

Dealing with Difficult Patients:

Defusing Conflict and Minimizing the Risk of Noncompliance

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Physicians and other healthcare providers frequently become the object of hostile or uncooperative patient conduct. While some level of friction in the patient-provider relationship is understandable, especially given the sometimes disparate levels of healthcare literacy, unacceptable patient behavior in the form of manipulative actions, abusive language, or angry outbursts erodes trust, making the delivery of effective care nearly impossible.

If left unattended, chronic conflicts and misbehavior may lead to patient noncompliance, as demonstrated by missed appointments, rejection of diagnostic findings, and refusal to take prescribed medications and/or undergo recommended treatment. Such displays of unwillingness may jeopardize patient safety by diverting staff members' attention from clinical care, thereby increasing the likelihood of patient harm and subsequent litigation.

Timely intervention and documentation are critical to minimizing the impact of hostile and manipulative encounters, as well as noncompliant behaviors. The strategies offered here are designed to help physicians and other providers enhance their dialogue with difficult patients, document patient non-adherence to treatment plans, and properly terminate chronically abusive or noncompliant patients.

Communicating with angry patients

To maintain positive and effective patient relations, medical providers and clinicians should be specially trained to communicate with hostile, manipulative or otherwise difficult patients. Live workshops and role-playing scenarios that focus on conflict management skills – such as close listening, negotiation, collaboration, and consensus-building – help staff members to reconcile patients' opposing views.



Close listening.

Moments of patient anger can quickly escalate to aggression, so it is important for providers to remain calm and actively listen to a patient's side of the story. Demonstrating both empathy and reflection can shift the focus of an encounter from rising tensions to meaningful discussion. For example, *"You mentioned that you have not been taking your medication. I wonder if it is causing too many side effects, or is there some other reason?"*

Negotiation.

In order to build a therapeutic partnership, it's important for providers to minimize emotional issues and demonstrate a willingness to negotiate options in care. By gradually shifting the focus of tense encounters away from finger-pointing toward a constructive exercise in give-and-take, providers are better positioned to promote a mutual plan of care. For example, *"I understand that you have concerns with your current physical therapy plan. I want you to restore full function to your hand, so what can we both do differently to help you meet your goal?"*

Collaboration.

Rather than initiate patient encounters with a brisk recap of diagnostic workup and findings, allow patients to state personal goals and issues before rushing to suggestions. This approach gives patients the opportunity to be heard, and can motivate both patients and providers to reach mutually satisfactory goals. For example, *"Tell me what your concerns are today, then we'll talk about your recent test results?"* or *"What has been most effective for you in the past, and maybe we can work that option into the plan of care?"*

Consensus-building.

Providers can help angry patients move past interpersonal issues by exploring areas of agreement, then carefully defining patient goals. For example, *"We both agree that your pain level interferes with activities of daily life. Have you thought about how your life would improve if you underwent back surgery? Would it be okay if I scheduled a consultation with the surgeon to further address your issues and concerns?"* Uncovering specific patient concerns that prevent full compliance often helps providers gain the trust of difficult or hesitant patients.

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Terminating the patient-provider relationship

If every effort to address the source of disruptive behavior and/or educate a noncompliant patient has failed, it may be necessary to unilaterally end the patient-provider relationship. When initiating the termination process, providers must ensure that the patient's health status is not compromised in any way. These safeguards help mitigate potential allegations of abandonment, as well as satisfy ethical and professional obligations:

- *Continue providing care until treatment currently in progress is complete*, and the patient is deemed clinically stable.
- *Verify with the patient's health plan that termination is permissible*, prior to initiating any action.
- *Send a termination letter by certified mail*, relaying the patient's current health status and any recommendations for immediate medical care.
- *Notify the patient of when the relationship will end*, usually thirty days from receipt of the letter.
- *Attach a copy of the termination letter to the patient care record*, and thoroughly document any subsequent correspondence with the patient.
- *Send a copy of the patient care record to the subsequent treating provider* after the patient has authorized its release in writing.
- *Agree to provide emergency care* until the stated date of termination.

Ignoring a disruptive or noncompliant patient serves only to compound the problem. Timely intervention by way of effective communication and use of the documentation formats presented here can help lessen unwanted exposure to aggressive and sometimes violent patients, as well as associated liabilities of long-standing patient noncompliance.

Documenting patient non-adherence

Healthcare providers too often accept disruptive behaviors or noncompliance as the cost of doing business, and fail to note their occurrence in the patient care record. Physician practices and allied healthcare settings should have written protocols for managing difficult patients, including documentation requirements in these key areas:

- Appointment or procedure cancellations.
- Unacceptable behavior, such as belligerent voice messages and yelling or cursing at staff members, front office staff, and/or billing representatives.
- Neglecting to take medications, adhere to therapeutic parameters, or make necessary lifestyle changes.
- Refusal to consent to recommended treatment.
- Repeated prescription refill requests when clinical indicators are absent or marginal.
- Narcotic use and general pain management in drug seeking patients.
- After-hours patient management.

Even the most basic care requirements must be clearly articulated to recalcitrant patients, utilizing standardized educational materials, appointment reminders, and other documentation aids. If these written reminders fail to improve compliance, a documented face-to-face discussion should be held with the patient and their provider for the purpose of addressing concerns of both sides. In the event of chronic noncompliance, a follow-up letter to the patient should recap a desire to accommodate his/her medical needs, but firmly establish that noncompliance with recommended treatment impedes optimal results. For a sample non-compliance letter format, see Figure 1.

It cannot be overstated that persistent failure to conform to medical treatment can result in poor patient outcomes and potential liability exposure for both providers and healthcare practices. Therefore, when patients refuse to consent to recommended care, physicians and other providers should counter the associated risk exposures by securing patients' written refusal. The use of a standardized refusal-to-consent form serves to confirm in writing that the risks of declining a proposed test, treatment or procedure were fully disclosed to the patient. For additional resources or a sample informed refusal letter, contact Diane Doherty (Diane.Doherty@chubb.com) with Chubb Healthcare Risk Management.

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Figure 1.
Sample Letter Format for Patient Noncompliance

[Date]

[Patient name
Address
City, State, ZIP Code]

Dear [Patient's name]:

The purpose of this correspondence is to advise you that a recent review of your patient care record has determined that you are out of compliance with the recommended medical treatment plan.

We previously discussed the need for you to [insert specific recommendations]. It is my understanding that at the present time you are opposed to the treatment recommended.

The primary goal of [insert healthcare organization's name] is to accommodate your medical needs and deliver high quality healthcare services. Due to your noncompliance with the recommended treatment plan, my ability to assess and treat your healthcare needs in a complete and professional manner is significantly affected.

Your insurance provider, [insert name], has been notified of this concern as your actions or inaction may affect your health, as well as your healthcare coverage.

Should you dispute the content of this letter, you have the right to initiate a grievance. Please address in writing any contrary information you wish to assert to:

[insert practice manager's name and address]

[Insert healthcare organization's name] looks forward to your cooperation in this matter.

Sincerely,
[Provider's name]

Copied to: Patient care record

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