

Dealing With Difficult Patients

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- Or difficult encounters,
- Difficult diseases,
- Difficult Dr / px pairing.
- Difficult Doctor.



The Patient and The Healer

- Wounded patient...
- Possible wounded healer....
- FOO; Abuse, alcoholism, anger, violence, neglect, fear, wars, religious and cultural issues and confines.

Physician factors

- Work load.
 - Poor communication skills.
 - Discomfort with uncertainty.
 - Inexperience.
 - Personality factors / disorders.
 - Ego issues.
 - Lack of humility.
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Patient Factors

- Diagnosis.
- Ability to understand.
- Fear.
- Emotional plasticity.



Patient Factors

- Sub clinical behavioral traits.
- Personality disorders.
- Relatives.
- Untrue Information.




Health Care factors.

- Pressure re numbers, financing.
- Fragmentation of visits and caregivers.
- Lack of information continuity.
- Patient doctor relationship is less certain in current dynamics.

European Task Force

- Patients expectations of care
 - “Humaneness”
 - Competence
 - Accuracy
 - Involvement in decisions
 - Time for care
 - Timely access to care
 - Honesty and openness

Understanding the patient


- Their agenda.
 - Hopes, fears , beliefs ,needs.
 - Recognizing what else is in the room.
 - Not missing psychiatric illness. e.g..
somatic presentations of mood disorder.
 - Subtle dementia.
 - Substance abuse.
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Difficult Encounters

- Patient.
- Physician.
- System Factors.
- The environment.
- Time constraints.
- Confounders.



Stressors to the medical “dream”

- The chronic incurable.
 - The “nothing works.”
 - I “have nothing to offer.”
 - Pain that is untreatable.
 - Power struggles.
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Setting The Stage

- What does the physician take into the room?
 - Knowledge
 - Skills
 - Experience
 - Practicing environment
 - Personality
 - Psychological difficulties
 - Medical illness in the physician
 - Psychiatric illness in the physician.

Dynamics in the Room

- What does patient ask of you
- Is their request / need reasonable?
- Can you meet their needs?
- What are your needs and issues
- Dr “here to give what you need not what you want”
- What transference / counter-transference issues may exist

Dealing with difficult interviews


- Heightened self awareness.
- Be aware of your own reactions.
- Why do I find this patient irritating.
- Is this about my past?
- How is the illness affecting the patient.
- Where do our personalities clash.
- Am I biased , stubborn, oppositional?

Patients Reactions to Illness

- Initial anger.
- Shock - disbelief.
- Passive non feeling.
- Inappropriate humor as a defense.
- Anxiety.



Reactions to Illness

- Bargaining.
 - *Inability to hear, relate or remember.*
 - *Grief of loss of the ideal of self; things are never the same.*
 - *Loss of the ego ideal of self.*
 - Depression.
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Common Themes of Illness

- Fear of Dysfunction of body.
- Erosion of confidence.
- Sense of loss of control.
- Loss of time and money.



Common Themes of Illness

- Conflicting multidirectional medical advice.
- Ambivalence re surrender and intimacy.
- Anger.
- Fear of death and dying.



Medically Challenging

- Interpersonally difficult
- Multiple problems
- Always time consuming.
- Manipulative



Medically Challenging

- Poor compliance
- Lacking in social support
- Chronically medically ill- no cure
- Psychiatrically ill



Overview of Common Personality Disorders



Hysterical personality

- Exaggerate, charming, seductive, dramatic.
- Want an intense personal relationship.
- Seek approval, admiration, reassurance.
- Management.

Exhausting!

- Boundaries!
- Summary - the big picture of the illness.
- Appropriate reassurance.

Antisocial Personality

- Chronic behavior problem in your office.
- Selfish,demanding,no remorse,manipulates.
- Little respect,aggression may increase with illness.
- Management.
 - Set limits early.
 - Refuse to be manipulated.
 - Don't let them abuse you or staff.
 - All care givers unite.

Narcissistic Personality

- Grandiose, vain, arrogant, patronize.
- Fragile self esteem, need to be perfect.
- Will idealize and devalue care givers.
- Illness threatens perfection and autonomy.
- Management.
 - Be very straightforward in communication.
 - Summarize clear plan and instructions.
 - Don't be drawn into the web!

Borderline Personality

- Unstable mood, manipulates, splits.
- Devalues self and others, very needy.
- Mutilation, suicidal gestures, illness accentuates.
- Management.
 - Set limits, firm kindness.
 - Treat mood.
 - Acknowledge their successes and efforts.
 - Avoid splitting in care givers.
 - Short visits- DON'T Rescue.

Dependent Personality

- Helpless, passive, poor confidence.
- Fear abandonment, regress when ill.
- Increased demands and complaints.
- Management.
 - Short visits.
 - Reassure that if well wont be abandoned.
 - Communicate with the “Team.”
 - Set limit re contact, therapy etc.

Compulsive Personality

- Emotionally reserved, rigid, perfectionist.
- Controlling, orderly, fear loss of control.
- Illness- loss of control-repressed anger and emotions.
- Often critical, depression is common.
- Management.
 - Careful detailed instructions, allow control.
 - If choices exist offer them.
 - Don't power struggle, participation is key.

Passive Aggressive Personality

- Overtly cooperative, hidden aggression.
- Procrastinate, stubbornness, forgetfulness.
- Can be dependent with poor confidence.
- Non compliant in treatment, creates frustration.
- Confront the dysfunctional behavior encourage and praise the positive.
- “ of the options discussed today what could you reasonably commit to do before your next appointment.”

Paranoid Personality

- Fearful, guarded, suspicious, oversensitive.
- Expects worst from everyone.
- Cant accept criticism.
- Illness- increased fear and anger.
- Management.
 - Acknowledge ,fear ,anger,view point.
 - Be honest open and consistent.
 - Keep interpersonal distance.
 - “I can see that this would be a frightening Dx for you”

Schizoid Personality

- Remote, reclusive, loner, little emotion.
- Illness forces contact- feels threatened.
- Denial and avoidance may be issues.
- Management.
 - Don't try to draw out - respect their privacy needs.
 - Don't expect an emotional response.
 - Deal with the facts information openly.

Defining Common Style Difficulty

What does it do to us as physicians?

- Dependence “clingers” – evoke aversion
- Entitled “demanders” - counter attack!
- Manipulative “help rejecters” – Depression
- Self destructive “deniers” - Anger / Malice

Mindful practice.

- Mindfulness in the moment...
- the ability to be both a participant and observer during clinical interactions to self monitor, to adjust to information.....body language, behavior and feelings in oneself and others and to integrate this with ones professional knowledge and experience.



Mindfulness

Changes in perception of self and relationship to our own emotions.

We don't have to "be" our emotions.

Be with them , empathic curiosity and understanding.

Have a sense of staying in the "presence" of "here and now" in your body and its sensations of emotional perception.



Finding the Origins of Emotions.

➤ **Satir's concepts;**

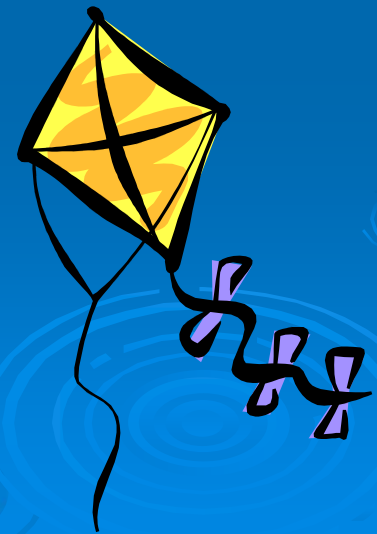
What are you feeling and where.

What does it bring to mind; when did you first feel it.

How does it relate to now.

Is it an appropriate response.

Power of vision and change.



Mindfulness

“Overwhelmed by anger”

Chest tightness, fast breathing...

sense..... fear of loss

sense..... previous pain of loss



Aware of Self

Acknowledging self, being with emotions, allows other sensations to reach awareness.

Instead of repeat catharsis or repression of our ghosts the honest exploration allows for real ability to shift and change.

Need to develop a loving kindness of self as a starting point for change.



Perception and Reality!

- People perceive the same situation differently.
- “Hard wiring” – “ buttons”
- Are you being “your child” or an adult in the situation.
- Has your relationship developed such that you are always the parent or the child.
- Life experiences.



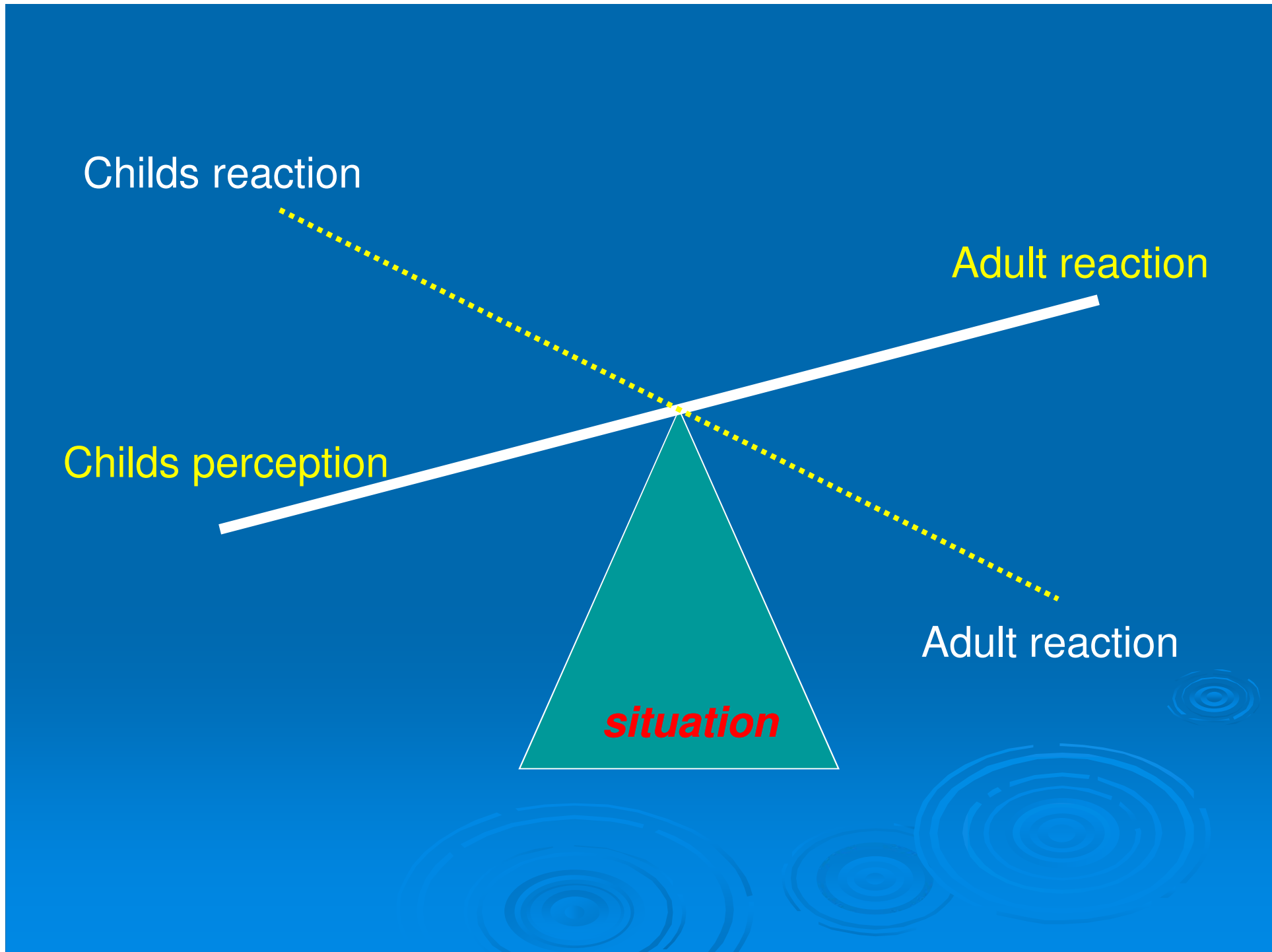
Childs reaction

Adult reaction

Childs perception

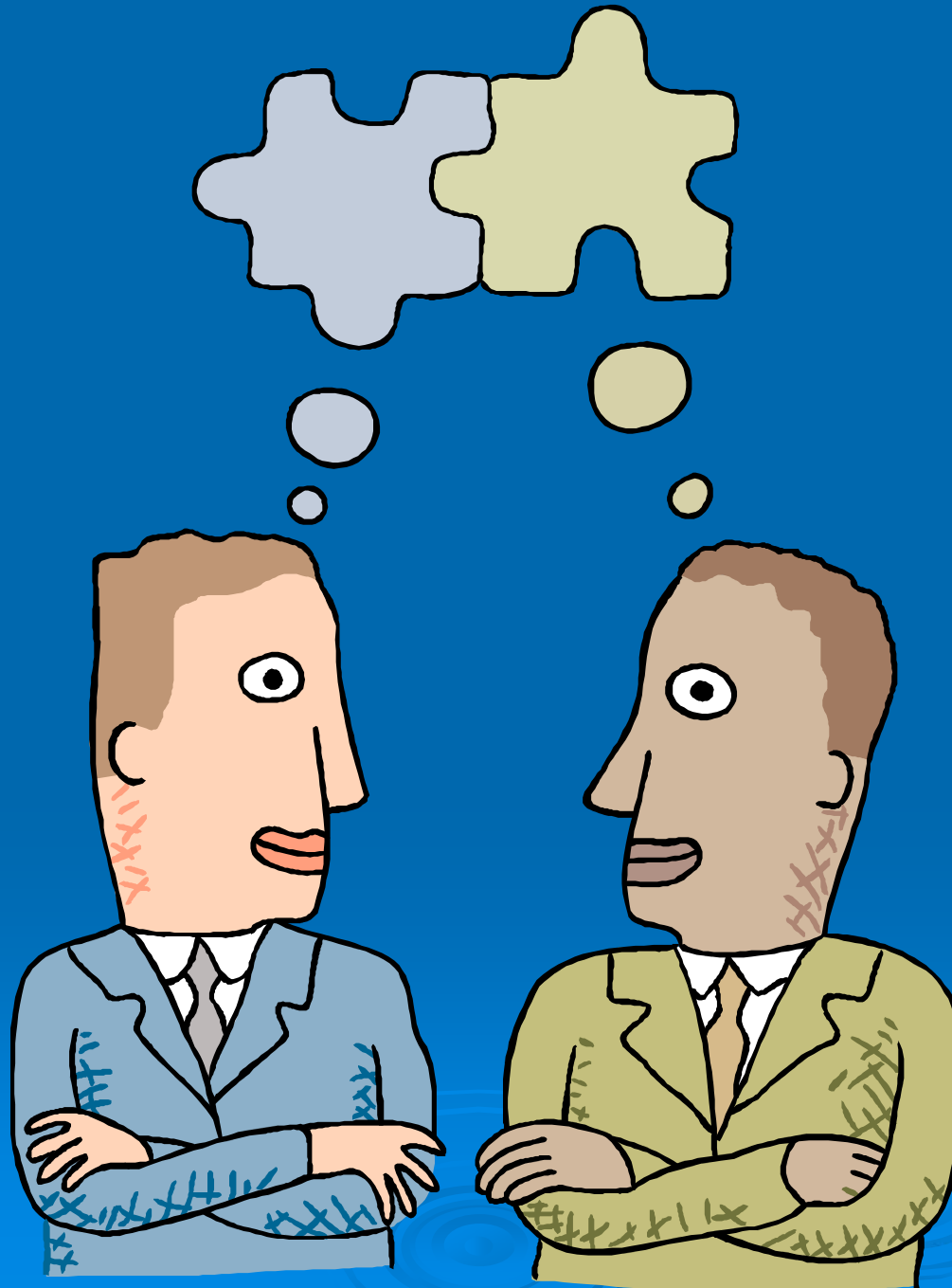
Adult reaction

situation



Doctors
agenda

Patients
needs




**Consider an
emotional
differential
diagnosis.**


Difficult encounters.

- Appropriate apologies.
- Rambling patient, - kind redirection.
- Anger, - identify the issue.
- Female patients may have more anger expression difficulty.

Difficult encounters.

- Rude or aggressive , - stay calm,keep safe.
 - Non compliant engage them as a team decision maker.
 - Help identify their goals.
 - Consider “Time out”.
 - If you and/or the patient are “hateful” seek help.
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The Unlikable Patient

- Try to find some aspect of the patient you can respect or relate to.
 - Remember that they are sick and you only have to episodically treat them and you don't have to walk in their shoes or live their life.
 - If your own counter transference is interfering with care you may have to seek help in management.
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Psychotherapeutic Approach to Illness

- Establish a therapeutic alliance.
- Foster a sense of patient control.
- Provide meaning and understanding.
- Give hope where appropriate.
- Kindness, understanding and compassion are powerful therapeutic tools.
- Be self aware.

Goals and Limits of Care

- **To cure seldom**
 - **To alleviate often**
 - **To comfort always**
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