Dealing with the violent or aggressive patient

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In most instances of patient aggression or violence in primary care settings, an understanding of the reason for the aggression will help management. Violence and aggression are closely related and often stem from anger. In psychosis and confusional states, however, the emotion behind aggression is often fear.

Aggression by patients in primary care settings can interfere with medical treatment and is a source of anxiety about personal safety. Aggression can also be an important sign of a mental disorder and present a focus for intervention in a range of underlying conditions. Aggression in a medical setting can be defined as a hostile or threatening attitude, as distinct from violence, which is defined as forceful behaviour intended to damage or harm. The two are closely related, and both frequently stem from the emotion of anger. However, aggression is often not associated with actual violence, and violence is not always a result of anger. In patients with psychosis or confusional states, the emotion behind aggression is often fear.

In a 2005 survey of general practitioners in urban settings in NSW, 63.7% of 528 responders reported they had experienced some form of aggression or violence by patients in the previous year.[1] The most commonly reported acts were verbal abuse (42.1%), property damage or theft (28.6%) and threats (23.1%), although more serious acts including sexual harassment and actual physical assault were not rare (9.3% and 2.7%, respectively).

There has been little research about the management of patients with aggression and violence in primary care. A recent study based on focus group interviews with health workers stressed the importance of the following for anticipating or dealing with aggression or violence:[2]

- minimising the risk of working alone
- being prepared for workplace violence
- trying to resolve any mismatch between patient expectations and the service offered
- making sure that there is an acknowledgement of the problem of aggression by colleagues and managers.

In most instances of aggression, an accurate diagnosis or an understanding of the reason for aggression will help management. However, the first consideration is personal safety and the safety of others. Early detection of aggression can allow the prevention of escalation. Be aware of signs such as increased volume of speech, clenched fists and hyperventilation in the patient – and the experience of unease or even fear in yourself.

Safety first

Where the patient's aggression is mainly verbal abuse or threats, possibly with aggressive posturing, it is appropriate to try and calm the patient. Consider the patient's point of view, which may be to

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get attention, frighten or intimidate. Try to understand the patient, offer assistance, ask them what they want. Talk quietly and professionally, control any angry feelings you may have, adopt a submissive or nonthreatening body posture and avoid excessive direct eye contact. At the same time keep watch and keep some distance – do not turn your back to the patient.

If a patient has a weapon or is actually violent, it may not be possible to talk the patient down. Alert others, call for help and look for a clear path to an exit. If you cannot get away, and face serious injury, it is usually better to do as you are instructed. In these situations, preparation for critical incidents, thinking about routes of exit, personal alarms and the rapid response of colleagues are essential.

Thinking about the cause

If there is no actual violence or immediate threat to personal safety, the first question one should ask is whether the anger and aggression displayed is normal and proportional. After all, anger and aggression are normal human emotions, experienced by all of us to some degree. In most instances the patient's aggression can be understood from their perspective, including their requests for benefits that can be provided by doctors, such as prescriptions for drugs of addiction, medical certificates, supportive reports or inappropriate tests or procedures. Even the most tactful refusal to perform unprofessional or unethical services can be a source of tension in medical practice.

The anxiety caused by being ill or in pain can cause some patients to respond in an angry way to delays or perceived lack of interest in their condition. If you think the patient's feelings are understandable then they will probably respond to a show of understanding and offers of assistance. Good waiting room management and clear communication can minimise this type of aggression.

Diagnosis and management can be more difficult when the anger is disproportionate. Look out for signs of intoxication, especially with alcohol and disinhibiting or stimulant drugs, and consider whether a propensity to aggression is part of the patient's character. A propensity to aggression can be a feature of some personality disorders and part of the behaviour of people who are themselves often exposed to violence. It is probably best not to try and negotiate with an intoxicated or drug-affected patient, and negotiating with a habitually aggressive person is also likely to be unsuccessful. In both circumstances, try to keep calm and control your own feelings, maintain a professional manner and avoid any attempt at levity, which might be misinterpreted.

Sometimes angry feelings are both disproportionate and irrational. Here you should consider whether the patient has a severe mental illness or even an organic condition such as dementia or a brain injury. Patients with psychotic illness can include their doctors in their delusional beliefs, which can be dangerous. Incidents involving psychotic patients that result in the serious injury or even the deaths of doctors are very rare but do occur.[3] Irritable patients with pressured speech and a superior attitude might well be manic. Manic patients can make a lot of noise and are prone to minor acts of aggression but are rarely actually dangerous and their condition is amenable to treatment.[4]

Although the behavioural manifestations of psychiatric disorders, including personality disorder and substance use, can be regarded as medical problems, it should not be forgotten that more serious aggression and violence are regarded by society as a breach of the law. The law places obligations on doctors and also offers some solutions. Perhaps the most important obligations are those that relate to child protection. Patients who are aggressive to you might well be aggressive to their children. Consider the safety of any children under the person's care and whether you have a requirement to report your concerns. Patients who are aggressive can also be violent towards other adults, and may also have been the victim of violence. In some circumstances doctors are obliged to inform the police of acts of serious violence. If you are in doubt, consult your colleagues and your medical defence organisation.

After violence

If you are assaulted, you have the right to press charges, regardless of the patient's condition or the reasons for the assault. If you are being intimidated or harassed, you might take out a restraining order. In these circumstances, the patient should always be referred elsewhere because it is not possible to help someone of whom you are afraid.

For patients who are mentally ill, the various mental health acts have provisions designed to protect the public – and doctors – from serious harm. If you do not want to antagonise the patient by completing the forms to arrange involuntary treatment yourself, ask the local mental health team or a colleague to assist.

Finally, support colleagues who are frightened or assaulted. We recommend using peer review meetings to discuss the effects of episodes of disturbed behaviour by patients in your practice, and to plan the management of any future episodes.

Conclusion

Aggression by patients is a common problem faced by health services and clinicians. All health workplaces need to take precautions to ensure the personal safety of clinicians and other staff. Anticipating trouble, and being aware of the underlying causes of aggression and how those conditions should be managed, will in many cases provide a solution to the patient's problem and prevent actual violence. MT

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