Difficult patients are difficult not because they’re a medical mystery, but because they challenge our psychic defenses, stretch our tolerance and patience, or demand much more of our time than we can give. But it is possible to care for these challenging patients—if you know how.

**Have compassion**

One of the most concrete ways of demonstrating compassion is listening carefully and with full attention and interrupting only when the conversation loses focus. Sometimes, discreetly touching the patient on the shoulder or hand can comfort many an anxious or difficult person, but this applies only to patients that you know well. It lets the patient know that you’re concerned. Keep in mind that patients having pain can be very difficult. They can provoke negative feelings of frustration and anger among clinicians and damage the doctor-patient relationship.

**Focus on the big picture**

Some patients can not accept their lack of control with guiding their own treatment and try to regain management by refusing to comply with treatment demands such as wearing appliances, elastics, or even taking x-rays etc. This is when you have to be patient enough to repeat your explanation of the necessity of your treatment protocol. Doing so may win cooperation. If the patient continues to refuse, then you have to decide whether the individual is of sound mind and understands the risk of refusing treatment. If the answer is yes, then document the refusal and move on. If the answer is No, then the situation is more complicated and it’s advisable to carefully weigh the long-term risk and benefit to the patient of changing the treatment plan. If time allows, involve family members and colleagues in making this decision.

**Set limits**

Along these lines, no patient has the right to insult you for any reason. If you are the target of an insult, transfer their care over to another dentist as soon as possible (after giving adequate notice to the patient).

‘Difficult patients demand significant time and psychic energy from the dentist.’

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Empathise, empathise, empathise

Try and remember that most patients are in a predicament. The fact that one’s health is not 100 percent is enough to make anyone cranky. Simply recognising and understanding your patients’ concerns can significantly improve the situation. Keep in mind that the health-care facility might be intimidating and scary to an already vulnerable patient. Ask open-ended questions, such as ‘What would make you feel better?’ in an effort to identify the patient real problem. Maybe they’re embarrassed of their condition, are nervous about dental costs, or were treated poorly elsewhere.

‘When dealing with difficult patients, the dentist need not feel alone.’

Reach out and discuss your feelings

It is commonly believed that most doctors are ‘islands’ and are generally reluctant to ask for help. Yet, even the most skilled and competent of dentists will at times feel great distress following an interaction with a difficult patient. After engaging in the preceding steps, it is suggested that the dentist ask himself or herself, ‘How do I now feel about this patient and his/her behaviors?’ It is also important for the dentist to identify how they will care for themselves the next time a patient elicits these types of feelings. Discussing these feelings and the difficulty of the experience with a trusted colleague or friend can be of great assistance since a wealth of research attests to the beneficial effects of social support. When dealing with difficult patients, the dentist need not feel alone. If you think however, that you haven’t had difficult patients yet just wait...it only means that you haven’t had difficult patients yet and have been shown to be unsuccessful.

When difficult escalates to dangerous

Health-care professionals today work in a world where violence is all too common. Workers often describe hospitals and health-care facilities in war-like terms and metaphors. ‘Time to go to battle’, ‘It’s a jungle out there’, or ‘I was getting flak’ might be commonly heard phrases. Perhaps these military-like terms are frequently used because the health-care profession is highly prone to violent situations. In fact, hospital workers suffer non-fatal assaults at more than four times the rate of private sector workers. There is always a chance that a patient’s or family member’s anger could escalate to violence. That’s why it’s critical that you and your staff are aware of the warning signs and are prepared for the possibility of violence in the workplace.

Looking back and reflecting on my own years of clinical practice, my heart told me that patients were inherently good. My experience however often provided evidence to the contrary and taught me to practice defensively.

Refusal or discontinue treatment

Refusal or discontinuation of treatment becomes an option when a patient, who has been informed about the dentist’s policies and requirements prior to the incident, breaches these requirements. The patient is either refused treatment at the time, or the treatment is discontinued. If a patient continues to be violent or non-compliant, the dentist may formally advise the patient and his/her family members of their right to refuse treatment. If a patient continues to be violent or non-compliant, the dentist may formally advise the patient and his/her family members of their right to refuse treatment. If a patient continues to be violent or non-compliant, the dentist may formally advise the patient and his/her family members of their right to refuse treatment. If a patient continues to be violent or non-compliant, the dentist may formally advise the patient and his/her family members of their right to refuse treatment.

It should be remembered that neither discontinuation of treatment, or patient discharge are everyday approaches; they are measures of last resort, and are only recommended where a range of other strategies have been implemented, docu

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