Dealing with difficult patients

How do we care for our more awkward patients without giving in to their demands and having to care for them too much? Mhari Coxon finds out how to strike the balance

I have a patient who I am very fond of, but our appointment always starts the same way. He will walk in to the room and immediately announce that I am going to be annoyed with him and disappointed at the state of his mouth. Haltlessly raised, I calmly reply that no, I won’t be annoyed or disappointed with him, as it is his health not mine.

He sometimes even says: “I know what you are going to say, that you are not cross with me, but it must be disappointing to have a patient like me.” After unclenching my jaw, I reply that if there is any disappointment, it is because you feel so guilty at letting me down.

After a few minutes of this, he usually says: “Yes, I know it is my health, and I am only letting myself down, but how can you not care? You are such a hard woman.” I explain that I have more than 1,000 patients whom I treat and I cannot be responsible for each individual’s health, as it would be too heavy a burden for my shoulders. This does not mean I do not have empathy for patients, I do care; just not on the level he would like me to.

Same old score
We then do our usual bleeding score and BPE, followed by plaque score, all of which are in the just getting away with it section and have been there for over a year now. Once he sees he is not getting worse he is more relaxed and we go over all his hygiene routine, usually deciding that all is manageable and it is just a case of implementing it regularly.

We have to guide them to a state of awareness of a need to change before we can begin to introduce choices for them.

As a highly intelligent lawyer, he is used to fighting his corner and I have not found a way of breaking this cycle we have fallen into. We discussed it after our last appointment and he said it was his own need to succeed at everything that led him to be hard on himself about his own hygiene. So, after our last maintenance session a few weeks ago I have been looking into ways of dealing with this cycle so we can both progress and I can keep my blood pressure where it belongs.

How to deal with difficult patients
I am loath to use this as a headingle, because I am so fond of this patient and his family. But, it is a tiring start to the day (he is always an 8am patient) and if I can make it easier for both of us, it would be good. I also believe the only way we can make progress is to stop this cycle. So here are a few tips we should avoid:

• Don’t take difficult patients’ behaviour personally. It is often habitual and affects most people with whom they come in contact. This does not mean they

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Date: November 22 – 27, 2010
Difficulty level: Straightforward, Advanced and Complex
Language: English
Course director: Professor Nikos Donos, Head and Chair of Periodontology, UCL Eastman Dental Institute
Course fee: £2,750 (incl. day-time catering, handouts and course material)
Discounts: ITI Fellows/Members: 10% Current ITI Scholars: on request
No. of participants: Max. 20
CPD hours: 39
Accommodation: Hotel information will be provided after registration

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The ITI – International Team for Implantology – is an independent academic organisation dedicated to advancing knowledge in the field of implant dentistry. The ITI University Programme aims to enhance implant education worldwide by offering coordinated, high quality, commercially independent, continuing education in implant dentistry around the globe.

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are not worth having as a patient.

- Don’t try to cater to them. Appeasing difficult people can feed their insatiable appetite for more. It can lead to what we call a “black-hole client” who will suck all your energy during their visits for very little return. (I bet you are thinking of one now!)
- Don’t fight back or try to beat them at their own games. They have been practicing their skills for a lifetime, and you’re an amateur. Sometimes not responding at all and changing the subject can work very well with this.

Finally and most importantly I think:

- Don’t try to change them. You can only change your responses to their behaviour. While a patient is going through the motions, they will not be responsive to any attempts to change their behaviour. We have to guide them to a state of awareness of a need to change before we can begin to introduce choices for them.

**Dealing with overly aggressive people**

Thankfully this is not a daily occurrence in most practices, but it is very unpleasant for those facing it. Abuse of staff should not be tolerated and the principal should always side with their staff in this situation. The best solution, however, is to avoid the confrontation completely.

Stand up to them, but don’t fight. Overly aggressive people expect others to either run away from them or react with rage. Your goal is simply to assertively express your own views, not try to win a battle of right and wrong.

First, wait for the person to run out of some steam. Sometimes writing down their complaint is a good way of defusing them. Then call the person by name and assert your own opinions with confidence.

There are many other types of negative behaviour that we can stop with good patient-management skills.

It is helpful to go on courses from time to time to enable us to deal effectively with this type of issue and it improves our complaints-handling skills if we are all aware of how we deal with certain situations. Ursula Markham’s book How to Deal with Difficult People is great. You could read it and discuss it as a group, with clear outcomes and a chance to feedback. What’s more, you will have completed verifiable CPD, as well as making your working environment easier.

So, next time you look at your day list and see a name that makes you groan, think of how you can break the cycle, so they do not get the result they desire, which stops the behaviour that can be so draining. Go on; give it a go – it just might make your day.

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**About the author**

Mhari Coxon is a dental hygienist practising in Central London. She is chairman of the London British Society of Dental Hygiene and Therapy (BSDHT) regional group and is on the publications committee of its journal, Dental Health. She is also clinical director of CPDforDCP, which provides CPD courses for all DCPs. To contact her, email mhari.coxon@cpdfordcp.co.uk.

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