The Challenge of Helping Patients Who Don’t Help Themselves

By Marsha Sosebee [5]

The most difficult patients are the ones who refuse the help medical practices can offer them. Source: Physicians Practice

All medical employees from the receptionist to the physician have encountered difficult patients at one time or another in their careers. Patients can be difficult to deal with for various reasons, including dissatisfaction, misunderstanding, fear of the unknown, anxiety over their condition, or financial difficulties — just to name a few. Having the occasional difficult patient is considered par for the course.

Difficult patients take all forms: the bossy know-it-all, the demanding diva who thinks you are her personal secretary, the habitually late patient, Mr. “I forgot my checkbook again,“ and the ever-popular Ms. “I’ll be nasty to you but sweet as pie to the doctor.” All of these types can land in our path at any given moment. But what if you have the ultimate difficult patient? What if there is just no sense to be made of the situation with this patient?

A situation that I encountered that I would consider to be the ultimate difficult-patient scenario started out innocently enough. Mr. Smith wanted to be seen for a routine cosmetic procedure. Things seemed promising; we were glad to be able to help Mr. Smith achieve a result he had desired for quite some time. The point at which things started making a turn for the worse was when the doctor found a cause for concern during the first examination. The doctor referred him for testing to evaluate the suspiciousness before proceeding any further in planning the requested cosmetic surgery. We were completely unprepared for the patient’s response. He refused any testing and demanded that we proceed with scheduling the requested surgery.

Several attempts were made by various staff members to convey the potential seriousness of this situation to Mr. Smith. Of course our hopes were that a biopsy, scan, or ultrasound would provide normal results, but we all knew the potential for a bad outcome, especially with something that was increasing in size. Despite our heartfelt outreach to Mr. Smith, he continued to refuse further testing. The doctor could not in good conscience proceed with cosmetic surgery until this issue was resolved. So a last effort was made to reason with Mr. Smith. His answer to us was that he knew he couldn’t have cancer because he was very strict about what he put into his body. He assured us that he paid diligent attention to what were cancer-causing substances and avoided those at all costs. Furthermore, he explained to us that he had seen on the news that X-rays caused cancer and asked us why he would subject himself to that when he already knew there was nothing wrong with him. He was in complete denial that there was even a small chance that this could be a problem. No matter what the outcome is of this type of scenario, the patient is going to be on the losing side. If the tests come back showing a malignancy, there is treatment and surgery with which he must come to terms. There is also a chance that he has waited too late for treatment to be optimally effective. If it comes back showing as benign, which is what we all want, it will reinforce his difficulty in recognizing the potential for harm and solidify his belief that he is invincible.

Of all the difficult patients we encounter in the course of our work, I do think the most difficult are the ones who refuse the help we know we can offer them. Knowing that you can help and wanting to help, but having your hands tied by the very one you’re trying to help, is a difficult situation. Patients have every right to decide their treatment and medical-care options, but when they continue to make decisions based on media hype and ignore sound medical advice, what are we to do? Those are the difficult patients who keep me up at night, not their self-absorbed, ill-mannered counterparts. Those are the ones who leave me racking my brain trying to figure out and the ones I worry about the most.

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