

# My patient has left me money in their will. Can I accept?

A legacy from a patient can often lead to an ethical dilemma. **Abi Rimmer** gathers advice from three experts



**“Consider how it could be perceived”**

**Richenda Tisdale,**  
medicolegal consultant  
at Medical Protection



**“Ask colleagues for their opinions”**

**Kathryn Leask,**  
medicolegal adviser at  
Medical Defence Union



**“Be wary of conflicts of interest”**

**Victoria Moore,**  
standards policy officer  
at the GMC

“GMC guidance says that you can accept unsolicited gifts from patients as long as this ‘does not affect, or appear to affect, the way you prescribe for, advise, treat, refer, or commission services for patients and you have not used your influence to pressurise or persuade patients or their relatives.’”

“The GMC also says, however, that you should consider the potential damage to patients’ trust in you and the profession if you accept these gifts. You should also be mindful of the case of a psychiatrist who faced erasure from the medical register in 2011 as a result of accepting a legacy of more than £1m from a patient to whom he had prescribed excessive doses of benzodiazepines.

“If a patient mentions that they plan to leave you money in their will it might be prudent to explain that, while the gesture is generous, it isn’t necessary and could pose difficulties. Instead, you might suggest a donation to a charity of their choice.

“If you receive an unexpected and unsolicited modest amount, it would be a matter for your own discretion as to whether you choose to accept. You should disclose this to your colleagues or employer in accordance with their policy on gifts.

“You should also bear in mind that a will is a public record and you may face scrutiny from the relatives of the deceased, your patients, or the GMC. Your medical defence organisation can offer specific advice.”

“It’s always nice to feel appreciated and it’s not unusual for patients or their families to want to show their gratitude by offering a gift to their doctor. Accepting small tokens such as chocolates or a bottle of wine is unlikely to be a cause for concern. More expensive items, however, including a bequest of money in a will, need to be considered carefully.

“If the bequest is large, it’s important to think about how accepting it may be seen by relatives. They may question your relationship with the patient, particularly if the patient was vulnerable.

“Ask the opinions of your colleagues, what would they do in the same situation? Also seek advice from your employer—there may be local policies about accepting gifts which need to be followed—and that of your medical defence organisation. If you decide to accept the money, one option may be to use this for the benefit of other patients—such as for the purchase of medical equipment or something to improve the comfort of a waiting area or relatives’ room.

“The GMC states that you mustn’t encourage patients to give you money or gifts. Unsolicited gifts can be accepted, however, provided that they don’t affect the way that you care for patients.”

“Doctors provide an invaluable service every day, supporting us through some of life’s most challenging moments. Most patients are deeply grateful and occasionally one might seek to express this through an unsolicited gift or leaving money in their will.

“It may be perfectly reasonable for a doctor to accept a small token of appreciation, but accepting a large sum of money is far more contentious.

“However generous the amount, doctors must be mindful of our guidance on conflicts of interest and consider how accepting the gift might be seen by others. Doctors should consider how the public might see their decision, and how this might impact on their professional relationships.

“Doctors must never encourage patients to give, lend, or bequeath money or gifts. Nor should they persuade them to make donations to other people or organisations. The acceptance of a gift must not affect, or be seen to affect, the way a doctor treats or prescribes for a patient.

“It’s a matter of professional discretion, and doctors must be prepared to explain their decision. Ultimately, gifts should be refused if they could be seen as an abuse of trust.

“For most doctors, bequests will come as a surprise and, understandably, this news may result in some uncertainty and confusion. We recommend doctors get in touch with their medical defence organisation.”



Scott Wilkes, 51, is head of a new school of medicine being established at the University of Sunderland. A GP for 25 years, he still practises part time in north Tyneside and is professor of general practice and primary care at Sunderland. He has worked for the National Institute for Health Research (NIHR) for more than 10 years on the Clinical Research Network and as chair of the Yorkshire and North East Committee on Research for Patient Benefit. The son of a Northumberland fruit seller, he aims to make the new medical school a source of opportunity for many young people who lack the social advantages that often ease entry into medicine. The school opens in September.

## BMJ CONFIDENTIAL

# Scott Wilkes Sunderland's got talent

### What was your earliest ambition?

To be a professional golfer. But the lowest golf handicap I've managed is 4.

### What was your best career move?

Applying to chair the NIHR's Research for Patient Benefit North East Committee. I took this opportunity to visit most of the trusts and universities in the north east.

### How is your work-life balance?

Fantastic. I play golf every Saturday, and nothing gets in the way of that. And I do the parkrun with my wife and children every Saturday morning.

### What single change would you like to see made to the NHS?

Halt the "Doctor First" telephone triage system: it reduces face-to-face consulting capacity. We should allow patients to book face-to-face GP appointments but, when they're full, we should direct them to other commissioned services.

### To whom would you most like to apologise?

All of the wonderful people who have not (yet) been able to secure a position in our new medical school because we have so many good potential candidates. I could have opened multiple medical schools with the talent that's come forward.

### What unheralded change has made the most difference in your field?

The GP electronic patient record. We can read medical records, prove what was and wasn't done, and have a wonderfully accurate medical life summary.

### What new technology or development are you most looking forward to?

One patient, one record—and remove all other electronic systems in various parts of the NHS that don't intercommunicate.

### What is your guiltiest pleasure?

Cadbury's Dairy Milk chocolate. I'm a cheap date.

### What personal ambition do you still have?

None, really. I tend to follow my father's philosophy of "Do what you enjoy, because you'll do it well." I've done this in spades since my stroke at age 30.

### What is your pet hate?

Dogs—yes, truly! As a young boy I was chased by a dog, sought refuge by climbing a gatepost, and was stuck there for a long time.

### What would be on the menu for your last supper?

That's easy: homemade chicken jalfrezi and homemade tiramisu.

### What poem, song, or passage of prose would you like at your funeral?

I have three songs: (Something Inside) So Strong by Labi Siffre, The Greatest Love of All by Whitney Houston, and the theme tune to BBC Open golf, while the mourners leave the funeral.

### Is the thought of retirement a dream or a nightmare?

When I was 30 I gave up on-call night work after having a stroke and since then I've followed my dreams, not the herd. Paradoxically, I now work harder than ever (although not through the night), having pursued my PhD and worked for the NIHR and the university. I have no desire to stop.

Cite this as: *BMJ* 2019;364:l95