

# Of Trying to Be A Good Patient

BY LAURA LANDRO

Are you a difficult patient?

Have you ever insisted on tests and medications that weren't necessary? Have you ignored a doctor's advice? Have you threatened to sue your doctor? Do you ever demand medicine to treat a problem your own lifestyle choices have caused?

As frustrating and infuriating as medical care can be these days, it turns out that the people dispensing that care often feel the same way about us—and often with good reason.

When it comes to the frustrations of practicing medicine, dealing with difficult patients is right up there with declining reimbursements and rising malpractice premiums. Surveys have shown that doctors consider 15% to 25% of their patient encounters difficult.

## THE INFORMED PATIENT

A recent study, published in the Archives of Internal Medicine, found that doctors with relatively high numbers of problematic patients were 12 times as likely to report burnout as physicians whose patient encounters were less troublesome.

And that can hurt the quality of medical care. Doctors weary of dealing with tiresome patients were more likely to report that they had provided suboptimal care or that they expected to make future errors in their practice, according to the study, conducted by researchers at Newton-Wellesley Hospital in Newton, Mass., which surveyed 442 doctors across the country.

"Too many really good doctors are banging their heads against the wall, saying I don't know how to help this person and I'm feeling really bad about it," says psychologist George Blackall, director of student development at Pennsylvania State University College of Medicine and lead author of the book "Breaking the Cycle: How to Turn Conflict into Collaboration When You and Your Patients Disagree."

Medical educators and physicians groups have begun efforts to better prepare doctors to deal with the toughest patients. Medical programs are training doctors in how to resolve conflicts, conduct more sensitive interviews and listen to patient grievances, while sticking to their guns on sound medical advice. The American College of Physicians, which published "Breaking the Cycle," is promoting the book to doctors and training programs as a roadmap for dealing with difficult encounters.

To be sure, in an era when patients are encouraged to be more assertive with their doctors and inform themselves about their care, it's more acceptable to challenge doctors' advice or ask for another opinion. But in doing so it is always best to show respect to the doctor and avoid being rude or short-tempered with office staff.

It also helps for patients to be realistic: Doctors can't always immediately diagnose a medical problem. To better prepare for office visits, patients can write out their concerns, in order of priority, and volunteer information even if the doctor doesn't ask the right question. And while it is natural to be offended when doctors suggest the problem may be in your head, it helps to stay open to the idea that mental-health counseling or therapy might help.

Joan Esham of Harrisburg, Pa., injured her back in a previous job. After a botched surgery, the

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# How to Help Patients Be Good

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49-year-old says she struggled with chronic pain, but didn't always explain herself well to doctors. One doctor became exasperated and said, "I don't know what you want anymore," she says. Another implied she was faking her pain for disability payments. She then received counseling from Dr. Blackall, who she says helped her get through a dark period when she considered suicide.

## 'Read Between the Lines'

Ms. Esham now speaks to medical students at Penn State about her experiences. "I can only hope that instead of dismissing a patient as difficult, they will take a minute to read between the lines and think a little more about how to help with the problem," she says.

Of course, dealing with difficult patients is harder when many doctors must limit each patient visit to 10 or 15 minutes. Larry Mauksch, a senior lecturer in the department of family medicine at the University of Washington in Seattle, says medical students are taught to better communicate with patients in a short time.

One technique: Say to the patient, for example, "How about if we begin with your headaches and save some time to check on the diabetes?" Sticking to the topic agreed on leaves time to let the patient ask questions and collaborate with the doctor on a treatment plan, he says.

Doctors say that among the most difficult patients are those with multiple unexplained symp-

toms and those who demand drugs or medical treatments to solve a lifestyle-induced health problem—such as an overweight patient who refuses to diet or exercise. Doctors may feel so beleaguered that they withdraw from relationships with the most vexing patients, which leaves patients feeling misunderstood, abandoned and angry, Dr. Blackall says.

Instead of recoiling from difficult patients, doctors should find ways to praise them for their competencies. They should express sympathy with how frustrated patients must feel and look for some common ground, coaching patients toward the right course of action. At the same time, physicians need to clarify what patients can expect from them and avoid the trap of trying to meet a need that is impossible to satisfy.

## New Approaches

John Prescott, chief academic officer at the Association of American Medical Colleges, says the aim of new communication training programs is to get doctors to step back and say, "what's going wrong with this discussion, and how can I change that?"

Some difficult patients simply need to be approached differently, experts say. The authors of "Breaking the Cycle" note that in the traditional "physician-as-expert" model, the doctor provides a diagnosis and prescribes treatments. Sometimes a stalemate develops, and the doctor and patient can't agree on the underlying cause of a symptom or the

best way to proceed. That's when doctors need to switch to a "physician-as-collaborator" model, giving up their need to control the situation and finding better ways to connect with patients.

In the Newton-Wellesley study, for example, nearly 40% of doctors surveyed cited "patients who insist on being prescribed an unnecessary drug" as a frequent problem. Many patients demand antibiotics for a cold or flu, for instance, even though these are effective only against bacterial infections.

## Averting Conflict

To resist such demands without angering difficult patients "Breaking the Cycle" recommends that doctors praise patients for dealing well with the discomforts of their illness and urge them to watch for symptoms of a bacterial infection such as coughing up yellow or green mucus. Doctors also can suggest patients return if they are not better in two days.

Many patients viewed as difficult simply aren't good at expressing their problems. "Breaking the Cycle" suggests doctor let patients speak uninterrupted for three minutes, ask open ended questions like "How can be helpful to you?" and end visit with "Is there anything else you wanted to talk about today? And doctors can be honest with patients, saying "I feel this situation is frustrating, too; how do you think we can move forward in finding a solution?"

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