



THE DIFFICULT PATIENT: PRACTICAL TIPS

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5 Common Types of Difficult Patients

- The Karen
- The Manipulator/ Secondary Gain
- The Skeptic/ Non-Compliant Patient
- The Borderline/ Personality Disordered Patient
- The Truly Sick Patient

The Karen (Privileged Rude Woman)



The Manipulator (Wants Something Other Than to Get Better)



The Sceptic

(the Patient that Googles and Rather Listen to Family & Friends)



The Borderline/ Personality Disordered Patient (all Interpersonal Interactions are Complicated, Sensitive to Rejection, Self-Esteem Problems)



The Truly Sick Patient

(This One We Were Trained to Manage - IF They Listen)



Difficult Patient Behaviours

- Aggression: Angry, Shouting, Threatening
- Passive Aggression: Refuses to leave or stop talking
- or, to a lesser degree: Sarcasm, and Procrastination - do not follow the treatment regime
- Non-Compliance: and hiding what they are up to
- Manipulation: Flattering, Sweet Talk, Splitting, Bribing
- Demanding: Excessive Attention, Quicker Response, Special Treatment

When Are You Dealing With a Difficult Patient?

- Behaviours as per the previous slide are usually obvious

But often, we do not realize we are dealing with a difficult patient!

- You become anxious and confused:
“damned if you do and damned if you don’t”

How to Become Aware if the Patient is Actually Difficult

Often Easy (e.g., screaming)

The More Subtle Signs: look inside yourself

- Feeling uncomfortable emotions or physical sensations
- Worrying after hours
- Doing things that are not standard
- Dreading to help the patient

Why Are Some Patients So Difficult?

- The Underlying Medical Condition (and maybe fear about it)
- Personality Pathology
- Lack of Insight / Ignorance
- Entitlement: “Reverse Stigma”- remember the patient does not care about you!
- They want something other than to get better

What Not To Do!

- NEVER EVER SPECIAL FAVOURS!
- Act out of anger/irritation
- Write or say things/ provide evidence that can be used against you
- Refuse to help the patient (relative)
- Break confidentiality
- Give the patient what he/she wants so they can leave
- Reason: “If I do not give the patient will get it elsewhere anyway”

Managing Difficult Patient Behaviour

- Buy Time: listen, validate, be professional
- Be Nice
- Professional Boundaries
- Get help / supervision /advice (even legal)
- Involve the Family
- Have very clear protocols / SOPS
- Treat all patients the same
- Ask yourself: “Can I defend this in court?”
- Make Notes

Planning to Manage Difficult Patients

- Download / print HPCSA Guidelines
- Have security available / supervisor
- Private space (so conflict is not in front of other patients)
- SOP's
- Documentation at Hand (Ts and Cs, Popia, consent, complaints)
- Professional Bodies / Peer Support
- Contact List (can the patient be referred? / emergency numbers)
- Follow-up Procedure

And If You Are Brave:

Introspection:

- Why do I do this job?
- What are my values?
- What do I want my patients to believe about me?
- How much criticism can I tolerate?

Case Discussions:

- GP
- Pharmacist

Thank You!

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