Caring for the difficult patient

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I have no conflicts of interest.
To:

1. Define and recognize a difficult patient.

2. To define and understand compassion in a patient – clinician encounter.

3. Balance assertiveness with empathy in difficult clinician-patient counters
Who is a difficult patient??

“Difficult patients are difficult not because they’re a medical mystery, but because they challenge our psychic defenses, stretch our tolerance and patience, or demand much more of our time than we can give.” – Abraham, 2005

“….however the difficulty is in the *relationship*, not simply the patient” – Dudzinski & Timberlake, 2014
Magnitude of the problem

- Response to empathic opportunities -
  - 38% of surgical cases
  - 15% to 21% of primary care cases.

- Experienced surgical and medical oncologists revealed no expressions of empathy 37.5% of the time.

- Krebs et. al, 2006

Lewinson et. al., 2000
Epstein et. al., 2007
Fallowfield et. al, 2002
Clinician – patient encounters are complicated by:

- Patient factors
  - Familial, social and iatrogenic factors
  - Environmental factors
  - Personality, psychiatric

- The Stigma of Chronic Pain

- "Everyone who's unhappy with their health system is here."

- "Funny, I thought the hour-long wait was the stress test."
Patient characteristics that annoy practitioners

Patients-

- who seem ungrateful or frivolously utilize medical care.
- who continue to seek medical attention but are not treatment adherent.
- who are helpless, depressed, anxious, express rage and appear inflexible
- who make requests that clinicians think are inappropriate – Eg: additional pain medicine, increased phone contact/clinic appointments
- who are manipulative, consume a lot of clinician-time and health care resources, somatically- focused, self-destructive or attention-seeking

- Krebs et al., 2006; Elder et al., 2006
Difficult patients suffer too.

Suffering:

- is an unpleasant emotional experience
- is a sense of being alone with the disease
- represents an enduring psychological state
- reflects perceived helplessness in the face of threat
- occurs in the context of perceived threat to the integrity of self

- Chapman & Gavrin, 1993
The missing piece...
What is compassion?

Five components:

1. Ability to recognize suffering,
2. Ability to understand the universality of human suffering,
3. Empathize with the person suffering,
4. Tolerate discomfort being experienced by the sufferer
5. Have the motivation to act to alleviate the other’s suffering.

Strauss et al., 2016
A clinician’s commitment to compassionate care

• Professional competence
• Honesty, respect, trust
• Cultural sensitivity
• Just distribution of finite resources independent of bias
Clinician – patient encounters are complicated by: Clinician factors

- Complex and multiple medical issues
- Differential social structure
- Previous bad experiences with similar patients
- Lack of trust between clinician and patient
- Clinicians medical and psychiatric history
- Expectations of the encounter and the patient
1. Recognize and acknowledge potential sources of suffering

2. Seek broader possibilities for patient’s behavior. Respond directly to patient’s emotions

1. Recognize and manage your own attitudes and behaviors that contribute to the problem. Avoid being defensive.

2. Establish a common goal for this encounter

1. If you find an encounter exhausting and frustrating speak to a colleague to vent and see if they have different solution.
Example of empathic statements

- “You seem upset today”
- “I think I understand why you would be angry”
- “what can we do to improve the situation”
- “I’m sorry that …………”
- “I see that you have a had a bad experience before…..please let me know if I do anything like that!”
Additional questions …

- What is it that brings you here today?
- What do you expect from me in this consultation?
- When did you last feel well?
- What do you think can help you?
- What do you understand about your illness?
- Are you happy with this plan/do you understand what we are trying to achieve?
Stress and its impact on compassion

- “There’s a strange culture in medicine. People are less friendly to each other than I imagined….I’m finishing my residency right now. I guess I thought that everyone would be compassionate, and would help each other, and would be nice to each other. And don’t get me wrong—I work with a lot of compassionate people. But the stress just erodes people. There’s a lot of tension and anger. We’re taught that 80 hours per week is normal and shouldn’t be questioned…….And the culture does real harm. I’ve had two friends commit suicide. One of them was studying anesthesiology at Yale and overdosed in a parking lot. The other jumped off the dorm building at NYU. There’s got to be a better way. I’m almost at the end of my residency. I can see the end of the tunnel. But the tunnel is very damaging.”

- Humans of New York
Conclusion:  
Fostering compassion in our trainees

“…..it is just as significant to ask whether we’re teaching our doctors how to listen and to treat patients with the dignity and respect they deserve. That is, after all, our calling card as healers.
- Gewertz B., 2017

AN EXAMPLE:
Monthly trans-disciplinary groups co-led by a psychologist & a chaplain are offered to the pain fellows at CUMC. These sessions address the following:

- transitional identities among practitioners
- Scaffolding and support
- Patient and physician need for compassion,
- Empathy,
- Loss and grief,
- Touch- physical and emotional meanings,
- Learning to inspire patients, boundaries/self disclosure,
- Mindfulness.