



433 Teams

PRIMARY HEALTH CARE

Lecture (8)

Approach to Difficult Patient

433Phc@gmail.com



جامعة
الملك سعود
King Saud University



Objectives:

- ❖ Who are difficult patients?
- ❖ Factors; patient's being difficult
- ❖ Management of individual situation

- **Define the consultation:** Essential unit of medical practice is the occasion when in the INTIMACY of the consulting room the person who is ill or believes himself (herself) to be ill, seek the advice of a doctor whom he (she) trusts.
- **Define difficult patients:** Is the one with whom the physician has trouble forming an effective working relationship
- **Difficult consultation :** canaries from varies factors :
 - **Patient factors:**

types of difficult patients:

- **Manipulative help rejecter:**

These patients often play on the guilt of others, threatening rage, legal action or suicide. They tend to exhibit impulsive behavior directed at obtaining what they want, and it is often difficult to distinguish between borderline personality disorder and manipulative behavior.

How to deal with them? Be aware of your own emotions, attempt to understand the patient's expectations and realize that sometimes you have to say "no." ○ Self-destructive patients: Pts who refuses to take their medication <<involve a third party>>

- **Angry patients:**

He may say, "My time is as valuable as yours. I don't understand why I had to wait."

How to deal with them? Offer a sincere apology, pay attention to the way his or her emotions relate to the medical issues at hand. Don't get drawn into a conflict. Instead, define your boundaries and recognize when your "triggers" are invoked, as this will help you to modulate your response Use reflective statements such as, "I can understand why you might feel that way," next time, for instance, by instructing your office staff to tell your patients that you are running late and to offer alternatives to waiting, such as rescheduling, then tell the patient what you intend to do.

7 steps for satisfying angry patients:

1. Handle problems privately
2. Listen to patients' complaints
3. Disarm anger with kindness
4. Delegate up when necessary
5. Follow through on promises
6. Involve the patient in prevention
7. Be grateful

- **Somatic fixation or Doctor-shopping Patients:**

Suffer from comorbid anxiety, depression and personality disorders. They often have “doctors-hopped” and likely have a history of multiple diagnostic tests.

How to deal with them? Describing the patient’s diagnosis with compassion and emphasizing that regularly scheduled visits with a primary physician will help to mitigate any concerns. How to deal with a new somatizing Pt? Address the issue directly at the beginning of the encounter. For example, “I noticed that you have seen several physicians and have had extensive medical tests to try to uncover the cause of your symptoms. I recognize that the symptoms are a real difficulty for you, but I believe that these tests have ruled out any serious medical problems.

- **Dépendent Patient:**

Dependent on prescription drugs.

- **Demanding Patient or Frequent fliers (Patient with Hidden Agenda):**

They may be lonely, dependent or too afraid or embarrassed to ask the questions they really want answered.

How to deal with them? The first step to a productive interaction is to identify the underlying reasons for the frequent visits. Begin by acknowledging that you notice the pattern of frequent visits. Contract with the patient for regularly scheduled return visits, and use patient education and support personnel as needed. Negotiate agenda & goals: Set limit & Reinforcement & Compromise & Be flexible & Avoid argumentation & Explain your rationale & Pay attention to the way you say no § If all else fails: BREATHE DEEPLY AND START OVER & exceptionally, for some patient: FIRM BOUNDARIES ARE THE RULE.

- **Talkative Pt:**

How to deal with them?

- i. Verbal Communication: Summarization & Prioritization & Interruption & Close ended question
- ii. Non-verbal Communication: Use of touch & Sympathy & empathy. & Behaviors which brake the relationship

- **Physician factors**

1. Angry or defensive physicians.
2. Fatigued or harried physicians. Most of us have been overworked, sleep deprived (delegate to others as appropriate)
3. Dogmatic or arrogant physicians:

overemphasize our own beliefs and emotions in ways that disempower patients or prevent them from providing us with adequate information about their care. Also prevent us from assessing that information without bias.

- **Situational factors:**

1. Language and literacy issues:

work with a trained interpreter, Ensure that the interpreter translates everything that is said rather than “editing” the conversation. Direct your eyes and speech toward the patient rather than the interpreter.

2. Multiple people in the exam room:

Whatever the circumstances, it is important to discuss the issue of the companion’s presence with the patient alone and, if she wants him to be present, to consider the request in light of the situation at hand.

3. Environmental issues:

If the environment is noisy, chaotic or doesn’t afford appropriate privacy, patients, providers and staff are all more likely to be unhappy or unpleasant.

- **Prevention:**

Preventing patient from dropping out from the care is of primary importance:

1. keep patient waiting time to a minimum
2. a system for follow-up

Simplify the treatment regimen:

- i. eliminate unnecessary medication
- ii. medication should be prescribed as few times daily as possible
- iii. Prescribe the least amount of medications that is needed to achieve the therapeutic goal.
- iv. Try to protect patient from harm in medical field
- v. Patient should be actively involved in their own care

- **Coping Strategy for the Doctor:**

- I. Recognize your true feelings
- II. Be alert for counter-transference

- III. Involve colleague
- IV. Improve yourself

Summery :

Define difficult patients:

Is the one with whom the physician has trouble forming an effective working relationship

General Rules:

1. Do not ignore the person
2. Do not make assumptions about what the patient is trying to say
3. Use other forms of communication
4. Using an interpreter (or third party)
5. Check the patient's understanding
6. If the patients has dementia
7. Keep talking to the patient
8. Accept help from parents or carers

Difficult consultation can be cause by :

Patient factors : like Angry patients, talkttive patients, Doctor-shopping Patients ...ect

Physician factors : Angry or defensive physicians, Fatigued physicians and arrogant physicians

Situational: Language issues, Environmental issues and multiple people in the exam room

Questions

- 1) A 38-year-old man presents with 2 months history of chest tightness, overthinking and irritability. He shows a strong emotion as anger during the consultation and start to cry.

Which one of the following is the most effective approach in dealing with this patient?

- A. Distract the patient by smiling and touching him
- B. Helping the patient to understand and deal with emotion
- C. Teaching the patient how to ignore strong feelings
- D. Telling the patient to get control of his anger

- 2) You are seeing a 45 years old woman who was just diagnosed with type 2 diabetes. She is on time for her 10:00 am appointment, but because of a difficult patient who took a lot of your time you entered her room by 11:15 am. When you walked in, the patient was very angry.

What is the best approach to this patient?

- A. Explain what happened so that he will understand why you are late
- B. Acknowledge his anger with statement like "You seem very angry"
- C. Apologize for the delay and efficiently take care of his problem
- D. Explore the reasons for his anger if he brings it up

- 3) Which one of the following is difficult patients:

- a. Patients talks a lot.
- b. Patients refuses to take their medication.
- c. Angry patient.
- d. All above

Answers : 1-B, 2-B, 3-D

Done By:

Salman alrwibaah	Abdurhman alqhtani
Abdulmalek alnujidi	Abdullah alhumidi
Talal alrwaf	Faisal bazheer

