

Difficult individuals

One doctor's list of difficult patients is not the same as another's.¹

Doctors usually work closely with the public. Inevitably you will be in contact with 'difficult' individuals. Why are people 'difficult'? How do you best manage 'difficult' individuals? Finding an answer to these questions as a medical student will reduce the chances of your working life becoming a miserable battleground.

WHY ARE INDIVIDUALS 'DIFFICULT'?

Dealing with 'difficult' patients, friends and relatives (individuals) is unpleasant. It is estimated that such patients comprise 15% of the clinical practice of doctors.² So what causes individuals to be labelled as 'difficult'? Some seem not to want to help themselves, some want to help too much. Their priorities may differ from your own. Rudeness or aggression can occur with or without unreasonableness. Many factors act upon patients, their friends and their relatives during illness. Only by recognising these may you appreciate that 'difficult' behaviour may be an understandable response (Figure 14.1).

To cope with 'difficult' individuals try to understand their situation. Run through the items in Figure 14.1. Can the individual's behaviour be explained by any of these? Do not forget, patients are often told bad news in an unfamiliar environment; this may have greater psychological and emotional effects than you may appreciate. Many patients have underlying social problems and these, rather than medical problems, may cause the most difficulty.

The media is often guilty of 'doctor-bashing'. Doctors are often made out to be incompetent, uncaring and more interested in going home on time than patient care. As a result, the general public's attitude is increasingly negative towards doctors, hospitals, nurses, medical students and other healthcare professionals. Negative attitudes can manifest during admissions and consultations. Healthcare professionals thus need to put greater effort into gaining the respect and trust of patients. Some patients may never trust you, so convinced by media 'evidence' they interpret any explanations to the contrary of their beliefs as a fob-off or a cover-



Figure 14.1 Possible factors leading to an individual appearing 'difficult'.²

up. Trust is so important in doctor–patient communication that a patient with a negative attitude is truly 'difficult'.

Stress, anxiety, upset and grief can manifest in various ways; for example, anger, irritation, impatience, denial, seclusion and irrationality. Individuals sometimes react in a 'difficult' way when told bad news or when coping mechanisms fail. Rather than being labelled as 'difficult', such people require extra time, understanding and support.

Individuals under the effects of prescribed, legal or illicit substances can become irrational or disinhibited. Similarly, some mental health problems or cognitive

impairment may result in an absence of abstract thought processes or an inability to problem-solve. This can make communication, diagnosis and management difficult. Often, third parties are involved with such patients (e.g. friends, relatives, carers, social support services). The 'difficulty' arises because management is not straightforward. Usually the most 'difficult' components of management are access to adequate funding and willing professional input. However, with the right people good management will happen.

Some individuals are 'difficult' (or frustrating) because they do not seem to look after themselves. Patients may smoke, drink or eat to excess; they may do no more exercise than going to the toilet or ignore all prescribed medications. However, as healthcare professionals your function is to *advise* and *educate* – not to dictate the way people should live their lives. Every individual you meet has different priorities to you. Provided that they are armed with and understand all the facts, learn to respect their choices.

You may find yourself labelling individuals as 'difficult' when they are too proactive with their health. Often holding high educational status, such individuals spend a lot of time researching their ailments on the internet, take numerous self-prescribed complementary remedies, or both. Complementary therapy does have uses and can be beneficial; however, it presents 'difficulties' when patients do not know what they are taking. Some complementary substances interfere with 'traditional' medical treatment and may be toxic. Autonomy boosts self-esteem and increased feelings of control over health and well-being. However, the danger with self-diagnosing, self-medicating individuals is that they convince themselves of their diagnosis and then only present the relevant symptoms to you. This can bias the consultation and potentially mask other (more accurate) diagnoses.

'Difficult' patients may only be so to you as a result of a personality clash. Some people may be inherently rude, abrupt, aggressive, assertive or 'unreasonable'. Only experience and professionalism will help you to handle such patients.

Some patients may be judged as being 'difficult' because they present 'a challenge'. Real, insoluble problems that cannot be managed any better are out there. You have to learn to accept that some patients will have a poor quality of life and are in a difficult situation. Do not neglect such patients: maximise their care and provide them with support; do not allow your frustrations to be reflected onto them.

COMPLICATIONS OF THE LABEL 'DIFFICULT'

The label 'difficult' can stir up negative feelings within you. These can include anger, anxiety, frustration and defeat.² This may result in avoidance behaviour: you and other healthcare professionals may avoid any unnecessary contact with that individual. This is damaging to the patient's care and may even worsen the situation.

Some 'difficult' individuals pose a real danger to health professionals. Individuals who are prone to violence, verbal abuse or unfounded complaints can damage the

body, mind and reputation of all the professionals involved in their care.² If you have internally labelled a patient as 'difficult', assess any risks they present. If you believe the patient poses a risk, seek help from your seniors on how to handle the individual.

A vast amount of time is spent working with 'difficult' patients. Complaints may be numerous, and each one requires investigation. Placating individuals when they are highly stressed can take time, and you will spend a lot of personal time reflecting on the uncomfortable situations that accompany difficult individuals.

HOW TO MANAGE 'DIFFICULT' INDIVIDUALS

As with any healthcare professional, medical students should not tolerate abuse or violence. If you are exposed to threats or any uncomfortable situation (e.g. raised voices) leave calmly and inform another healthcare professional.

No responsibility for care or management falls on a medical student's shoulders. Therefore, if you find patients or their relatives 'difficult' you can choose to avoid contact. However, unless there is a risk of a complaint, avoidance is not helpful in the long term. Learn how to manage such situations to prepare you for when you qualify. Observe how existing doctors deal with difficult individuals. However, some situations may be unsuitable for you to witness; respect this, your patient's care is the priority.

Be alert to internally labelling individuals as 'difficult'. Your attitude towards such patients must remain professional and normal. Exercise extreme patience, even if you have to vent your spleen to the healthcare staff involved afterwards. If an individual is acting unreasonably (but does not appear to pose a risk to you) deal with them in a firm, caring and non-confrontational way. Outline the limits and expectations of reasonable behaviour.²

The label of 'difficult' often stems from problems with communication and misinterpretation of information. Be proficient in effective communication and discuss management plans clearly. Try to talk to as many patients as possible. Some patients are more willing than others to converse with you in wards or clinics; however, make the effort with them all. This will build your confidence, provide you with techniques in gaining rapport and teach you how to change your communication approach to suit the patient.



Ask your medical school to incorporate 'dealing with difficult individuals' into your communication skills sessions.

Constructive discussion with peers and colleagues, without breaking confidentiality, will help you to reflect on your experiences and gain advice for future management. Expert psychiatric opinions can be of use in those 'difficult' individuals you believe to have mental health problems.²

If you are really struggling with 'difficult' individuals, look to your own attitude and behaviour. Could you be perceived as a 'difficult' individual? Excessive arrogance and poor communication skills can really damage potential relationships and rapport with patients. Individuals may act in a 'difficult' way because they cannot relate to you.² If you are not coping with the workload or work environment your communication skills and attitude may suffer. Look after yourself and seek help and support if you start to feel things getting on top of you.