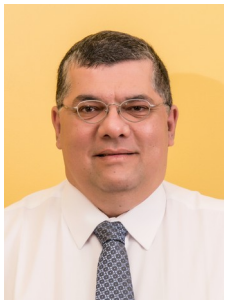

Ricardo Caponero, MD
ricapone@uol.com.br

49 – Difficult Patients: Trying to Sit on the Other Side of the Desk

Ricardo Caponero, MD
Coordinator of Advanced Centre of Supportive Therapy and Integrative Medicine at Oncology Centre, Oswaldo Cruz German Hospital
Master in Molecular Oncology

Almost all doctors encounter difficulties in managing some patient. The Difficult Doctor-Patient Relationship Questionnaire (DDPRQ) classified 10.3–20.6% of patient encounters as “difficult” depending on the sample. (1)

Compared with not-difficult patients, difficult patients had more functional impairment, higher health care utilization, and lower satisfaction with care. The ‘difficult' patients are not those with difficult medical problems but rather those who are violent, demanding, aggressive, rude and who seek secondary gain. They seldom present themselves with multiple non-specific complaints and with psychosomatic problems. The presence of mental disorders accounted for a substantial proportion of difficulty; particularly multisomatoform disorder, panic disorder, dysthymia, generalized anxiety, major depressive disorder, and probable alcohol abuse or dependence. (2)

Most difficult patients feel abandoned and perceive their doctors as indifferent, nervous and insecure. We think that it is necessary to improve our communication abilities and try to control the emotions that difficult patients generate to us. Disruptive behaviours displayed by patients seem to induce doctors to make diagnostic errors. Diagnostic accuracy scores (range 0–1) were significantly lower for difficult than neutral patients’ vignettes (0.41 vs 0.51; $p<0.01$). Time spent on diagnosing was similar. Participants recalled fewer clinical findings (mean=29.82% vs mean=32.52%; $p<0.001$) and more behaviours (mean=25.51% vs mean=17.89%; $p<0.001$) from difficult than from neutral patients. (3)

The confrontation with difficult patients does however not cause the doctor to spend less time on such case, but difficult patients’ behaviours induce doctors to spend part of their mental resources, impeding adequate processing of clinical findings. Efforts should be made to increase doctors’ awareness of the potential negative influence of difficult patients’ behaviours on diagnostic decisions and their ability to counteract such influence. There is a need to identify and understand these components of difficult patient behaviour and to include the doctor-patient relationship in strategies for managing the difficult patients. (4)

Two factors underlying physicians' perceptions of difficult patients were identified: medical uncertainty, characterized by vague, difficult to describe, undifferentiated medical problems; and interpersonal difficulty, reflected in a perceived abrasive behavioural style. The physicians stated that primary motivations for practising medicine were satisfaction derived from solving medical problems and the desire to help people. The interaction of these physician and patient characteristics is offered as a partial explanation for the development of difficult physician–patient

relationships. Physician factors in the 'difficulty' include overwork, poor communication skills, low level of experience, and discomfort with uncertainty. (5)

A special subgroup of 'difficult' medical relations are physicians as patient, it is a well-documented, comprehensive account that addresses all the relevant issues ranging from diagnosis to treatment. It is well-referenced and uses a burgeoning body of research that is emerging in this area. Physicians arguably are a disadvantaged group, as often they are very reluctant to seek help from a colleague; they question the diagnosis more frequently and have much less adherence to the proposed treatment. (6)

The fear of being categorized as 'difficult' prevents patients from participating more fully in their own health care. They are not 'difficult' patients, but some of them are reluctant to engage in a collaborative discussion with physicians about their choices in health care, even relatively affluent and well-educated patients feel compelled to conform to socially sanctioned roles and defer to physicians during clinical consultations. (7)

Health care professionals should be more aware of their own response to difficult patients; in this way they will be more capable of managing this patient group. (8) Appropriate use of patient-doctor communication skills and an effort to improve relations with the patient through empathy, tolerance and non-judgemental listening were suggested by the physicians as ways of making the difficult encounter easier. The more experienced the doctor is, the less he perceives patients as 'difficult', as he learns to accept greater diversity of behaviours in his patients.

Take Home Message

- 10.3–20.6% of patient encounters were "difficult"
- The presence of mental disorders accounted for a substantial proportion of difficulty
- It is necessary to improve our communication abilities to control the emotions that difficult patients generate
- Health care professionals should be more aware of their own response to difficult patients
- The more experienced the doctor is, the less patients are perceived as 'difficult'

Original Abstract

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