Working with the Difficult Patient
Confidentiality Statement

The information contained within this presentation and discussion of case studies are a part of quality improvement, patient safety, management and peer review processes. All information is considered confidential, privileged and protected from discovery.
The Difficult Patient

The caregiver’s frustration:

- Difficult patient saps physical and emotional energy
- Difficult patient consumes an inordinate amount of services and time
- Sometimes difficult to ascertain legitimate pain or underlying health condition
The Difficult Patient

- The non-compliant patient
- Many previous doctors, no diagnosis
- “Bad mouths” previous physicians
- Patients with an agenda: The Dreaded Phrases
- Angry, disrespectful, argumentative with consistent rudeness to staff
The Difficult Patient

Today’s discussion will focus on:

- Responding to the angry patient
- Argument ending techniques
- Setting boundaries
- Troublemakers
Responding to the Angry Patient

Inappropriate responses

- Disregard the anger
- Appease or placate
- Return the anger
  - Defensiveness
  - Self-righteousness
- Premature validation of anger
  - Validation without understanding
  - Confirmation of incorrect perspective
Responding to the Angry Patient

Appropriate response

- Acknowledge
- Engage
- Manage
Acknowledge

- **Practice empathic communication**
  - Internal dialogue – feels like an attack
  - Understand the feelings from the patient’s perspective
  - Express understanding
    - Most effective as initial response to anger
    - De-escalates the anger, most effective first response
  - Allows for things to get better, not worse
Engage

Empathic communication

- “Hear” the emotion
- Name the feeling
- Allow for reflection
Engage

- **Name the feeling**
  - “Sounds like . . .”
  - “Apparently you’ve had . . .”
  - “I can tell that you’re upset . . .”
  - “What you’re telling me is . . .”
  - “You had a long wait. I can see that you’re upset about that.”

- **Imaginative empathy**
  - “I can imagine that would be pretty scary.”
  - “Yes, I can imagine that you’d be upset.”
Engage

- **Allow for reflection**
  - Empathic “touch n go”
    - “Hmmm.”
    - “I see.”
  - Non-verbal communication
    - Silence following empathic statement
    - Eye contact
Manage

- Empathic transition into action
  - Summarization statement
    - Short summary of your understanding
    - Allow for correction
  - Action and solutions
    - “Let’s talk about what we’ll be doing next.”
    - “I’d like to do a few more tests, and then we can talk about what to do next.”
Manage

- Personal attacks
  - Name and reflect
    - “It sounds as if you don’t trust me to . . .”
    - “I see. You’re unhappy with . . .”
    - “What I hear you saying is that I wasn’t there for you when you needed me.”
  - Apologize for the feelings
    - “I’m sorry that you’re not happy.”
    - “I am sorry that this has been such an unhappy experience for you.”
    - “I’m sorry.”
Argument Ending Techniques
Argument Ending Techniques

Arguments happen because

- We believe that there should be a solution – any solution – that will be accepted
- Reasoning should work
- We respond to every attack
- We recycle the same arguments
Argument Ending Techniques

- Retain the dignity of the individual
  - Give choices
  - Don’t deride or dismiss opinions
  - Don’t be afraid of empathy
Argument Ending Techniques

- Avoid statements that leave no choice
  - “I can’t do anything more for you.”
  - “That’s all there is.”
  - “If you don’t want it, fine.”

- Present one option as two choices
  - “I will consider x but not y. Shall I make arrangements for x?”
The Difficult Patient: Argument Ending Techniques

- Avoid helpless statements
  - “That’s all that I can do.”
  - “I’m trying to help you.”
  - “What else do you want me to do?”
  - “I don’t know what else to do.”
The Difficult Patient: Argument Ending Techniques

- **Discard the irrelevant**
  - Past grievances
  - External circumstances for which you have no control nor influence
  - Anger at other individuals or entities
  - Failure to move beyond the same arguments
The Difficult Patient: Argument Ending Techniques

- Focus on what can be done, not on what can’t

- Agree to disagree by:
  - Empathic explanation
    - “I know it’s frustrating to you, but that is not something I will agree to.”
    - “I can see that you’re upset, but that is not what is happening. Would you like me to explain why?”
The Difficult Patient: Argument Ending Techniques

- **Silence**
  - Allows you to gather your thoughts and plan a response
  - Forces the other person to “listen” to him/herself
The Difficult Patient: Argument Ending Techniques

- Setting boundaries
  - Inappropriate and abusive language
  - Threats
    - Physical
    - Litigation
  - Abuse of staff
The Difficult Patient: Argument Ending Techniques

- Setting boundaries
  - Name the behavior and identify it as inappropriate
    - “Yelling at my staff is not appropriate.”
    - “Cursing at me is not acceptable.”
  - State the action you will take
    - “I’m going to step out of the room and will return in about 10 minutes to give you time to get control of yourself.”
    - “If you continue to curse, I’ll end the conversation for today.”
  - Accept no excuses for bad behavior
    - “I know that you’re not feeling well today, but that does not justify your yelling at my staff.”
    - “I know that you’ve had problems with scheduling, but that’s not a reason to berate my staff or curse at me.”
  - Act if behavior does not stop
The Communication Landscape
- Emotions
- Demands
- Arguments

The Communication Funnel

Discard the irrelevant

Focus on what can be done

Ask for agreement and close

Empathic communication

Demands

Anger

Dissatisfaction

Denial

Chronic Illness/Pain
But What If Nothing Works?

- The patient...
  - Refuses to accept my apology/solution
  - Continues to argue
  - Wants to talk to my supervisor
  - Threatens me
  - Uses unacceptable language
  - Become belligerent
Secrets for Dealing with Unhappy Patients

- Invite patient/family member to a private area to further discuss

- Confidently acknowledge and address anger
  - "I want you to know that getting to the bottom of this is just as important to me as it is to you."

- Allow patient to vent, but maintain control

- Don’t react emotionally

- Don’t argue…no matter how right you are
  - Simply make your point once diplomatically

- Have a graceful exit
Phrases for Dealing with Unhappy Patients

- “Thank you for bringing this to my attention. We appreciate patients who let us know when things aren’t right.”

- “Thank you so much for your feedback. We appreciate you giving us the opportunity to correct the problem and to meet your expectations.”

- “It’s obvious that I have not been able to help you. If you don’t object, I would like to request my supervisor attempt to better meet your needs.”
The Belligerent Patient – Be in Control and Take Charge

- Refuse to be bullied
  - “Please do not threaten”

- Define your limits
  - “I would like to help you, but I cannot if you continue with this behavior”.

- Never allow an angry person to touch or grab you

- Never accept foul or threatening language
  - “That language is not acceptable”
  - “If you continue with that behavior, I will end the conversation.”
The Difficult Patient: Beware

- Troublemakers: the warning signs
- Dealing with non-compliance
- Documentation
Troublemakers

- Digging for critical comments; invitations to joust
- Self-professed expertise
- Cynical jokes or comments
- Consistent rudeness
- Excessive flattery or expectations
- The dreaded phrases
- Many doctors, long-term illness, no diagnosis
- Non-compliance
- Failure to pay medical bills
Non-compliance

- Educate about consequences of noncompliance
  - Weight, smoking, alcohol

- Document noncompliance, including stated intent to be noncompliant

- Certified letter concurrent with regular mail
  - Missed appointments
  - Failure to follow up with scheduled diagnostic tests or recommended treatments
The Difficult Patient

It’s Not Magic!

Good practices make for good outcomes!