Approach to “Difficult patients”

Objectives

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

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Introduction

- **Define difficult patients: Is the one with whom the physician has trouble forming an effective working relationship.**
- **Between 10 and 60% perceived as being "difficult"**
- **Healthcare provider attitudes also contribute to difficult patient encounters.**
- **Healthcare providers with decreased empathy and poor attitudes towards patient psychosocial issues perceived more patient-encounters as difficult.**

Common terminology

- **Challenging patients**
- **Heart-sink patients**
- **Frequent flayers**
- **Dysphoric patients**

1. Heart-sink Patient

Refers to the doctor's emotions which are triggered by certain patients .

Where is the problem? Doctor OR Patient

Heart-sink patients: Represent acknowledgment and frank expression of unconscious and unresolved feelings between doctor-patient relationships. (Heart-sink Relation-ship)

Somatic fixation or Doctor-shopping Patients: Suffer from comorbid anxiety, depression and personality disorders. They often have "doctorshopped" 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.

2. Dysphoria

The feelings felt in the pit of your stomach when their (the patients) names are seen on the morning appointment list.

Types (Common in General/Family Med practice)

- **Demanding**
- **Withdrawn or uncommunicative**
- **Anxious patients.**
- **Angry or aggressive patients.**
- **Expert patients**
- **Patients who don't get well.**
- **Non-compliant patients.**
- **Overly demanding patients.**
- **Overly talkative and non-relevant talk**
- **Drug seekers.**
- **Borderline or narcissistic personality disorder.**
- **Multiple medical problems ("too much time").**
- **Angry 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." o Selfdestructive patients: Pts who refuses to take their medication <>

Talkative Patients

How to deal with them?

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

Guidelines for helping the uncommunicative patient (By:Lloid & Bor)

- **Be prepared to spend time over the consultation.**
- **Do not become bored, frustrated or angry.**
- **Observe the patient carefully: be alert and respond to their verbal and nonverbal cues.**
- **Show empathy by your own body language (e.g. lean forward and maintain eye contact).**
- **Explain the purpose of the interview, why you want the information**
- **Use facilitatory language e.g. 'I can see that you're finding it difficult to talk about this'.**
- **Use more closed question than open questions, if this seems appropriate**

General Rules: (By: Lloid & Bor)

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**

Uncommunicative Patients

- **How we start or appear with such patients?**

- **Previous experiment**
- **Context**
- **Patient may be shy, sad, depressed or in pain.**
- **Female patients.**

Depressed Patient

- **Stressed**
- **Really depressed**
- **Expression of emotion**

Anxious Patient

- **May be normal or Morbid anxiety**

Angry Patient

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.

How to deal with 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.**

Management of Patients

- **Be calm and prepared to spend time with the patient**
- **Explain that most patient feel some anxiety and that this is appropriate**
- **If the patient is talking too much, try to keep them to the point by summarizing what they have told you and explaining what further information you need and why you need it.**
- **Be specific about what you may want them to do during and after the consultation.**
- **If the patient presses you for the cause of their symptoms and seeks reassurance, explain that you are a student and refer them to their own doctor.**

Factors:

- **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 will be annoyed**

• 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

TABLE

How to handle difficult patient encounters

Core principles	Communication techniques	Visit structure
Make your relationship with the patient, not the "disease," the target of change	Elicit emotions via direct and indirect questioning. • Directly question *"How does that make you feel?"* • Inquire about impact on life *"With all of these headaches, I'm wondering how you are handling things."* • Seek patient explanatory model *"Do you have any thoughts on what's behind these headaches?"* • Self-disclose *"My sister struggled with migraines for years, too, but eventually she found the right treatment."*	Schedule frequent, regular, brief appointments in advance
Focus the discussion on the patient's emotional experience	Offer support and empathy. • Name the affect *"You sound sad."* • Validate *"You've lost your wife and have pain all over your body. That's a lot for anyone to cope with."* • Align *"I want to do everything in my power to help you get your pain down so you can get back to work."*	Set the agenda at the beginning of the appointment
Allow the patient's perspective to guide the clinical encounter	Use nonverbal behaviors that convey attentive listening. • Thoughtful nodding • Occasional silence	De-emphasize diagnostics and prescriptions for patients with medically unexplained symptoms and instead explore personal stressors

SUMMARY

- **Healthcare provider attitudes also contribute to difficult patient encounters.**
- **Heart-sink Patient Refers to the doctor's emotions which are triggered by certain patients**
- **Dysphoria is the feelings felt in the pit of your stomach when their (the patients) names are seen on the morning appointment list.**
- **Depressed patients can be identified by their face expressions and their stress**
- **Factors : -Patient . –Doctor . –Situational**