed course of treatment.
- RACS believes that extortionate fees or where they are manifestly excessive and bear little if any relationship to utilisation of skills, time or resources, are exploitative and unethical. As such, they are in breach of the College's Code of Conduct and will be dealt with by the College.
- The RACS Code of Conduct (ref. 8.1) recommends that the surgeon ensures that the fee is reasonable and does not exploit a patient's need. It is a breach of the Code of Conduct to take financial advantage of a patient. RACS is not prescribing fees or mandating any schedule of fees, but is requiring full disclosure and transparency.
- There are published fee structures produced by organisations which propose fair and reasonable fees. During the course of obtaining informed financial consent, it is reasonable that reference be made to suggested fee schedules and an explanation provided by the surgeon as to fee variances if questioned by the patient.
- Discussion of surgical procedures with a patient and their family or friends can be emotionally charged and may involve discussion regarding major peri-operative complications and risk. It is fair and reasonable to recommend to the patient to contemplate the procedure and fees and to offer a further consultation to the patient before listing the patient for surgery. Allowing sufficient time for assessing the financial impost, where possible, is an important aspect of informed financial consent.
- It is the surgeon's duty to disclose to patients any relevant interest the surgeon may have in or with a third party.
- Where there is disagreement or disquiet over fees to be charged it is appropriate for the surgeon to suggest the option of a second opinion or that the patient discuss their options and the fees to be charged with their referring practitioner.
- Any negotiation between a surgeon and a patient over fees should not restrict or unduly delay a patient's access to quality surgical care.

Division:	Fellowship and Standards	Original Issue:	June 2013
Document Owner:	Director, Fellowship and Standards	Version:	2
Authorised By:	Professional Development and Standards Board	Approval Date:	October 2014
		Review Date:	October 2017

Page 1 of 2

# **POSITION PAPER**

# Subject:Excessive FeesRef. No.FES-PST-036

## PROCESS FOR LODGING A COMPLAINT BY PATIENTS

Patients who feel they have been charged unreasonable fees that are extortionate or manifestly excessive (as described above) can write to the College outlining their concerns, accompanied by relevant evidence. Upon receipt of the complaint RACS will investigate the issue according to the 'Excessive Fees Complaints Policy' for investigating excessive fees and/or the RACS Code of Conduct and accompanying complaints process, as RACS thinks appropriate.

In serious cases, involving potential misconduct, RACS may refer the complaint to the Medical Board of Australia, Medical Council of New Zealand or other appropriate authority.

Approver: Chief Executive Officer

Authoriser: Professional Development and Standards Board

Division:	Fellowship and Standards	Original Issue:	June 2013
Document Owner:	Director, Fellowship and Standards	Version:	2
Authorised By:	Professional Development and Standards Board	Approval Date:	October 2014
		Review Date:	October 2017