Managing Difficult Patients

Linda L. M. Worley, MD, FAPM

Professor, UAMS College of Medicine
Departments of Psychiatry and Obstetrics/Gynecology
Vanderbilt Center for Professional Health
Distressed Physicians’ Course Faculty

Objectives

• Recognize that caring for difficult patients increases risk for burn out and medical errors
• Understand why certain patients trigger uncharacteristic reactions in us
• Understand how a high emotional I.Q. protects physicians from being sued and helps them manage difficult patients
• Identify difficult patient presentations and learn effective management approaches
Traits of Difficult Patients

- Insist on obtaining an unwarranted Rx
- Dissatisfied with care
- Unrealistic expectations
- Visit regularly, but ignore medical advice
- Persistently complain despite exhaustive efforts to help
- Insist on unnecessary tests
- Verbally abusive
- Disrespectful


Difficult Patients Increase Risk

- 12 x higher risk of burnout
- Career disillusionment
- Fatigue
- Use of a reactive brain rather than a cognitive brain, raising risk for medical error
- Interacting in disrespectful, offensive ways

### Worksheet 1

Which Patients Get to You?

### Primer on Emotions

- Born hardwired with them
- 7 primary emotions
- Each one has a purpose
- A ‘vital sign’
## Primer on Emotions

<table>
<thead>
<tr>
<th>Emotion</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acceptance</td>
<td>Neutral</td>
</tr>
<tr>
<td>Happy</td>
<td>Things going your way, energizing</td>
</tr>
<tr>
<td>Surprise</td>
<td>Something unexpected</td>
</tr>
<tr>
<td>Disgust</td>
<td>A noxious stimulus</td>
</tr>
<tr>
<td>Anger</td>
<td>Needs not met</td>
</tr>
<tr>
<td>Sadness</td>
<td>Loss</td>
</tr>
<tr>
<td>Fear/Anxiety</td>
<td>Threat of injury / pain</td>
</tr>
</tbody>
</table>

## The Energy of Negative Emotions

- Must dissipate somewhere
- Options:
  - Explosive outburst
  - Displaced
  - Kept tightly bound inside (exhausting, depleting, drives addiction and somatic illness)
  - Effectively harness their energy, expressing them appropriately
“Anyone can become angry ~
That is easy…. but to be angry
with the right person,
to the right degree,
at the right time,
for the right purpose
and in the right way…
That is NOT easy!”

Aristotle

High Emotional I.Q.

• Self Awareness
• Self Control
• Empathy
• Listening
• Resolving Conflict
• Ability to Cooperate
High Emotional I.Q.

- Gifted leaders
- 4 x more important in professional success and prestige than traditional I.Q.
- Greater success in social life
- Perceived fewer difficult patients
- Decreased burn out, career dissatisfaction and medical errors

Importance of Emotional I.Q.

- “I don’t care what my doctor did. I love her, and I’m not suing her.”
- Patients file lawsuits because they’ve been harmed and something else happens to them
- It’s how they’re treated on a personal level by their physicians
- Patients who sued felt rushed, ignored or treated poorly

In Blink: Listening to Doctors. Alice Burkin, medical malpractice attorney. (39-43).
When we feel powerless and mistreated, retaliation is sweet justice.

Physicians Who Were NOT Sued

• Made orienting statements to let the patient know what to expect during the visit and when to ask questions (e.g. “First I’ll examine your incision to see how it’s healing, then will share your lab results with you and last we can go over your list of questions.”)

• Engaged in active listening

• Far more likely to laugh and be funny

These skills are important
in Doctor-Patient Relationship

Surgeon’s Tone of Voice Predicted Litigation

- Listened to intonation, pitch and rhythm in recorded conversations with patients
- Analyzed warmth, hostility, dominance and anxiousness
- Stunned by results: predictive of which physicians had been sued
  - Dominant voices
  - Didn’t listen
  -Talked down to patients
  - Treated disrespectfully

What’s Your Emotional I.Q.?

Recognition of Emotions

Video

What do you see?
## Discussion

Objective signs:

**Sadness**
- Omega sign
- Tears

**Anger**
- Furled eyebrows
- Arms crossed
- Clenched teeth

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## Video

Family of Origin Lessons
Discussion

Powerful Emotional Programming:
• Never show weakness or tears
• Be self reliant
• Work hard
• Don’t need anyone
• Contain your emotions

Worksheet 2

Your Family Rules
## Instructions

The_____s were raised to be:

The_____s were NOT raised to be:

## Emotional Flooding

Reminders can unexpectedly trigger you to experience emotional flooding:

- Painful past memories or experiences key
- Heart racing, mind goes blank, increased respirations (e.g. sympathetic nervous system fight or flight response)
- Sudden shift to ‘reacting brain’
- Unable to access optimal ‘cognitive brain’ leaving you vulnerable on many levels
Identify your triggers

Family Rules

Compare ‘difficult patient’ descriptions to how your family raised you ‘NOT to be’
## Presentations of “Difficult” Patients

- Mystery Diagnosis
- Self-Destructive Deniers
- Help Rejecters
- Entitled Demanders
- Dependent Clingers

### Mystery Diagnosis
### Mystery Diagnosis

- Unexplained physical complaints
- Expectation that you will find the reason and solve it
- You have done a complete work-up and are at a loss

### The Patient with a Mystery Diagnosis

- 28 year old nurse with complicated prenatal course on prolonged bedrest
- Now postpartum with incapacitating anxiety; frantic that dizziness and full feeling in her head are indicative of life threatening illness
- Comprehensive workup negative
- Alienating husband, obstetrician and advanced practice nurse
Pearls: Mystery Diagnosis

- Acknowledge suffering
- Share frustration of not knowing cause
- Good news:
  - Test results show NOT_______ (e.g. malignancy)
- Bad news:
  - We don’t know what is causing your suffering
- “I won’t abandon you with this”
- Do no harm (avoid iatrogenic addiction)
- Obtain consultation(s), follow supportively
- Get support for patient (and self p.r.n.)
- Encourage patient to do everything in their power to allow body to heal naturally in the meantime

Self-Destructive Denier
Self Destructive Denier Case # 1

- 27 year old son of wealthy donor
- Received heart transplant 4 months ago for alcohol induced cardiomyopathy
- Resumed drinking ~ 12 beers per day
- Non-compliant - immunosuppressant meds
- Resumed smoking one pack per day
- Short of breath
- Rejecting heart

How DARE you? What are you thinking!!!!
Discussion Case # 1

- Acknowledge your reaction to patient’s choices (privately)
- Obtain consultation for help with management
- Sit with patient
- Attempt to understand what it is like to be in his shoes without judging
- Ask him if he were the doctor, what would he say to a person in his shoes

The Self Destructive Denier Case # 2

<table>
<thead>
<tr>
<th>Out of Control Addiction</th>
</tr>
</thead>
<tbody>
<tr>
<td>5th admission to the ER this month</td>
</tr>
<tr>
<td>High on cocaine again</td>
</tr>
<tr>
<td>S/P MI and hemorrhagic stroke in last 3 months</td>
</tr>
<tr>
<td>Has an 8 year old daughter</td>
</tr>
<tr>
<td>BP currently 210 / 150</td>
</tr>
<tr>
<td>Referred to rehab 4 previous times</td>
</tr>
<tr>
<td>Checks self out AMA to return to physically abusive partner</td>
</tr>
</tbody>
</table>
Discussion Case # 2

- What have you lost because of…
- Help me understand, how does it make you feel when you use ….
- What is the longest you’ve ever gone without using? How did you do it?
- What made you start again?
- If I had the power to grant you any three wishes for the future, what would they be?
- Your addiction is like a cancer. The longer you deny that you have a life threatening illness, the more likely it will take away everything including your life.
- Telephone sponsor together from hospital and have them come establish relationship before discharge.

Pearls: Self-Destructive Denier

- Very limited ability to help self-destructive deniers
- Normal reaction is to feel exhausted and frustrated with futile efforts to help – get to the point you “wish the patient would just die and get it over with”
- The optimal care for a chronically ‘self murderous’ patient is to obtain a psychiatric consultation to determine if a treatable depression exists
- Re-frame the patient’s illness as a terminal one. Don’t feel as though ‘you are losing’ because you can’t get the patient to follow your instructions
- Your patient has free will and for some unknown reason, they have a terminal, self destructive course

Harness Your Emotional I.Q.

• Acknowledge your frustration
• Talk with someone about it (in private)
• Don’t act out your anger
• Look deeper and ‘try on the patient’s shoes’
• Disarm your personal triggers (e.g. which family rule is your patient violating?)

HELP-REJECTER

Help Rejecter
Video

Help rejecter (bad example)

Discussion
Help Rejecters Make you Feel:

- Anxious that a treatable illness has been overlooked
- Irritated and frustrated
- Demoralized and doubting skills


Nonverbal Cues

Physician ignored patient’s distressed cues

Sadness:
- Omega sign
- Decreased eye contact
- Increasingly closed body posture

Anxiety / Guilt:
- Horizontal lines on forehead
- Rocking in chair
- Scratching self
<table>
<thead>
<tr>
<th>Video</th>
</tr>
</thead>
</table>
| Help Rejecter  
(good example) |

### Harness Your Emotional I.Q.

Physician followed cues and responded empathically  
- “How are you?”  
- “No wonder you look so down”  
- Listened  
- Did not judge
### Pearls: Help Rejeter

- Pay attention to verbal and nonverbal cues
- Adjust expectations for minimal gains and set regular follow up visits
- Use motivational interviewing: Elicit patient’s desires and empower them to find solutions (“So what are you really hoping for help with by coming in today?”…”I really need your help with this, so tell me what you think you can do to_____” )
- Increase listening and less lecturing


### Entitled Demander
Video

Entitled Demander

Discussion
Harness Your Emotional I.Q.

<table>
<thead>
<tr>
<th>Anger:</th>
<th>“I’m sorry you had to wait.” Respectfully explained</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insults:</td>
<td>Did not take personally or respond defensively</td>
</tr>
<tr>
<td>Strategy:</td>
<td>Focused exclusively on providing the ‘best medical care’</td>
</tr>
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Video

Entitled Demander Management
Pearls: Entitled Demander

- Pay attention to verbal and nonverbal cues
- Behavior is driven by underlying fear
- Re-channel feelings of total entitlement into partnership
- Acknowledge entitlement for good medical care (*not* for unrealistic demands)
- Avoid becoming entangled in a complicated logical / or illogical debate
- Fall back to tireless repetition of, “You deserve first-rate medical care”


Dependent Clinger
Video

Dependent Clinger
(bad example)

Discussion
Warning Signs

- Patient referred to physician as “Chris”
- Status of ‘special patient’
- Gave mixed messages regarding role
- Sat too close to patient
- Informally tapped patient’s leg with chart
- Failed to de-escalate patient’s anxiety or recognize her emotional flooding

Video

Dependent Clinger
(good example)
Pearls: Dependent Clinger

- Pay attention to warning signs
- Schedule regular, short appointments so patient can have contact without having to be symptomatic
- Fear of abandonment drives the behavior
- Focus the visit: “What is most important for us to discuss in our next 10 minutes together?”
- Reassure the patient that other issues will be addressed in the next visit
- Use a team to provide care (e.g. with nursing, physician, care manager, therapist, etc.)


Review

- Mystery Diagnosis: It must be in your head
- Self-Destructive Deniers: Anger, helplessness, hopelessness and exhaustion
- Help Rejecters: Guilty and inadequate
- Entitled Demanders: Fear and counter attack
- Dependent Clingers: Precipitate aversion
Mystery Diagnosis Take-Away

When you feel puzzled…
Be empathic, get help

Self Destructive Denier Take-Away

When you feel hopeless…
Acknowledge patient may be terminal, use team approach
<table>
<thead>
<tr>
<th>Help Rejecter Take-Away</th>
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<tbody>
<tr>
<td>When you feel frustrated with progress…</td>
</tr>
<tr>
<td>Engage the patient’s ideas</td>
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<table>
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<tr>
<th>Entitled Demander Take-Away</th>
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<tbody>
<tr>
<td>When you feel like attacking…</td>
</tr>
<tr>
<td>Affirm the patient deserves the best medical care</td>
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</table>
Dependent Clinger Take-Away

When you feel like running…
Set appropriate limits

Managing Difficult Patients

*Secrets to navigating the obstacles*

- Know your triggers, this can protect you
- Stay in your cognitive brain
- Respond promptly to nonverbal cues and/or warning signs and de-escalate the situation
- Establish respectful, caring relationships with your patients
- Look for the underlying motivation when patients become difficult
- Provide the best possible care, including team care/referral