

`Saying NO Effectively to Demanding Patients

Remember, a two-way conversation may not be part of their agenda

- Set an example—don't ask patient to calm down, *mode/* calmness.
- Get patients' attention—lower your voice, move so they must turn in your direction, encourage them to sit down--but let them control where.
- Listen—not just to the patient's request, but also for *underlying issues/concerns* and *unexpressed expectations*. Don't assume. Active listening is therapeutic. The use of "uh- huh" and "um" has been shown to help patients settle down on their own. Feels like a lot of time, but really isn't.
- Avoid arguments—use disarming statements. Consider rolling with the resistance and *agreeing* with the patient if possible. Find common ground—things you both agree on to start with.
- Take a step back from the demand and ask probing questions to find underlying concerns. This may change a rant into a conversation. "I agree with you that a MRI is a good/fast test, what is it that you think you may have?" or "What is your greatest concern?" Avoid using the word Why-- makes people defensive.
"You seem adamant about the MRI, is there a specific reason you think it's important?"
- Summarize—paraphrase. The patient can correct any misperceptions, and can experience being heard and understood. Acknowledge the patient's feelings. "I can understand that." "Your concern is understandable".
- Explain your rationale/perspective—use *"I" statements*, be clear, direct, and specific. Patients may not want to hear your side and may take this as a personal rejection, a one-down situation. The patient may feel embarrassed. *Pay attention to the way you say No* (38% communication is *tone* of voice). Your reason needs to clearly explain that your intention is in their best interest.
- Find out the patients goals for the demands. "Is there a particular problem you think the MRI will diagnose?" "How had you hoped I could help you with this?"
- Set your goals; recognize your own values and triggers. Consider using a preplanned strategy for situations that you encounter often, i.e. narcotics/unnecessary tests
- Set boundaries—don't back down, don't become defensive, and don't argue. Maintain professionalism.
- Offer options—ask for a response, "I want to make sure I've explained/ you understand the medical reasons that this is not the best option for you at this time?" "Does my explanation make sense?"
- Assess readiness of patient to work *with* you for a solution, "Are you interested in hearing about other options?" If the patient is not receptive, don't push, offer to revisit topic at another time. "We can talk about options next time if you want to think it over" "If your condition/symptoms change, we can rethink this"
- Reassurance is only meaningful when the patient's reasoning for the problem is elicited. Don't leapfrog over acknowledgement to reassurance. Pt needs to hear that you get it/understand their point of view. Remember empathy means understanding their perspective, not necessarily to agree or condone.

Disarming Statements: actively helps pt make their point

"I see your point," "I understand", "Your concern is understandable"

- The "You're Right" statement. "You're right, you did have to wait a long time", "You're right, it is hard to find a parking space here".

- The “I agree” statement. Shows collaboration. “I hear you/ agree with you. It can be dangerous to get the wrong prescription”, “I hear you/agree with you. It would be faster to just order the MRI of your knee...My reason for not doing so at this time is...” “I’m not going to order that test now because...”

Clinical Scenario Antibiotic RX demands for URI symptoms-Demanding patient/ Saying No

“I want an antibiotic, I feel sick, and I can’t miss work.”

- URI’s=20% of outpatient diagnosis. 90% are viral, but ABX prescribed in 50-70%
- Patient’s satisfaction is not necessarily based on getting ABX, but is based on listening, explanation, and a treatment plan individualized *for and with* the patient.

“I don’t blame you. Tell me what you’re experiencing and we’ll discuss the dx/options...My dx at this time is a virus, based on your sx of... An antibiotic wouldn’t be the best medical care for you in this case; I can give you other treatments that would be more tailored/effective for your symptoms. What do you think?”

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