Dousing the flames of anger

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By Sarah Parrott, DO [2]

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In my former life as a clinic-based family doctor and now as a hospitalist, I have encountered my fair share of angry patients. While a resident, I used whatever method was recommended by the current attending physician. If Attending “A” favored “fight fire with fire,” then I lit my match. If Attending “B” wanted me to find out what abuses the patient suffered as a child that might contribute to his emotional pain, then I did a little bedside therapy.

After graduation, I decided to forgo the boxing gloves or pretending to be a therapist. Meeting anger with anger escalates the encounter, and I cannot instantly change a patient’s ability to handle stress. Instead, I now try to meet patients in the middle through negotiation, realizing that spending an extra 5 or 10 minutes with an angry patient may save the day’s schedule in the long run.

If I could write a primer on “handling angry patients,” it would go something like this:

- **Keep your perspective straight.** The anger usually isn’t about you — even if the patient believes it is.

- **Assess your safety.** Do you need a witness? Should you leave the door open? Is this a matter best handled by security or the police?

- **If at all possible, sit.** Sitting tells the patient you have all the time in the world to solve this problem (although we all know you do not).

- **Acknowledge the anger.** “I feel like you are angry,” is an honest way to start the conversation. Alternatively, “I feel our communication has broken down” can help the patient feel heard and steer the conversation toward resolution, and not just go-nowhere venting.

- **Get to the real source of concern.** Did the nurse have to stick the patient three times for venous access? Is he afraid he will die? Probe gently but persistently to get to the core issue.

- **Then, stay silent and listen.** The complaint may be 100 percent valid, completely insane, or — more likely — somewhere in between. But you won’t know unless you let the patient talk.

- **Ask what he would like for you to do; then negotiate.** If he demands high-dose morphine PCA, offer a p.r.n. narcotic or NSAID. If he demands instant test results, offer to call and find out when the final report may be available. Don’t do anything medically unreasonable or inappropriate. You are, after all, the doctor.

- **Offer an alternative outlet.** Depending on the issue, you may not be the appropriate person to resolve your patient’s anger. The office manager can often help the patient feel his concerns are being addressed.

- **Once again, remember that the anger isn’t about you...most of the time anyway.**

In the end, some patients won’t be pacified. They may, indeed, need cognitive therapy to work through their issues, but unless you are a psychiatrist, that’s not for you to address in a 15-minute time slot. Staying calm and focusing on resolving the problem will serve both you and the patient best.

Afterward, I recommend you treat yourself to a little pampering — a mani-pedi, an hour at the...
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