Dealing with the irritating patient

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Remember

- The medical consultation is just like any other human interaction, and as a result it is to be expected that difficulties will arise at times.
- The irritating patient, difficult patient, heartsick patient or hated patient can become the bane of our lives as doctors.
- There is no universal irritating patient. As is often seen in group practice, a particular patient may be difficult for one doctor but not for another. This says much about personality and training differences between doctors.
- Certain factors peculiar to the doctor–patient relationship foster the dynamic with irritating patients. These factors may include our position as carers, the fact that we are paid to listen and expected to heal, and the potential for a clash of cultures.
- In general, the noncompliant, disrespectful, unco-operative or excessively and unrealistically demanding patient tends to be the one who causes irritation.
- Patients who demonstrate behaviours that we find difficult to understand, accept or tolerate can easily become irritating to us.
- Even irritating patients can be seriously ill, and we should never undertreat.

Assessment

- Fortunately, for the diagnosis of this 'condition' one doesn't require a great deal of clinical expertise.
- The irritating patient rapidly makes us feel uncomfortable. Identifying this feeling is an important clinical step.
- Irritating situations will tend to arise when the needs or demands of the patient exceed what we as doctors can reasonably be expected to provide within the scope of a consultation.
- Recurrent consultations with irritating patients tend to produce a sense of anticipatory anxiety: 'this is going to be awful'.

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THE IMAGE BANK

Management

- First and foremost, we need to recognise the dynamic.
- Once it is recognised, we should talk with peers or colleagues about how we feel.
- We should see the interaction and our response as a clinical sign, and not react to it by behaving in a rejecting, critical or confronting fashion.
- We should focus on the patient's underlying anxiety, not the overt behaviour.
- We should offer clear and practical advice tailored to the individual patient's needs.
- Where appropriate, be willing to repeat advice and offer a follow up session or phone call, so as to assist in clarification.
- Be comfortable with alternative views or second opinions.
- We need to recognise our own limitations. It is OK to say 'I don't know' or 'No, I can't do that'. Patients often end up irritating us when we haven't adequately communicated to them the limits of what we are able to do.
- We should accept that personality clashes do occur and sometimes it is best to simply refer the patient on to another practitioner. MT