

## **The Difficult Patient**

### **Lesson Plans**

1. Review material
2. Set objectives
3. Prepare article
4. Prepare post test
5. Email to Tberry

### **Objectives:**

After reading the article, the student will be able to

1. Define countertransference by evaluation of the post test
2. Define one of the personality disorders by evaluation of the post test
3. Define one of the patient types by evaluation of the post test

# The Difficult Patient

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Certain patients who are seen in the pre-hospital field arouse negative reactions in emergency responders. These negative reactions may be initiated by a patient's appearance, attitude, personality or presenting chief complaint. Difficult patients can quickly disrupt the teamwork and efficiency of the emergency responding crews. Such patients are commonly referred to by a number of slang terms, including gomer, crock, troll, dirtball and other even less complimentary terminology. They may receive suboptimal medical care and influence the quality of care given to other patients, thus posing a medical/legal risk. Moreover, recurrent exposure to such patients, in the absence of a well-thought-out approach to dealing with them, may lead to increasing frustration for our staff and contribute to burnout.

Historically, EMS has largely ignored the possibility that a paramedic could harbor negative feeling toward any type of patient. Anger, hatred, and frustration are considered feelings that paramedics should disown in favor of humor, compassion and integrity. Not until *countertransference* was recognized for its potential impact on caregivers, were the negative reactions that patients can arouse be used as a diagnostic tool.

Good people skills have long been recognized as an essential tool in good patient care. The myth that these skills are intuitive and cannot be taught is erroneous. It is our individual responsibility to learn communication and relationship building skills to improve our over all patient care.

References to difficult patient can be found in recent charts/narratives where they were referred to as the "problem patient," and/or the "combative patient." Difficult patients are a varied group, non-specific to race, gender or religious belief. However, difficult patients are not necessarily personality disordered and may fall into one of several other familiar categories (e.g., drug seekers, hostile patients, malingerers, and EMS repeaters).

Lack of communication is a common problem in all forms of interpersonal relations and is often exaggerated in the pre-hospital field. Patient satisfaction is highly correlated with patients' beliefs that paramedics listened to them and understood their request. The truth is some

paramedics continue to focus on the own medical assessment/agenda that may be different for patients' concerns. When paramedics confront patients who have difficulty with social skills, the problem is made worse when the paramedic refuses to deviate from their own rigid medical model.

It has been demonstrated numerous times that paramedics often have preconceived stereotypes of how patients should behave when they are ill and rapidly place them in either "truly sick" patients or the "burdensome, difficult" patient types. People who are "truly sick" are excused for their bad behavior. Patients falling outside that stereotype are not. A patient might be judge as difficult because of cultural or language barriers.

Lack of education about the patient's illness/injury and treatment are another area of communication breakdown. Studies show that in twenty minutes of interaction between the paramedic and patient, only one minute is reserved for educating the patient. Rapid opinion and judgments also influence medical treatment.

The pre-hospital field is an environment plagued with distractions and interruptions. A sense of strict time constraints is often present. Opinions of your partner may contribute to a paramedic's emotional bias. There may be an overwhelming sense of losing control of the scene while dealing with these particularly challenging patients.

Difficult patients make unreasonable demands on the paramedics. We react with negative feelings and the patients are sensitive to these negative responses. The patient feels threatened with abandonment, and attempts to sustain the relationship by escalating symptoms, and so the cycle is perpetuated.

The result of the lack of communication is an impaired relationship with the patient, and potentially missed diagnoses. The negative impact on the paramedic includes frustration, a sense of failure, defeat, burnout, possible litigation and nonconstructive stereotyping.

Individuals with **personality disorders** are frequently placed in the difficult patient category. Knowing a previous diagnosis will help in communication with this patient.

**Borderline personality disorder** is a pattern of instability of interpersonal relationships, self-image and affect, and marked impulsiveness beginning by early adulthood and present in a variety of symptoms.

**Antisocial personality disorder** is a pattern of disregard for and violation of the rights of others since the age of fifteen years.

**Dependent personality disorder** is a pattern of pervasive and excessive need to be taken care of that leads to submissive and clinging behavior and fears of separation beginning by early adulthood.

**Paranoid personality disorder** is a pattern of distrust and suspiciousness of others such that their motives are interpreted as malevolent, beginning in early adulthood.

**Histrionic personality disorder** is a pattern of excessive emotionality and attention seeking beginning by early adulthood.

**Narcissistic personality disorder** is a pattern of grandiosity, need for admiration, and lack of empathy beginning by early adulthood.

Several other patient types, not representing true personality disorders are seen in the pre-hospital field in sufficient numbers to merit a brief description.

**VIPs** are often well informed, independent professionals who may be knowledgeable in medical matters. Some may have traits that can cause them to be demanding, faulting, and self-entitled.

**Malingers** are among the most difficult patients presenting to the pre-hospital field. Malingering is the intentional production of false or grossly exaggerated physical or psychiatric symptoms, motivated by external incentives that are unrelated to illness; such as seeking narcotics, shelter, compensation, avoiding work/jail or simply lonely.

**Repeaters** are patients who inappropriately call EMS excessively to the point that most staff knows them by name. Some chronic schizophrenics often fall into this category, but this behavior can occur in any patient.

The substance abuser, the violent patient, and the self-destructive or suicidal patient are all commonly described categories of difficult patient. Some geriatric patients with multiple medical problems are abandoned not only by their caregivers but also by emergency responders because these patients' problems are too difficult to solve.

## **General Strategies**

Be supportive. It is not always easy to respond this way with a difficult patient, but nevertheless, showing support may help patients behave more appropriately. Try to establish a rapport with the patient.

Structure the interview. Normally setting self-imposed time limits are justified, however some flexibility may decrease the patient's anxiety.

Set Limits. If the patient is using profanity, remind the patient he/she is entitled to Treatment but their language may be offensive to other patients or bystanders.

Point out impasses. Patient expectations and request may be impossible to fulfill. Sometimes issues may be resolved by pointing that you can agree to disagree.

Be neutral. Try not to show negative or judgmental expressions, feelings or emotions.

Redirect the interview. Some patients love to talk about issues not related to the medical problem. Patients often require redirection to focus on the chief complaint.

Use teamwork. Some patients may respond better to your partner.

Understand the Patient's agenda. Sometimes the patient does not know what we mean when we ask what is wrong. Remember that you might have to ask your assessment questions differently with these patients.