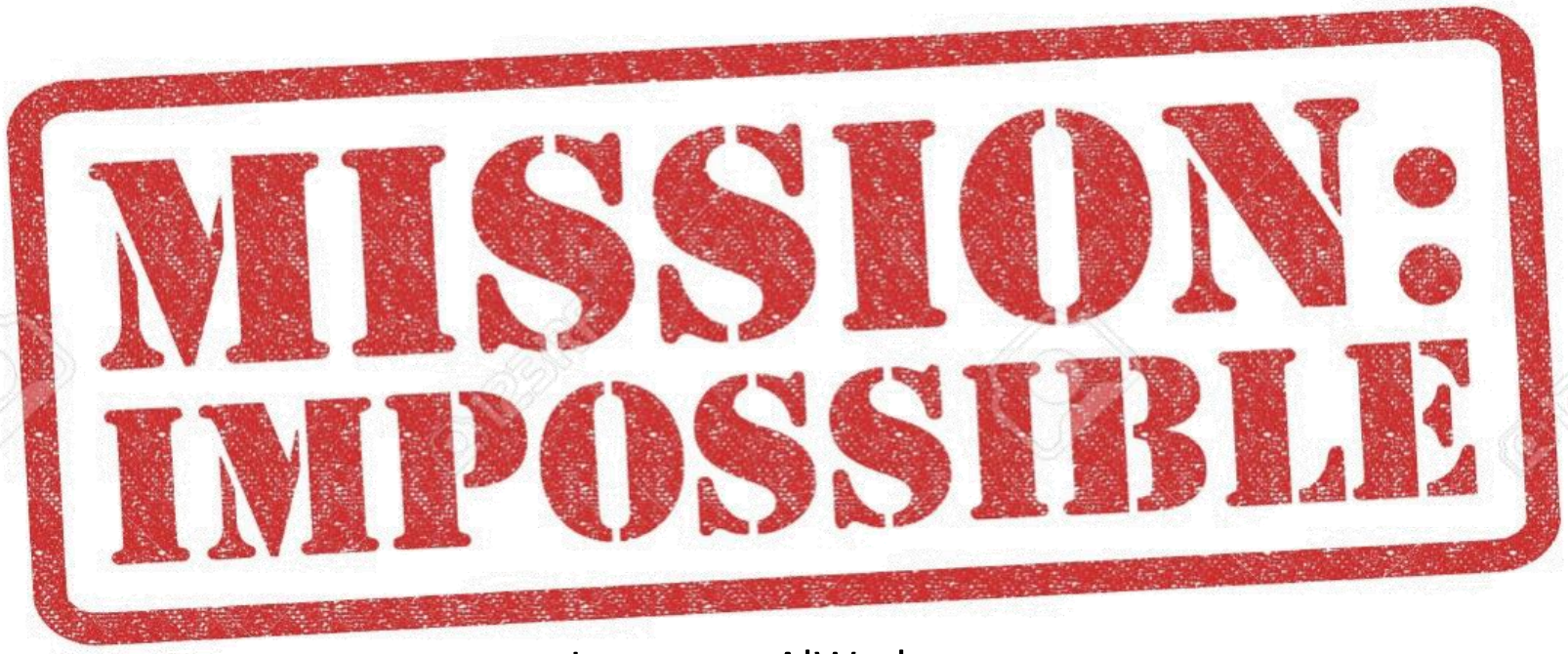
# Approach to the “Difficult” Patient

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# Objectives:

- What does “difficult patient” mean?
- Why is it important?
- Contributing factors
- General management
- Specific situations

# Who is a “difficult patient” ?

# The difficult patient:

The "difficult" medical patient experiences emotions and demonstrates behaviours that interfere with effective medical care. These emotions and behaviours typically evoke negative feelings in caregivers, and this aversive reaction leads to the designation of such patients as "difficult."

# How common is it ?

Fifteen per cent of clinical interactions with patients are perceived as “difficult” by doctors

1 in 6 medical encounters is labeled as 'difficult' by the physician

# Why challenging interactions are bad for everyone

- Take up a lot of time, resources, and emotional energy.
- Cause the doctor to feel stress, anxiety, anger, and helplessness.
- Can even lead to a dislike of the patient and the use of avoidance strategies - ? Medical mistakes
- Can leave both the doctor and the patient feeling frustrated and dissatisfied, and can decrease the trust in the doctor-patient relationship – ER visits , Dr shopping
- Doctors who experience many of their patients as difficult are more likely to experience burnout

# Another look:

Your clinic is running late, your computer has crashed for the third time today, you missed lunch, and then a patient with multiple complex medical problems comes in with a long list of new symptoms. He demands that you prescribe a new drug that is still being tested in clinical trials and refuses to listen to your explanation as to why you cannot do so. Voices become raised, and the consultation reaches a stalemate. How do you resolve this situation?

# Contributing Factors:

broadly grouped into the following categories:

- Patient
- Doctor
- Disease
- System

# The patient:

- Uncooperative, hostile, demanding, disruptive, and unpleasant
- They might have unrealistic expectations
- Unwilling to take responsibility for their health

# The Doctor:

- If the doctor is hungry, angry, late, or tired (HALT).
- Personal factors could be a distraction for some doctors,
- The doctor’s personality traits could clash with those of the patient
- Doctor’s lack of experience

# The Disease:

Some conditions can be more challenging to deal with—such a

- chronic pain
- ill defined diagnoses
- with little prospect of improvement
- Psychiatric conditions ?

# The System:

- Limited resources, finances and support
- Time pressures and interruptions

Being aware of factors that contribute to difficult clinical encounters and being prepared to address them will go a long way toward preventing them.

# Management

# The patient centered approach

- The biopsychosocial model
- ICE ( ideas, concerns, expectations)
- The illness experience
- Shared decision making

**Table 3.** Dimensions of patient-centeredness.

| Dimension | Brief description |
|---|---|
| Principles | |
| Essential characteristics of the clinician | A set of attitudes towards the patient (e.g. empathy, respect, honesty) and oneself (self-reflectiveness) as well as medical competency |
| Clinician-patient relationship | A partnership with the patient that is characterized by trust and caring |
| Patient as a unique person | Recognition of each patient's uniqueness (individual needs, preferences, values, feelings, beliefs, concerns and ideas, and expectations) |
| Biopsychosocial perspective | Recognition of the patient as a whole person in his or her biological, psychological, and social context |
| Enablers | |
| Clinician-patient communication | A set of verbal and nonverbal communication skills |
| Integration of medical and non-medical care | Recognition and integration of non-medical aspects of care (e.g. patient support services) into health care services |
| Teamwork and teambuilding | Recognition of the importance of effective teams characterized by a set of qualities (e.g. respect, trust, shared responsibilities, values, and visions) and facilitation of the development of such teams |
| Access to care | Facilitation of timely access to healthcare that is tailored to the patient (e.g. decentralized services) |
| Coordination and continuity of care | Facilitation of healthcare that is well coordinated (e.g. regarding follow-up arrangements) and allows continuity (e.g. a well-working transition of care from inpatient to outpatient) |
| Activities | |
| Patient information | Provision of tailored information while taking into account the patient's information needs and preferences |
| Patient involvement in care | Active involvement of and collaboration with the patient regarding decisions related to the patient's health while taking into account the patient's preference for involvement |
| Involvement of family and friends | Active involvement of and support for the patient's relatives and friends to the degree that the patient prefers |
| Patient empowerment | Recognition and active support of the patient's ability and responsibility to self-manage his or her disease |
| | A set of behavior that ensures physical support for the patient (e.g. pain management, assistance with daily living needs) |
| Emotional support | Recognition of the patient's emotional state and a set of behavior that ensures emotional support for the patient |

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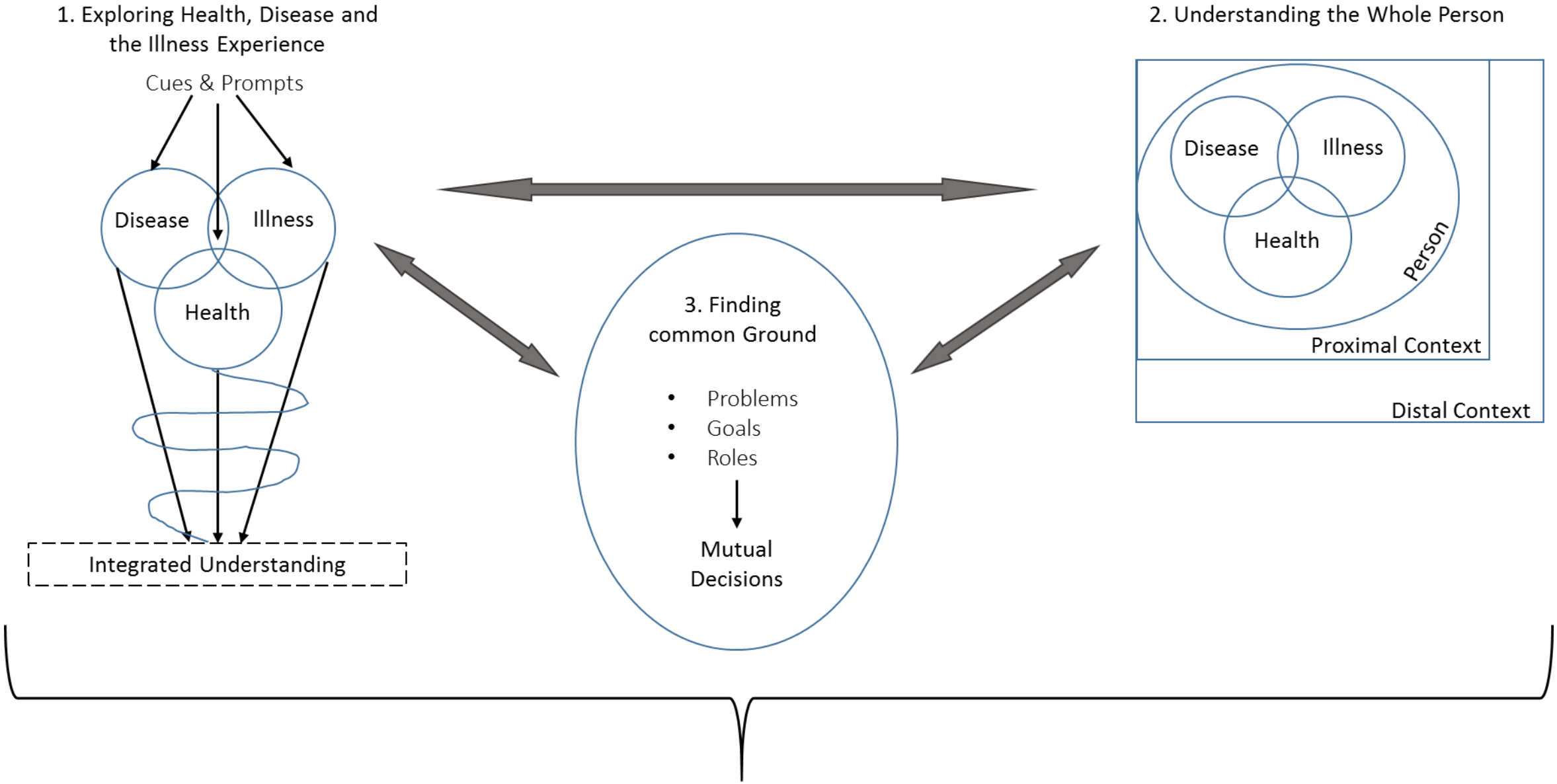
# My bias  of the patient- centered approach

# Practice Patient-Centered medicine

- Enquiring into the illness experience
- Understand the whole person
- Finding Common Ground
- Enhancing the physician-patient relationship


1. Exploring Health, Disease and the Illness Experience
Cues & Prompts
Disease
Illness
Health
Integrated Understanding
2. Understanding the Whole Person
Disease
Illness
Health
Person
Proximal Context
Distal Context
3. Finding common Ground
Problems
Goals
Roles
Mutual Decisions
4. Enhancing the Patient – Clinician Relationship

# General steps of Management

1. Identifying that you are in the midst of a difficult consultation – Dx the difficulty before Dx the condition
2. Verbalizing the difficulty with the patient - It externalizes the problem and creates a sense of shared ownership
3. Consider alternative explanations for the patient's behavior (Anxiety vs Anger? )
4. "reframing" - Find explanations through respectful questioning
5. Support the patient - by listening carefully and showing empathy
6. Set boundaries - should be applied consistently and by everyone
7. Find some common ground- As soon as there is some overlap and common ground, the difficulty rapidly diminishes.
8. Focus on finding solutions rather than areas of disagreement

# The Art of Emotional Response:

5 Skills:

- Reflection
- Legitimization
- Support
- Partnership
- Respect

# Example

28-year-old woman with abdominal pain and no apparent physical etiology after an extensive GI work-up. She became furious when you asked her permission to request a psychiatric consultation, saying, You really don’t believe I have this pain. You think it's all in my head. Well, I’ll just check out of the hospital and find a doctor who believes me!

# Reflection

- The first, and most important, intervention in dealing with the emotions of patients is reflection
- Empathy is the ability to recognize someone's emotional reactions and communicate your understanding of these reactions.
- " state the observed patient emotion." - reflective comments might seem oversimplified, obvious, or trivial, they actually can communicate a deep sense of understanding to a patient
- communication of empathy is most effective through simple statements and not through questions

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There are several reactions that doctors could have to this situation:

- defensive arguments like, "Well, go ahead and see someone else,“
- more explanatory statements such as, "I know you have pain, but I need the psychiatrist's help.“
- questioning ? “why are you so mad”

BUT

"You seem to be very unhappy with the suggestion that I call a psychiatrist"

# Legitimization

Once a doctor has demonstrated his empathic understanding of the patient's emotion >> has shown that he can tolerate that emotion >>, it is often useful to express some legitimization, or sense of the understand ability of the emotion

Don't Just "say" that you understand if you really do not

*

After several simple reflective comments, the doctor could point out,

“I can certainly understand why you’d be upset. You came to me to find some physical cause for your pain. I couldn’t find any problem and now I’m sending you to a psychiatrist. I might be upset also, if I were in your position”

# Support

Doctors usually offer their patients a great deal of emotional support through intuitive relationship skills

Doctors often forget how important they are to patients as sources of emotional support, and the direct acknowledgment of caring is often effective in difficult-patient-care situations.

*

the use of a direct supportive comment like:

“I want you to know that even though I’ve asked the psychiatrist to see you, I’m still your doctor and I will do everything I can to try to help you with your problem”

# Partnership

There is considerable literature that suggests that collaborative doctor–patient relationships are generally more effective than authoritarian relationships

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Saying something like :

"After you've talked to the psychiatrist, you and I can get together and review his recommendations. We can then decide together on the next step to take with respect to your stomach pain"

# Respect

Explicitly compliment the patient on whatever he or she is doing well

It is extremely important for the doctor to be honest in these discussions because most patients will be able to detect lack of genuineness on the doctor's part.

*

I realize how much pain you've been having, and I'm impressed by how well you've been coping in spite of all the suffering you've been experiencing. You're still able to help with the housework (or go to work) and you're determined to get an answer to your problem. Those are good, positive qualities and I'm going to help you in whatever way I can.

# Special situations

# Angry, rude and defensive patients:

- Remain seated and professional
- Don't get drawn into a conflict.
- Try to uncover the source of difficulty for the patient
- Recognize your “triggers”
- Apologize if suitable
- If you sense a potential for harm ask for assistance
- Strong negative emotions directed at you are often misplaced (transference)
- Be aware of your own biases and emotional reactions ( counter-transference)

# Somatising Patients

chronic multiple vague or exaggerated symptoms “doctor-shopped” and multiple diagnostic tests.

- Manage any co-morbid psychological conditions
- Refrain from suggesting that “it's all in your head,”
- Avoid the cycle of vigorous diagnostic testing and referrals.
- Address the issue directly at the beginning of the encounter

“I noticed that you have seen several physicians and have had extensive medical tests .. I recognize that the symptoms are a real difficulty for you, but I believe that these tests have ruled out any serious medical problems… I would like to make a contract with you to see you every two to four weeks

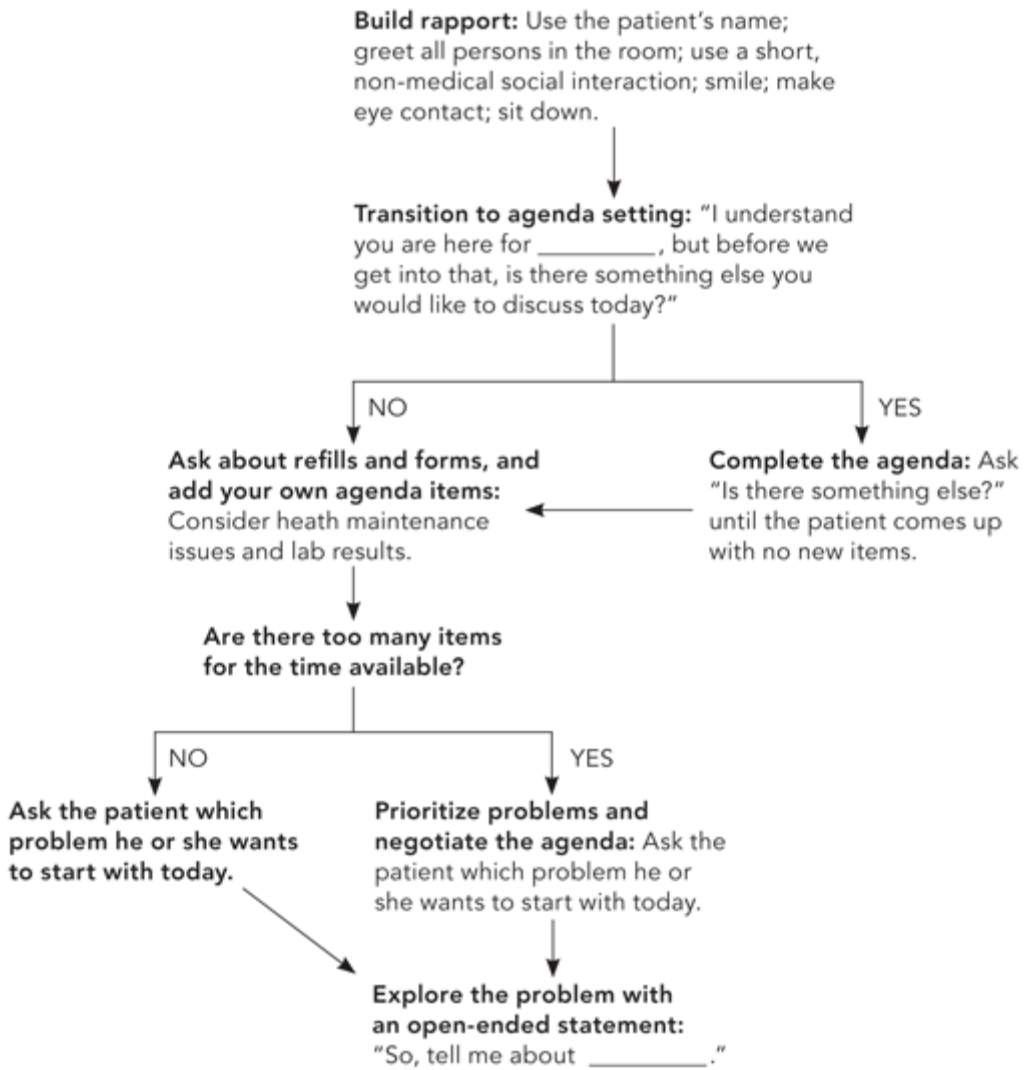
# “Frequent fliers”

Big medical charts. may be lonely, dependent or too afraid or embarrassed to ask the questions. “worried well” or misinformation

- Identify the underlying reasons for the frequent visits.
- Begin by acknowledging that you notice the pattern of frequent visits,
- Explain patients different reasons, eg. concern , reassurance, chronic pain relief or to talk.
- Showing understanding of the patient's reasons often will foster an open discussion of the “reasons behind the reasons.”
- Contract with the patient for regularly scheduled return visits
- Use patient education and support personnel as needed.

# “Multiple Issues”
# “ Lists of Complaints”

# Agenda-Setting Algorithm



# Dogmatic or Arrogant Physicians

Each of us has things we feel strongly about. Personal beliefs and values, as well as our beliefs and values about medical care, can lead us to overemphasize our own beliefs and emotions in ways that disempower patients or prevent them from providing us with adequate information about their care.

# Can we avoid difficult encounters?

No physician can avoid the difficult clinical encounter, but having the tools to deal with these situations when they arise can make for a better experience for both you and your patient.

# 7 skills to successful patient encounters

1. Prepare for the encounter. (set the stage )
2. Connection with the patient. (connect with the patient – before opening the electronic health record)
3. Assess the patient's illness experience
4. Communicate to foster healing ( authentic, accepting, understanding)
5. Use the power of touch ( always touch the part that hurts, but never first)
6. Laugh a little
7. Show empathy

"All patients make me happy," "some when they come to the office, others when they leave”

Anonymous Plastic Surgeon


THANK
YOU!