REFRACTORY PATIENT MANAGEMENT

PROBLEM PATIENTS

KEY POINTS:

- Problem patients often have special needs. Insight into human nature, perceptive listening skills and patience will aid physicians who care for them.
- Problem patients' illnesses aren't curable in the traditional sense, so physicians shouldn't feel frustrated if despite their best efforts, these patients make only limited improvement.
- Visits that are short, frequent and focused will make problem patients feel cared for and understood and will help minimize the risk of burnout for physicians.

UNDERSTANDING PROBLEM PATIENTS

Two basic concepts underlie our understanding of so-called problem patients.

First, all humans have uncomfortable feelings. Our ability to tolerate them is influenced by our beliefs, emotional needs and external stressors.

Second, some people perceive (usually unconsciously) that having symptoms serves a useful purpose for them. Such situations are seldom curable in the usual sense, since most problem patients are highly resistant to any form of insight-oriented counseling. Physicians should take a palliative approach and should not feel frustrated or guilty when their efforts fail to achieve a full recovery.

MANAGING PROBLEM PATIENTS IN URGENT CARE SETTINGS

It will be nearly impossible for physicians who care for problem patients in emergency departments and urgent care settings to use the same approach as those in primary care offices. Typical obstacles in the urgent care setting include lack of focus on continuity or on psychosocial considerations, a perceived need for immediate , a strong focus on protection against medicolegal risks and a highly controlled, high-tech environment designed to meet the needs of seriously diseased patients.

It is probably wise to recognize at the outset that problem patients cannot be managed well in these settings. The best approach may be to address their immediate needs, tell them that their ongoing problems need continuity-based care, and make appropriate recommendations and referrals. Other useful steps include the following:

- Make sure administrative procedures are as "patient-friendly" as is practical to minimize patient anxiety, hostility and mistrust before the patient and the doctor meet.
- Read all information about previous visits by the patient to the emergency department or to other units in the hospital. Your organization should make this information readily available to you.
- Don't feel obligated to provide absolute symptom relief for conditions

(e.g., recurrent headaches) that can be more properly addressed in an office setting.

- If you prescribe habituating drugs, do so only in amounts that will last until the patient can be seen elsewhere.
- Get involved in addressing institutional limitations that interfere with providing any of the aforementioned services.

PREVENTING PROBLEM BEHAVIOR

Considering the enormous social and economic costs associated with the care of established, late-stage problem behavior, it is striking to note how little attention has been paid to preventing the disorder. Although the following recommendations have not been scientifically tested, they are consistent with published information and clinical experience:

- Listen for evidence of excessive preoccupation with illness in parents and young adults, and try to steer them toward a healthier, more mature perspective on their health.
- Try not to "medicalize" problems of living. Avoid repeated CT scans for chronic headache patients, hysterectomies for those with pelvic pain, back surgery for inadequate indications, etc.
- Provide competent, continuity-based care for chronic diseases like asthma or diabetes so that patients and their families do not become overwhelmed with fear.
- Work in the public arena to blunt the excesses of the workers' compensation and tort law systems.

TEN USEFUL COPING SKILLS FOR PHYSICIANS

Caring for "problem patients" requires strong interpersonal skills, character and emotional maturity. The following list of skills represents an ideal that few physicians can fully achieve, but with self-understanding and practice most of us can come close enough to serve these patients well.

1. Allow patients to vent their feelings. Listen long enough to show your empathy, but set practical time limits.
2. Strengthen your communication skills. Remember that as a physician, you're also a teacher and a coach. Tailor your explanations and guidance to each patient's needs and ability to absorb information.
3. Become a more effective history taker. Ask the patient what's been happening in his or her life. Ask about the course of the patient's symptoms over time. Answers to questions like these may give you insight into the significance the patient attaches to the symptoms. They may also provide you with clues about what the patient is skipping over or not saying.
4. Try not to judge. Understand the difference between having high personal standards and trying to impose those standards on patients. View patients' disruptive actions as opportunities to learn more about their concerns, beliefs and needs.
5. Remain calm and confident. Stay in control while working with patients who are angry, depressed, manipulative, seductive or overly dependent. Strong, self-confident professionals can tolerate such behavior; others cannot.
6. Understand your own strengths and vulnerabilities. Know when to set limits on patients' demands in order to protect yourself from burnout.
7. Be patient. The problem behaviors you see in patients have taken many years to develop, and human behavior seldom changes quickly.
8. Be proactive. Cultivate the ability to move ahead with patient care in the face of incomplete diagnoses and complex psychosocial problems.
9. Avoid becoming an enabler. It's unhealthy for a patient to be overly dependent on you. There is a proper dosage for empathy, just as there is for digoxin.
10. Respect your patients. Protect patients' confidentiality, keep promises and show that you respect their feelings.

A FINAL THOUGHT

You can seldom turn problem patients around completely, but a humane and thoughtful approach to their care can make their lives (and yours!) more comfortable.

Reference:

- **https://www.aafp.org/fpm/2000/0700/p57.html**
- **Robert D. Gillette, MD**
- **Fam Pract Manag. 2000 Jul-Aug;7(7):57-62.**