Working with Patients Perceived as "Difficult"

Ethics Consult Workshop

UNC Center for Bioethics

June 14, 2019

Who are these patients?
Many labels

- "Hateful" (Groves NEJM 1978)
- "Heartsink" (O'Dowd BJM 1988)
- What terms do you hear?

Quick assignment

What behaviors do you see in these patients?	What feelings do you have?

Behaviors

- Anger – generalized
- Belligerence *("verbally abusive")*
- Deceit/ lying
- Making demands
- Resistant to treatment / non-adherent
- Lack of motivation
- Closely documenting / hyper-attentive/ involved in care

- Inappropriate remarks (slurs related to race, ethnicity, appearance, sexually suggestive)
- Firing staff
- Threats
- Violence

Special considerations

Character assumptions

Reputation based

- History of substance use and addiction – *"drug seekers"*
- Criminal activity, esp. incarceration

Medical conditions perceived as self-inflicted or self-exacerbated

- Chronic pain – especially in opioid users
- Sexually transmitted diseases
- Smoking related
- Obesity related
- Addiction related (esp. endocarditis with IVDU; liver failure)
- Eating and GI disorders (e.g., Crohn's, SBS)

Role for ethics consultants

Personal moral stance

1. Care about the **patient's story –** as a person, not just a patient or caregiver

Arthur Frank

To understand why the people in these stories are doing what they are doing – how they can act as they do – we can ask what stories they find themselves part of.

Arthur W. Frank, "'How Can They Act Like That?' Clinicians and Patients as Characters in Each Other's Stories," *Hastings Center Report* 32, no. 6, (Nov-Dec 2002): 14-22.

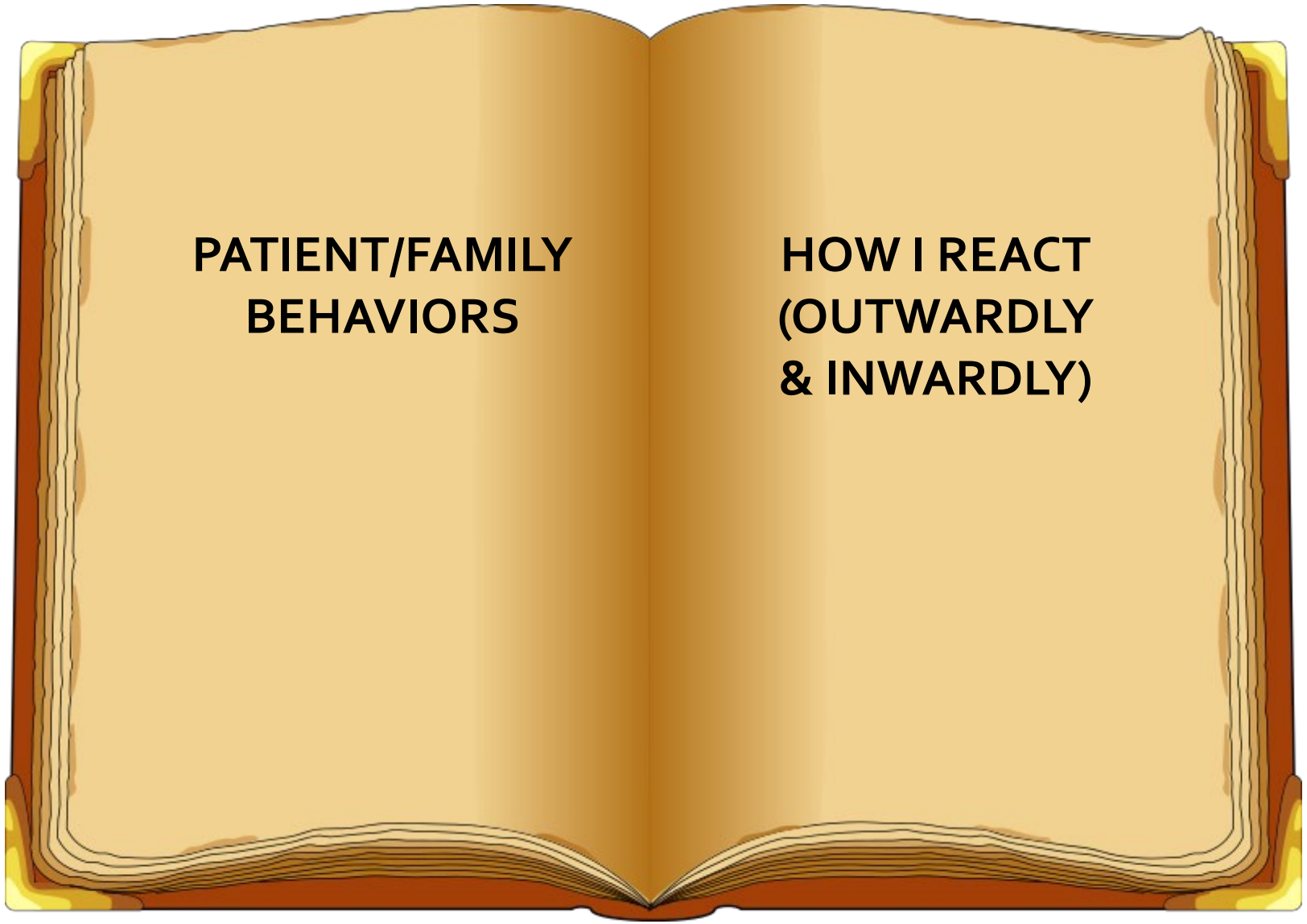
Self-awareness

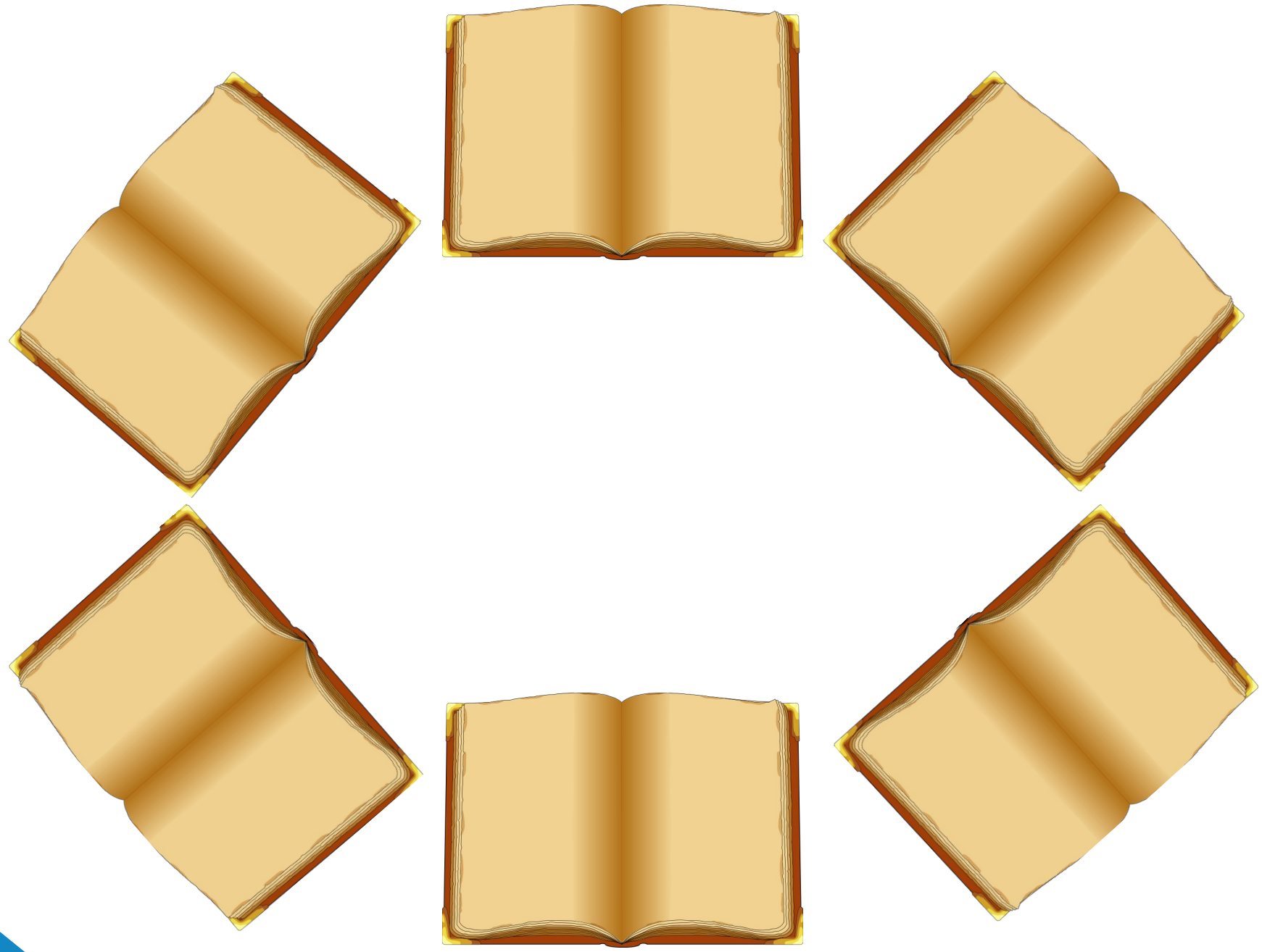
1. Care about the **patient's story** – as a person, not just a patient or caregiver
2. Acknowledge that **I play a role** in the patient's story

William Carlos Williams

There's nothing like a difficult patient to show us ourselves.

William Carlos Williams, *The Doctor Stories*, compiled by Robert Coles, New Directions (New York, NY): 1984


PATIENT/FAMILY BEHAVIORS
HOW I REACT (OUTWARDLY & INWARDLY)



Virginia Satir

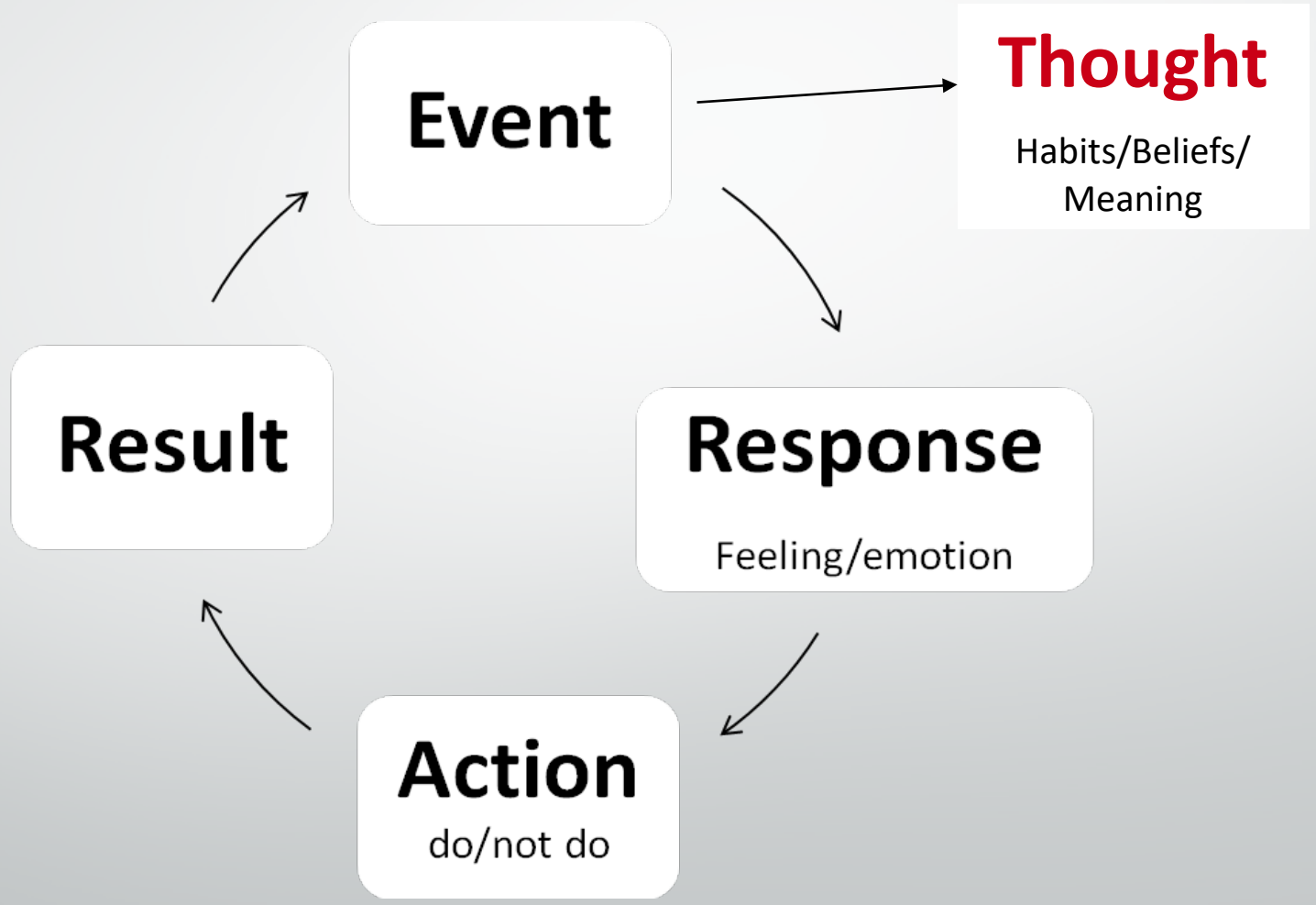
Problems are not the problem; coping is the problem.

Presence

1. Care about the **patient's story –** as a person, not just a patient or caregiver
2. Acknowledge that **I play a role** in the patient's story

3. **PAUSE** for perspective – what's my state of mind?
4. **Get curious and deconstruct** the interactions

Deconstruct the interaction



Listening with more than your ears

To listen is to continually give up all expectation and to give our attention, completely and freshly, to what is before us, not really knowing what we will hear or what that will mean… To listen is to lean in, softly, with ***a willingness to be changed by what we hear****.*

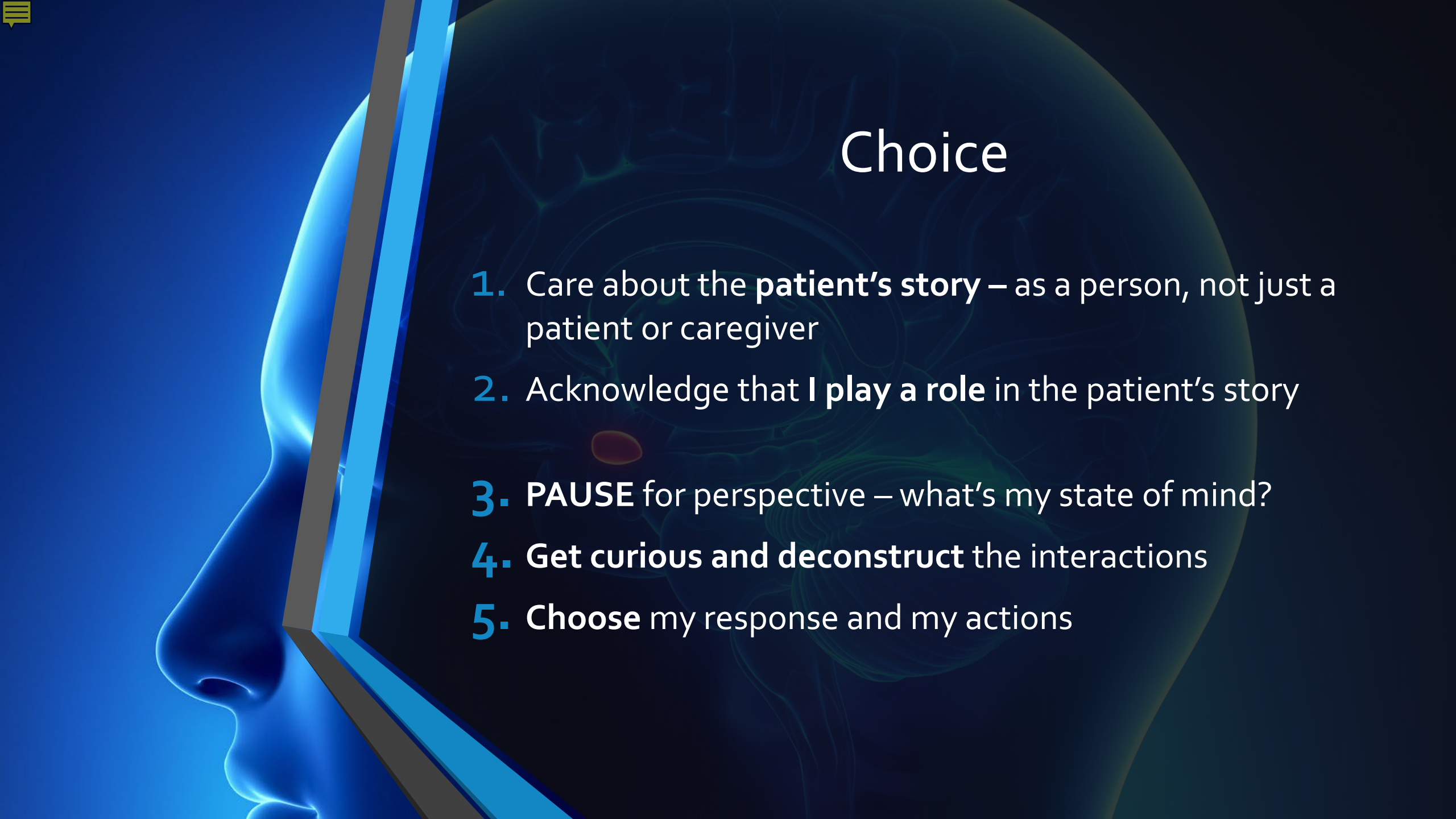
Mark Nepo, Poet & Writer
The Exquisite Risk, 2005

Choice

1. Care about the **patient's story –** as a person, not just a patient or caregiver
2. Acknowledge that **I play a role** in the patient's story
3. **PAUSE** for perspective – what's my state of mind?
4. **Get curious and deconstruct** the interactions
5. **Choose** my response and my actions

May seem counter-intuitive

Enoble the anger



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5. **Choose** my response and my actions

William Osler

It is much more important to know what sort of a patient has a disease than what sort of disease a patient has.

Thanks

- Arlene
- Nancy King
- “Mystery Man” and all the amazing patients I get to meet
- Jean McLendon, MSW
- George Pransky, PhD