The Difficult Patient

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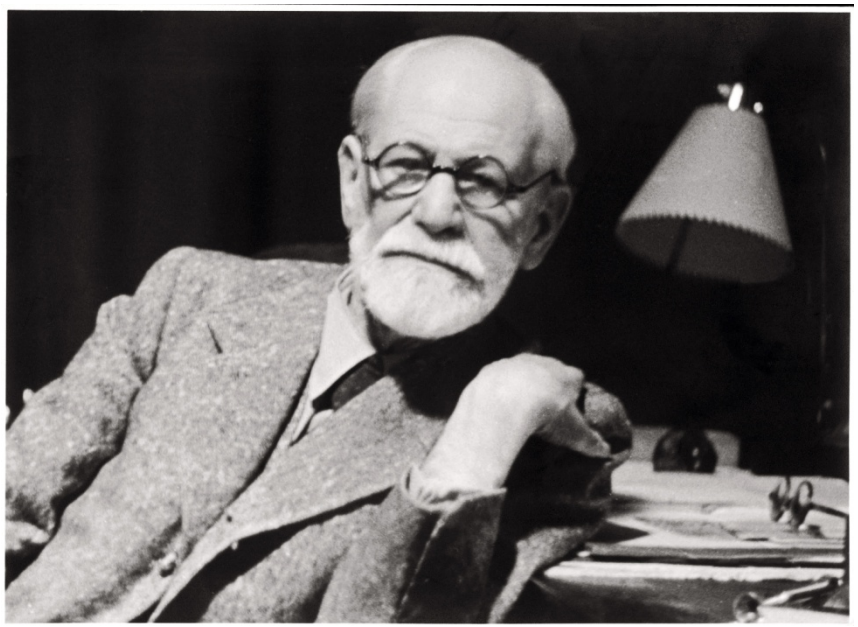
Disclosures

- I have no actual/potential conflict of interest regarding this program/presentation
- My wife does not know that I did not accept my honorarium
- I am not a Psychiatrist

Objectives

- Deconstruct the 'Difficult Patient'
- Deconstruct/reconstruct the Provider- Patient relationship and obligations
- Demonstrate some tools you can use tomorrow to improve the care of the 'Difficult Patient'



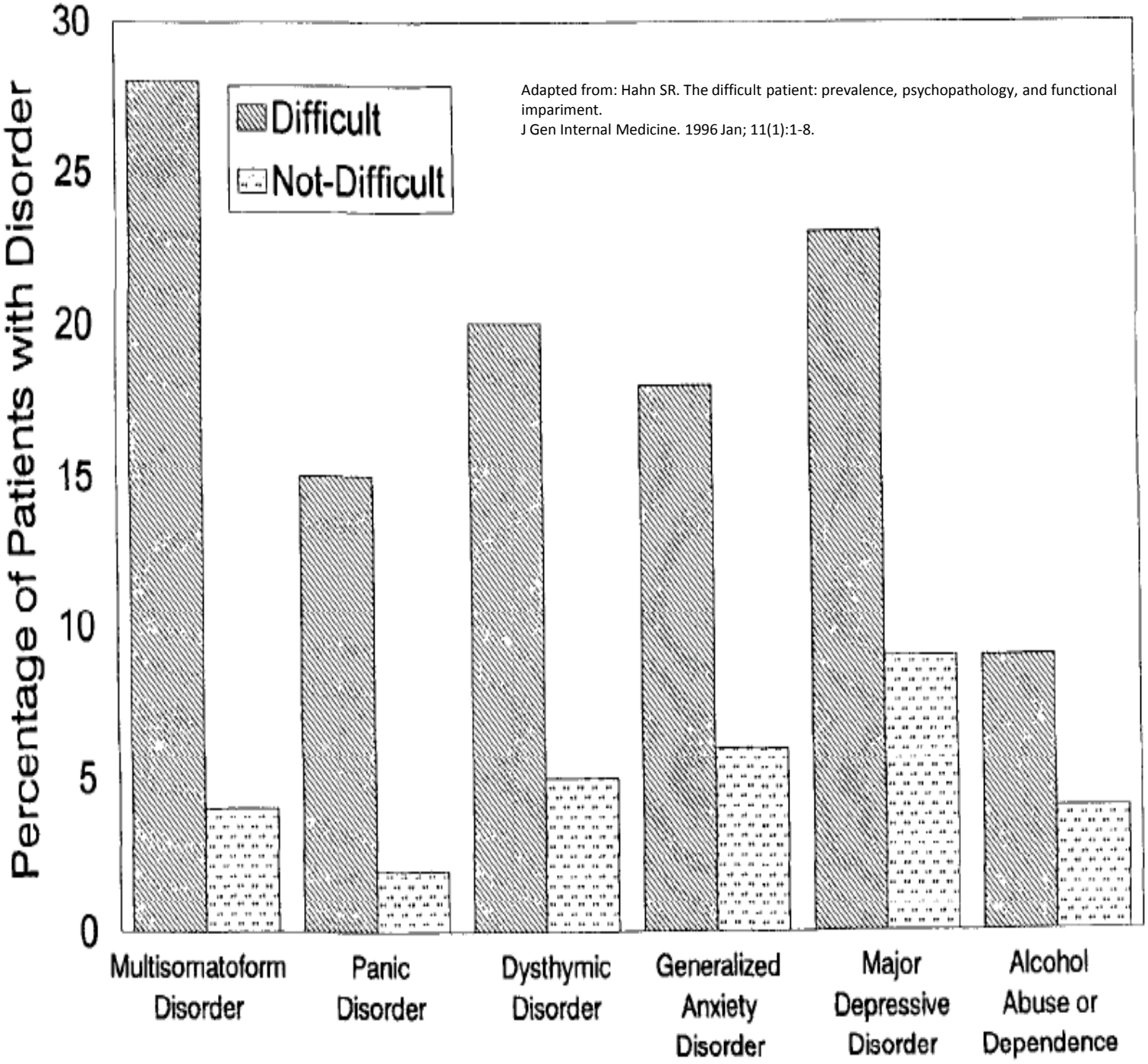
'I did not like those patients…They made me angry and I found myself irritated to experience them as they seemed so distant from myself and from all that is human. This is an astonishing intolerance which brands me a poor psychiatrist' (Freud)

The Patient

- ‘ I know what I want’
- ‘ I know what I don’t want’
- ‘I don’t know what I want’
- ‘I don’t know what you want’

Who are these folks?

- Meet DSM criteria for mental illness
  - Depression
  - Anxiety
  - Substance abuse
  - Borderline personality disorders
- Family dynamics
- Job stresses
- Cultural beliefs
- Expectations
  - ‘ I bought you’
  - Stereotypes
    - Clinicians don’t speak ‘English’
    - ‘You have 7 minutes for my visit’
    - ‘Now it is all about spending less on my care’



Adapted from: Hahn SR. The difficult patient: prevalence, psychopathology, and functional impariment.
J Gen Internal Medicine. 1996 Jan; 11(1):1-8.

Problem Behaviors

- Multiple symptoms involving multiple body systems
- Vague and shifting complaints
- Dependent, clinging behavior
- Undue concern about minor symptoms
- Excessive preoccupation with physical disease
- Poor response to usual methods of treatment
- Difficult to communicate with

Problem Behaviors ...

- Hostile, demanding, dissatisfied
- High utilization of health care services
- Manipulative, exploitative, controlling
- Flirtatious/Seductive
- Unrealistic expectations of care
- Raises new problems as visit ends
- Resistant to physician's recommendations
- Noncompliant with treatment program
- Rambling, unfocused
- Self-destructive

Manifestations of the 'Problem Patient'

- The angry patient
  - Is it true anger, or just pain and frustration
- The manipulative patient-many borderlines
  - Uses guilt
  - Is impulsive
- Somatoform disorders
  - Symptoms real to them
- Noncompliance
  - Failure of Communication and Lack of Comprehension
  - Cultural Issues
  - Psychological Issues/stress
  - Secondary Gain
  - Substance Dependency
- The seductive patient

Where to Begin

- We all have ‘Difficult’ Patients
- We all want the same thing
  - Help patients heal
  - Keep them healthy
  - Make them happy
  - Fulfill ourselves
  - Manage our time
  - Make a living
  - Meet our professional expectations

The Physician-Patient Relationship

- **The relationship is usually established when a physician conducts some form of history or physical examination. It may begin earlier, such as when a physician talks to the patient by phone and agrees to see them.**
- **Once a physician-patient relationship is established, the physician has a responsibility until the relationship is *terminated*.**
- **The obligation includes providing coverage when the physician is away or treating other patients**

The ‘Therapeutic’ Relationship

- Freud again
  - Transference and counter transference
- Making the patient ‘better’

Boundaries

1. Telephone
2. Office visits
3. E-mail
4. Other

Table 2

The Most Important Boundary Transgression in the Previous 12 Months

Response To Incident	
Note written in chart, *n*(%)*	
Overly affectionate patient	6 (21)
Use of sexually explicit language	7 (26)
Attempts to socialize with physician	2 (9)
Use of physician's first name	0 (0)
Giving of large/expensive gifts	1 (5)
Asking physician personal questions	4 (17)
Sexual contact with physician	3 (50)
Verbally abusive patient	63 (79)
Physically abusive patient	10 (83)

Physicians' Experiences with Patients Who Transgress Boundaries Farber, N, et al
J Gen Intern Med. 2000 November; 15(11): 770–775

What We Do Well and Not So Well

- Empathize
- Direct the obtaining of a history
- Examine the patient, labs etc
- Diagnose
- Prescribe
- Actively listen
- Allow the patient to express the full agenda
- Acknowledge the emotional aspects of the encounter
- Adapt the treatment plan to encompass all of the patient's needs

“Is there something else?”

- 20 US family physicians
- “Something Else“ vs “Anything else”
- Increased yes responses 90% vs 53%
- Decreased 78% of pts’ unmet concerns
- No increase length of visit (11.4 min)

Heritage et al, 2007

Agenda Card

Main reason for today's visit_____

If time, other concerns I would like to discuss:

1) _____

2) _____

3) _____

__I need refills __I need referral

__I need school or work excuse

__I need the attached forms filled out

__I would like to discuss stopping smoking

Filled out by __patient or __nurse.

Am I asking it correctly?

- The leading question
- Double negatives
- # of questions
- Closed-ended questions
- Summarize and ask for clarification

- *"No chest pain, shortness of breath, or nausea, right?*
- *"Not been suicidal, right?"*
- *"So you've had squeezing **here** for 2 days?"*

BATHE: A Useful Mnemonic for Eliciting the Psychosocial Context

Stuart, M.R. and Lieberman, J.A. III. (2002). "The Fifteen Minute Hour: Practical Therapeutic Interventions in Primary Care" 3rd Edition. Philadelphia: Saunders.

Background: *What is going on in your life? Tell me more…*

Affect: *What's that like for you? How do you feel about what is going on?*"

Trouble: *What about the situation troubles you the most?*

Handling: *How are you handling that?*

Empathy: *That must be very difficult for you.*

Results: patients reported higher satisfaction for 8 of 11 factors

Physician concern; Explanations given; Information given; Instructions given; Recommending to others; Today's visit

Interview

- "Many patients may have several things to discuss. Before we get started, what **all** would you like to address today."
- Keep a list. (4/5 practitioners forget to address stated problems)
- "What do think is going on?"
- Validate their concerns as legitimate and empathize
- "Let me make sure that I heard you right"…
- "Let's agree on what we can accomplish in this visit"

Exam

- Explain what and why

Discussion and Plan

- Have patient state back key components
- Clarify any confusion or barriers to compliance
- Define clear expectations and timeline
- Arrange follow up
  - To staff
  - To you
    - phone
    - E-mail
    - visit

When All Else Fails

- Termination
  - Breakdown of rapport with patient/family that makes it medically impossible to treat patient
  - Threatening behavior, abusive behavior or violence
  - Sexual advances
  - Repeated no-shows or non-compliance that interferes or jeopardizes patient safety
  - Refusal of treatment plan recommended by provider after having opportunity to actively participate in decisions. Failure to pay (consistent), with Legal input
  - Patient misidentification of self
  - Fraud or theft (NOT for drug-seeking behavior without first addressing problem)

But First....

- Advise patient of potential consequences of behavior
- Utilize patient care conference
- Contract with patient for behavioral changes
- Utilize case manager or social worker
- For violent or abusive situations: may require a show-of-force or security
- Appropriate use of other internal staff: risk manager, psych consult, or medical director

Completing the Termination

- Check with management/legal
- Provide written notification

– Give a reasonable notice and period of time for patient to find another practitioner (usually 30 days)
– Adequate documentation of rationale for termination
– Remain available for emergent consultation until transition completed
– Review managed care contracts

Going Forward

1. Active listening, face front
2. Speak in layman's terms and insure comprehension
3. Allow to ventilate
4. Set the agenda and the 'hidden agenda' and write it down
5. Use open ended questions and solicit the patient's opinions
6. Manage the visit based on the agenda
7. Empathize and validate the concerns
8. Review issues addressed and patient's understanding
9. Enunciate patient's 'homework' and when/how to report back

Practice Scenarios

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