PATIENT ENCOUNTERS
OF THE DIFFICULT KIND

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OBJECTIVES

• Identify what makes a patient “difficult” or professionally challenging to a practice
• Develop strategies to deal with difficult patients and scenarios
• Re-establish the relationship
• Terminate the relationship
FANCY DEFINITION OF A DIFFICULT PATIENT?

Someone who blocks the therapeutic relationship and deviates from expected patient behavior.
HOW DO YOU SEE THEM?

• The Bully
• The Internet Expert
• The Silent Type
• The Seeker of Truth (and physicians!)
• The Non-Compliant Patient
• The Drug-Seeker
THE BULLY
DESCRIPTION OF THE BULLY

• These patients often display an exaggerated sense of entitlement. In an attempt to manipulate doctors, staff and the system, they usually resort to:

  • Threats
  • Anger
  • Intimidation
HOW TO RECOGNIZE THE BULLY?

Angry/demanding patients are the easiest to spot:

- Rely on intimidation and threats ("I’m gonna talk to my lawyer!")
- Manipulate others through guilt
- Have great difficulty dealing with any type of frustration
- Are largely inflexible
- Degrade others (particularly staff)
- Yell and/or resort to anger very easily

Any examples from your practice?
CASE SCENARIO: THE ULTIMATE ANGRY PATIENT

- Patient seen by gastroenterologist for rectal pain in 2010; refuses colonoscopy
- Returns two years later for same problem
- Physician accommodates patient request for colonoscopy on a Saturday to fit his schedule
- 30 minute delay in procedure on Saturday due to office scheduling error
- Patient storms out & files suit
CASE SCENARIO: THE DANGEROUS PATIENT

- 50 year old male patient of internist for one year
- Patient disputes cost of tests ordered by physician
- Patient begins screaming obscenities at office staff
- Two days later patient calls office
  - Threatens to make everyone in the office “pay”
  - Lists each member of staff by name and implies he knows where to find them
STRATEGIES FOR DEALING WITH THE BULLY

- Acknowledge the patient’s entitlement - not to unreasonable demands, but to realistically good care.
- Avoid logical (or illogical) debates with the patient
- Do not allow (easy for me to say!) the patient to push you to lose control of your emotions and, by default, the situation
- Find out how demanding patients came to their conclusion/demands (misplaced/misinterpreted expectations?)
- Set boundaries (offensive behavior will not be tolerated!)
THE INTERNET EXPERT

THE PATIENTS KNOW MORE ABOUT THEIR DISEASES THAN ME. I MUST GET FASTER MODEM, HIGHER SPEED INTERNET ACCESS THAN THEM.
These patients present with print-outs of either complex and/or marginal information about their problem from a website and begin demanding unnecessary medical tests or treatments.
INTERNET EXPERT STATISTICS

• 85% of physicians report that patients bring Internet information with them to office visits
• Of patients that consult Internet, 45% request specific treatment & 36% suggest a specific diagnosis
• Flood of direct to consumer marketing of medications and medical devices
• Patients are now “consumers” of medical care: sharing information online, blogging, rating physicians, reviewing medications
HOW TO RECOGNIZE THE INTERNET EXPERT?

- Arrives armed with information gleaned from the Internet for his/her condition (or what he/she *thinks* is his/her condition)
- Not everyone who has consulted the Internet is problematic—only those that refuse to accept your input
- Rejects the doctor’s course of treatment and instead, demands alternative treatment modalities
- Compares what he/she has to a friend’s/relative’s’s experience
STRATEGIES FOR DEALING WITH THE INTERNET EXPERT

• Address unnecessary demands to see what the patient’s needs really are
• Provide empathy for patient’s concerns
• Share rationale for your treatment recommendations

• Fully document the conversation
SIDEBAR: THE IMPORTANCE OF DOCUMENTATION

- Statute of limitations: Two years from date of injury or date of last treatment
  - Treat patient today: 11/10/2016
  - Filing deadline: 11/10/2018
  - Service deadline: 11/10/2019
  - Trial in two years: 11/10/2021
  - NONSUIT
    - 5 years
  - Re-file: 5/10/2022
  - Service deadline: 5/10/2023
  - Trial in two years: 5/10/2025
    - 9 years
SIDEBAR: STATUTE OF LIMITATIONS TOLLING

- Kids: Two years, but not younger than 10
- Foreign object: One year from discovery
- Cancer: One year from diagnosis
- Fraud: One year from discovery
“In an action by or against a person who, from any cause, is incapable of testifying ... no judgment or decree shall be rendered in favor of an adverse or interested party founded on his uncorroborated testimony ...
SIDEBAR: DOCUMENTATION AND “THE DEAD MAN’S STATUTE”

• This statute is most frequently relevant in wrongful death lawsuits.
• This statute can preclude a physician’s side of the story, or version of events, from ever being told at trial.
• It is critical that all conversations between physicians and patients be documented in the medical record.
• This is not a physician-friendly statute.
• But the General Assembly has come to your rescue...
SIDEBAR: DOCUMENTATION AND “THE DEAD MAN’S STATUTE”

• For the purposes of this section, and in addition to corroboration by any other competent evidence, an entry authored by an adverse or interested party contained in a business record may be competent evidence for corroboration of the testimony of an adverse or interested party…
THE SILENT TYPE
DEFINITION OF THE SILENT TYPE

• This patient is so quiet and unassertive (opposite of the bully or the internet expert) that it is near impossible to obtain a health history or determine his current medical issue.
HOW TO RECOGNIZE THE SILENT TYPE?

Easy – they’re silent! Silent types are hard to draw out – their reticence could be related to a number of issues: fear, embarrassment or even cultural issues or language barriers that make it difficult for them to express their medical concerns.
STRATEGIES FOR DEALING WITH THE SILENT TYPE

• Asking open-ended questions often helps: “You seem quiet today. Can you tell me why?”

• Use communication techniques to pinpoint the cause – shyness, fear of authority, medication or a condition such as depression or even hearing loss.

• If cultural or language barrier, consider need for an interpreter
  • If family member not available and acceptable to patient, you have burden to provide interpreter
DEFINITION OF THE SEEKER

This is the classic "doctor shopper" who presents with a history of extensive testing. They usually have multiple, vague symptoms.
HOW TO RECOGNIZE THE SEEKER?

• Frequent complaints of vague aches and pains
• Patient has had numerous tests and has seen numerous subspecialists

Listen for this specific catch phrase or something along these lines: “Dr. Smith is the third doctor I’ve been to – I hope he can figure out what’s wrong with me since nobody else seems to!”
STRATEGIES FOR DEALING WITH THE SEEKER

• **Do not** minimize the patient’s concerns – cases have been lost because a patient’s symptoms were discounted as being “all in her head” and turned out to be a true disease process.

• **Do** discuss with the patient any prior testing that’s been done and whether or not additional testing is appropriate.

• Make a concerted effort to discuss prior healthcare providers patient may have seen

• Attempt to provide symptomatic relief if possible, with specific documentation to support any interventions in the event of lawsuit or Board complaint
THE NON-COMPLIANT PATIENT

“Give it to me straight, Doc. How long do I have to ignore your advice?”
DEFINITION OF THE NON-COMPLIANT PATIENT

• In Medicine, the term noncompliance is commonly used to describe a patient who does not take a prescribed medication or follow a prescribed course of treatment.
• It is also used to describe patients who continuously fail to follow up as required or miss scheduled appointments.
STRATEGIES FOR DEALING WITH THE NON-COMPLIANT PATIENT

• Document, document, document!
• If non-compliance is chronic, send the patient an “at risk” letter with factual information regarding the patient’s condition and recommended treatment. The letter should reflect the impact of continued non-compliance with care.

Any examples from your practice?
CASE SCENARIO: THE NON-COMPLIANT PATIENT

- Patient seen by plastic surgeon from 2000-2009 for evaluation of skin lesions
- 2000: basal cell carcinoma excised from back
- 2001, 2003, 2007: patient comes in for evaluations, but cancels follow-up for diagnostic biopsies on five different occasions
- Finally appeared for biopsy in August 2007, pathology revealed infiltrating squamous cell carcinoma
- In January 2008, physician biopsied left forehead cyst, revealing same pathology
- Patient treated with radiation and radical resection of left forehead, but died in 2010
Dear patient:

It has come to my attention that you are not adhering to the medical regime that I have instructed you to follow. It is necessary for you to (insert the advice, recommendation, etc.) for important health reasons. If you fail to do so, it could have the following negative effects on your health: (list consequences of not following treatment).

In order for you to get your treatment back on track, it is necessary for you to (insert the steps that the patient must take).
We are committed to providing you with quality healthcare, but to do so, we must count on you to follow your prescribed treatment. You are a critical part of the healthcare team.

Sincerely,

(insert physician’s name and signature)
THE DRUG-SEEKING PATIENT
DEFINITION OF THE DRUG-SEEKING PATIENT

• Patients who present on addictive medications or who demand to be placed on these medications. If the patient is unwilling to discontinue a medication on the advice of the doctor or refuses an exam, this may be a sign of addiction.
HOW TO RECOGNIZE THE DRUG-SEEKING PATIENT

• Patient highly resistant to stopping medication even when clinically indicated
• Patient demands specific medications
• Exhibits signs of “doctor shopping”
• Frequently loses prescriptions
• Threatens the doctor when medication not given
STRATEGIES FOR DEALING WITH THE DRUG SEEKER

- Set firm limits (patient contract)
- Provide ongoing support
- Refer to specialist (pain management) if appropriate
- Consider possibility of psychiatric disorder
SIDEBAR: PRESCRIPTION DRUG MONITORING PROGRAM

• 24/7 access to Schedule II through IV prescription history for patients for the last 90 days
• Online registration to access system
• Dispensers must report within 7 days
• Information shared among 16 states
  • Tennessee
  • West Virginia

• Signup:  http://www.pmp.dhp.virginia.gov/pmpwebcenter
LETTING GO!

- Generate a dismissal/termination letter
- Enable a referral process (medical society)
- Explain service continuance (usually 30 days)
- Specify level of care (usually emergencies)
- Send the letter both certified and regular mail
- Notify patient’s HMO (if necessary)
- Notify staff of patient termination (so they don’t re-appoint!)
SAMPLE TERMINATION LETTER

Date

Dear Patient Name

I find it necessary to inform you that I will no longer be able to provide medical care to you because Reason for Discharge.

Since your condition requires continued medical attention, I suggest that you place yourself under the care of another physician without delay. If you desire, I will be available for emergency care and already-scheduled appointments for a reasonable time after you receive this letter, but in no event later than Date (usually 30 days depending on patient condition and qualified physician availability).

This should give you ample time to select a physician of your choice from the many competent practitioners in this area. You may want to call the local county medical society at Phone Number or the local hospital’s physician referral service for their assistance in locating a new physician. With your written authorization, I will make a copy of your medical records available to your new physician.

Very truly yours,

Physician’s Name
GENERAL TIPS FOR DEALING WITH DIFFICULT PATIENTS

• Allow the patient to tell his/her story (“What I hear from you is….is that correct?”)
• Exercise self-control (Easier said than done!)
• Be constructive, not dismissive  (Focus on what you can do to help)
• Explain your course of treatment and its rationale
• Get the patient to buy into any decisions made
• Document, document, document!
• Break off the relationship (Last resort)
KEEP CALM AND CARRY ON
THANK YOU!

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