Treating the 'Patient From Hell'

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Introduction

Some patients warm your heart. They help you remember why you went into medicine.

Other patients make you wish you had become anything but a physician. They yell or whine, manipulate or threaten. Some ignore their treatment plan and blame you when they don't improve; others insist they know more than you do. Some don't pay their bills, and others fail to show up for appointments.

Hard as it is to admit, you wish they'd go away.

Embarrassed About Your Negative Feelings?

"Many physicians feel they 'should' be loving and tolerant toward all patients, but that's not realistic," said Auguste Fortin, MD, Associate Professor of Medicine, Yale University School of Medicine, New Haven, Connecticut. "In every setting in life, we all get along better with some people than with others, and medicine is no exception."

Disliking a patient is not as uncommon as one might think. "In 1978, I published an article called 'Taking Care of the Hateful Patient,'" [1] said James E. Groves, MD, Associate Clinical Professor of Psychiatry, Harvard Medical School, Boston, Massachusetts. "It's been over 3 decades, and I'm still receiving mail, calls, and interview requests."

Although everyone has their own positive and negative traits, there are several categories of unpleasant behavior that may cast a very dark cloud over the patient visit.

The Patient With Anger Outbursts

Some patients may periodically erupt. "Anger in a patient is one of the most difficult emotions for a physician to deal with," observed Neil Baum, MD, a New Orleans-based urologist in private practice and coauthor of *Marketing Your Clinical Practices: Ethically, Ethically, Effectively, Economically* (Jones & Bartlett, 2009).

There are several reasons why a patient may snap at the physician. However, not every patient who displays anger has an identifiable "reason." Some people are easily irritable and don't restrain their anger in any aspect of their life. Still, it's up to the physician to diffuse or deal with that anger.

Sometimes patients become angry because they are receiving a negative diagnosis, and they lash out. "Some people react with anger when you deliver bad news, such as a terminal diagnosis," said Baum. "You have to be extraordinarily sensitive and recognize that this patient will require a lot of time and attention."

Other times, the patient's anger might be justified. Perhaps a staff member was rude to them, for example. "Acknowledge the patient's right to be upset about that situation. Ask, 'What can I do to rectify this?' Sometimes, a better formulation is, 'How can we fix this?' Using the word 'we' acknowledges that you'd like to work as a team," Dr. Baum advised.

"It helps to be very specific," Dr. Baum added. "Say, 'I'll check with my staff member and get back to you within 3 days. How can I best contact you?' This shows the patient that you're serious about investigating the complaint and you're taking definitive steps to address it."

"Follow up with a letter saying, 'Thank you for calling attention to such-and-such. I appreciate it when patients share their concerns, because it helps my practice to run more smoothly so that I can treat patients more effectively,'" Dr. Baum said. "That brings closure." And be sure to include the letter in the patient's chart, together with documentation of the complete discussion.

It's important to give time and attention to any angry patient, not only someone who has received bad news, says Dr. Baum. Don't rush through the appointment. Don't answer the door or take calls during the visit, and don't interrupt while the patient is talking. "Allowing patients to get things off their chest can ameliorate tension."

Create a conducive environment. "Don't remain standing when your patient is sitting, because that places you in a superior position, which will increase the patient's anger. Never talk to a woman who's wearing only a gown. She'll feel vulnerable, which may cause her to lash out more."

Sit directly across from the patient without barriers, such as a desk or examination table, between you. "You want to create an atmosphere suggesting that you and the patient are a team, and together you'll solve a difficult problem."

A Method for Dealing With Angry Patients

Shakaib U. Rehman, MD, Physician Manager and Professor of Medicine, Ralph H. Johnson Veterans Affairs Medical Center and Medical University of South Carolina at Charleston, and Dr. Fortin both use the mnemonic ADOBE to remember how to deal with an angry patient:

1. *Acknowledge* the difficulty; for example, "I notice that whenever I speak, you interrupt and yell."
2. *Discover* the meaning of the patient's behavior. "Anger is a proxy for deeper emotions such as grief or fear -- especially in men, who are often acculturated not to express these emotions directly."
3. Recognize the *opportunity* for compassionate communication.
4. Set clear *boundaries* if the patient is still behaving abusively -- for example, you can ask him or her to leave, or say you'll call security.
5. *Extend* the system -- don't try to handle the patient alone. Get help from colleagues, staff members, nurses, or social services.

The "Dependent Clinger"

Dr. Groves coined the term "dependent clingers" to describe excessively needy patients who require endless attention and reassurance. They seem to regard themselves as having "bottomless needs" and the physician as being able to provide an inexhaustible stream of services.

Red flags should go up if your patient expresses gushing gratitude and confers "special" status on you, hailing you as superior to all previous physicians -- especially if that patient has already seen umpteen physicians for the same problem, said Dr. Baum. You feel flattered, begin overextending yourself, and eventually have to pull back -- leading to a patient who feels betrayed and clings even harder.

Because patients may have other underlying emotional or psychiatric issues, it's important to inquire about what's really going on. Some may have personality disorders, fear of abandonment, or a history of trauma and may need to see a psychiatrist.

Establish clear, firm boundaries early on in the relationship. For example, "Explain that calling with multiple 'urgent' needs isn't acceptable and prevents you from evaluating what is and isn't truly important," advised Barry Dorn, MD, President and CEO of Health Care Negotiation Associates, Associate Director of the Program for Health Care Negotiation and Conflict Resolution at the Harvard School of Public Health, and Clinical Professor of Orthopedic Surgery at Tufts University School of Medicine, Boston, Massachusetts. "Help patients to quantify their degree of distress and what level of distress warrants an 'urgent' call."

The Impatient, Demanding Patient

"Physicians complain to me about patients who want their medications to bring an instantaneous cure. These patients call the office, screaming that their treatment isn't working," said Dennis Hursh, Esq, Founder and Managing Partner of Hursh and Hursh, PC, a Pennsylvania-based law firm specializing in physician-related legal issues.

Dr. Baum added that some patients demand immediate appointments, refills, or test results. "You need to validate their anxiety about their health, but be clear that you can't respond to this pressure. If they continue to insist, say that you'll prepare their records so that they can consult a physician who might be better able to meet their needs. In my experience, these patients usually back down."

Some patients make unethical demands, such as asking for documentation supporting a disability claim when there is no disability, or opioid drugs when they are not truly experiencing pain, cautioned Hursh. In these situations too, explain to the patient that you are unable to fulfill their request. And be sure to document all of these discussions in the patient's chart.

"I'll Never Get Better!"

Some patients remain perpetually ill, despite your best efforts -- not because their illness resists treatment, but because they reject medical interventions, believing that no treatment will help them, says Dr. Groves. They seem smug when they return to your office, time after time, complaining that your latest treatment has been useless.

According to Dr. Groves, these patients are not seeking relief from illness but rather an "admission ticket" to a relationship with the physician that can exist only when the symptoms remain. Many of these patients are depressed, but typically they refuse to see a psychiatrist.

Dr. Rehman recommends that you engage with the patient, empathize, educate the patient about his or her condition, and enlist the patient in the treatment plan. It also helps to involve other healthcare professionals. For example, some of the patient's emotional needs may be met by working with nurses or social workers.

The Stubbornly Nonadherent Patient

When a patient disregards the necessary treatment regimen, a physician may begin to feel like a parent dealing with a rebellious teenager.

Some patients are nonadherent because they think they know more than you do. They arrive in your office carrying reams of Internet printouts. Or

they say that their best friend's cousin advised against taking the medication you prescribed.

Don't take nonadherence as a personal insult, said Dr. Dorn. Put yourself in the patient's shoes: In the same situation, you would also want to leave no stone unturned.

"If you acknowledge the patient's desire to explore the optimal treatment, the patient will feel heard and understood and is more likely to be compliant," said Dr. Dorn.

Some patients ignore treatment because they can't afford medications, procedures, or diagnostic tests. Others don't have transportation, childcare, or time off from work to travel to additional appointments (eg, physical therapy or imaging.) "Inquire about the practical, everyday realities of the patient's life before concluding that the patient is just being difficult. Consider calling in social services when necessary," Dr. Rehman advised.

He added that cultural, language, family, and cognitive factors may play a role in nonadherence. Consulting with other healthcare professionals can help tease out what's really going on and address the patient's nonadherence.

Of course, some patients simply don't want to follow through on a treatment regimen because it is unpleasant, inconvenient, or arduous, or it demands lifestyle changes (such as smoking cessation, exercise, or weight loss).

Dealing with these patients can be extremely frustrating. "This is where the real art of medicine comes into play," says Dr. Baum. "It becomes paramount to motivate these patients to be compliant. I try to use positive reinforcement rather than negative scare tactics that the patient has already heard dozens of times.

"For example, if a woman has interstitial cystitis and is sensitive to alcohol and caffeine that results in frequency of urination and dysuria, I try to tell her how she will be freed of being a prisoner to the toilet," says Dr. Baum. "She'll be able to participate in more daily activities and can regain her enjoyment in sexual intimacy. This latter piece of advice usually works very well for both men and women."

Dr. Rehman agreed. "The trick is to try to understand and support the patient's agenda. This is the best way to gain their trust. Once they trust you, you can negotiate your agenda. By shared decision-making, the chances are higher for them to follow your recommendations."

Dr. Groves added, "I think there are 2 prongs to dealing with noncompliant patients. The doctor should decrease the expectation that all patients can be helped, and should look for ways to make small changes -- and keep looking.

"The second is to realize that sometimes the best you can do is to keep the relationship going and trust that this alone is doing some good for the patient, at least in providing a humane environment," says Dr. Groves.

Latecomers, No-Shows, and Bill-Dodgers

"Patients who are always late, don't show up for appointments, or don't pay their bills are devastating to a practice," said Dennis Hursh. "If it happens repeatedly, you need to make it clear that your practice cannot tolerate it."

Explain to your patients the impact of tardiness, missed appointments, and unpaid bills on your practice. Some people don't realize that physicians also have needs. Try to ascertain the reason for these behaviors. It may be that there is a psychosocial problem in the patient's life that needs to be addressed.

Thoroughly document all interactions regarding these issues in the patient's chart, because you may need to discharge the patient from your practice if he or she doesn't change, Hursh advised.

What Is Your Role in a Difficult Patient Encounter?

"We each bring something to the table that makes us regard a given patient as 'difficult,'" observed Dr. Fortin.

Dr. Rehman agreed. "One doctor may find a patient difficult to deal with, whereas another may have no problem." This implies that the clinician contributes something to the interaction. "If our baggage remains unpacked and unexplored, we're more likely to get our hot buttons pushed."

When You Want to 'Fire' a Patient

"The point of my 1978 article on challenging patients was to help MDs hang in there with difficult patients. But the disturbing trend I see now focuses primarily on termination so as to avoid lawsuits," Dr. Groves observed.

Indeed, discharging a patient should only be done if all else fails. But, "in a rare situation when the patient is abusive, aggressive, or disrespectful to you or your staff, it may be unavoidable," said Dr. Baum.

"Before firing patients, warn them that if they continue engaging in certain behaviors, you'll have to refer them to other practitioners," Dr. Dorn said. Rigorously document everything that you and the patient said during your exchange.

If you've told your patient to find another doctor, follow up with a certified letter reiterating the content of your discussion, Hursh advised. You may

need to send a second letter with stronger wording that provides the name of other physicians, or a referral source. Finally, send a third letter stating that you will see the patient for another 30 days on an emergency basis only and reiterating the names of potential physicians for the patient to see, or other referral sources. A sample letter can be found at the end of this article.

"I've never had a client who was sued after following this procedure," Hursh said.

Conclusion

"When dealing with difficult patients, bear in mind that in the profession of medicine, we tend to see people at their worst, not at their best," Dr. Fortin commented. "We don't have to deny our own human needs, but we need to build skills that will help us treat even the most difficult people."

Sample Discharge Letter

Dear _____:

I find it necessary to inform you that I will no longer be able to serve as your physician. The physician/patient relationship is extremely important to your health and well-being, and I do not believe that our relationship is effective. As we have discussed, our relationship has been damaged because {reason for discharge -- for example, not compliant, missing appointments, not following treatment recommendations}.

As you require medical attention in the future, I recommend you promptly find another physician to care for you. One way of finding a new physician would be to contact the _____ Hospital's hotline at (___) xxx-xxxx for the names of physicians who are accepting new patients.

I will be available to treat you on an emergency basis only until {30 days from date of letter}. This will give you time to find a new physician. Enclosed is an authorization form that permits me to send your new physician a copy of your medical records. Please complete the form and return it to me.

Sincerely,

References

1. Groves JE. Taking care of the hateful patient. N Engl J Med. 1978;298:883-887. Abstract

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