

CHAPTER

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Communicating with Anxious or Angry Patient

A. Chaturvedi

Introduction

“Life is short and art is long; occasions fleeting, experience fallacious and judgement difficult”.

-Hippocrates (460 BC – 370 BC)

Physician – patient communication is an integral part of clinical practice. A perfect communication creates consensus cooperation, continuity, courage of conviction, commitment and credibility. A lack of communication leads to confusion, chaos, contradiction, conflict and crisis of confidence. A communication gap results in mistrust and misunderstanding. The ability to communicate effectively and sensitively is central to all medical activities and to those working in all specialties. Communication is imparting, conveying or exchanging ideas/ knowledge. The ability to communicate well with the patients to build up a trusting relationship within which curing, relieving and comforting can take place is a great challenge. Communication is not an addition; it is at the heart of patient care. The purpose of communication is to reassure the patient, solve their problems, form and maintain relationship so that we can alleviate distress by conveying our feeling. Thus satisfying patient with care they receive.

“Words of comfort, skillfully administered are the oldest therapy known to man.”

-Louis Nizer

As many as 15 per cent of patient-physician encounters are rated as “difficult” by the physicians involved.¹ Patient characteristics that suggest the likelihood of difficult encounters include anxious, aggressive and violent patients. Anxiety is of course, a normal in sometimes healthy response to live events. It is important for a physician to recognize an anxious patient. They may:

- Show the physical signs of anxiety: sweating, flushing, trembling, fidgeting.
- Speak rapidly in an uncontrolled way.
- Seem to be making excessive demands on you, particularly for reassurance.
- You should also try to understand why they are anxious:
 - It may be their usual behavior: they may have an ‘anxious personality’, or be suffering from a chronic anxiety state.
 - It may be their response to their illness and to receiving medical care. Most of us feel some degree of anxiety in these circumstances:
 - Fear of dependency, of what might be wrong with us, of the future.
 - They may feel anxious about other problems in their lives.

If physician sense that a patient is fearful about a diagnosis or treatment, encourage the patient to talk about it, and assess whether the fear is appropriate in proportion to the situation. This may help to establish a context for the fear, allowing the patient to deal with it more constructively.²

Guidelines for helping the anxious patient

- Be calm and prepared to spend time with the patient.
- Explain that most patients feel some anxiety and that this is appropriate. If the patient is talking too much, try to keep them to the point by summarizing what they have told you and explaining what further information you need and why you need it.
- Be specific about what you may want them to do during and after the consultation.
- If the patient presses you for the cause of their symptoms and seeks reassurance, explain that you are a student and refer them to their own doctor.

There are situations at times when we have to interact with all our tact, intellect and wisdom with anxious, angry, aggressive and violent patients. In those down moments that each of us has experienced, it may be best to remain silent if we cannot say things that are helpful and kind.

“Destructive language tends to produce destructive results”

- John M. Templeton

According to Rabbi Harold Kushner,³ *“God has created a world in which many more good things than bad things happen., We find life’s disasters upsetting not only because they are painful, but because they are exceptional. Most people wake up on most days feeling good. Most illnesses are curable. Most airplanes take off and land safely..... The accident, the robbery, the inoperable tumor are life-shattering exceptions, but they are very rare exceptions. When you have been hurt by life, it may be hard to keep that in mind. When you are*

standing very close to a large object, all you can see is the object. Only by stepping back from it can you also see the rest of the setting around it. When we are stunned by some tragedy, we can only see and feel the tragedy. Only with time and distance can we see the tragedy in the context of a whole life and a whole world.”

If we could keep this perspective in mind when situations are disruptive or disturbing and learn to “hold our tongue” until the bigger picture becomes more clear. The time-honored adage *“If you can’t say something good, then don’t say anything at all”* is the best policy in difficult situation. It is better, talk to a colleague, if necessary.

The angry, aggressive patients

An increasing number of health care staff are physically attacked or verbally abused by patients. This is not confined to Accident and Emergency services, even though this is often portrayed in television soap dramas. Violence may be directed at us because the patient is angry with something we may have done (or forgotten to do), such as having kept a patient waiting. Tempers may also flare up because the patient feels frightened and helpless, or has received bad news. Whatever the cause, your communication skills will be extensively tested and, in all likelihood, the outcome- whether someone is assaulted or the threat abates – will largely depend on what you do and say.

The most important tasks are to verbally break the cycle of anger and aggression and reduce the threat of harm to everyone, including the patient. You should not contradict the patient or behave in a threatening way; usually, this will only make the problem worse. Your priority should be to create a calm atmosphere so that normal activities can proceed without a threat of violence.⁴ Prevention is best:

- Do not become combative.
- Be ‘Street Wise’: do not work alone in settings where there is a potential threat.
- Some doctors do not wear jewellery because sharp objects might increase the risk of injury.

- Memorise the telephone number of the security guards, or at least always keep the number by the telephone.

The best advice when confronted with a threatening patient is to stop and think before acting. You should follow the following guidelines for dealing with the angry or aggressive patient.

- Is the patient agitated, restless or ready to explode? What does their behaviour communicate to you?
- Show willingness to talk and listen. Acknowledge their anger or annoyance.

Never redefine their behavior as fear or anxiety, even if they seem to manifest these feelings.

- Keep a safe distance: neither too close, nor too far away.
- Do not: interrupt their outburst; caution a swearing person about their choice of words; threaten them in any way.
- Ask open rather than closed questions. Encourage them to talk: talking is preferable to violent behavior.
- Do not make agreements or promises that cannot be kept; be reasonable and honest.
- Help the patient to feel they have choices: people are most often aggressive when they feel they have few or no alternatives.
- Do not talk to them from behind: this can be threatening and unnerving. Also, do not attempt to touch them: any movement could seem threatening. On the other hand, do not block their path: ensure they have an escape route.
- Do not take personal offence at what might be said; this could make you aggressive or defensive and so escalate violence.
- Never let down your guard until the incident is over. Fatigue, or a sense that the argument is ending, could lead you to take risks and so start up the problem again.

- If security staff are summoned, try to supervise their actions so that you maintain some control over the situation.

“There are three things that ought to be considered before some things are spoken: the manner, the place, and the time.”

- Robert Southey

Signs of distress

We must learn to recognize signs of anger or distress in order to prevent situation before it gets out-of-hand:

- Speech (becoming louder and quicker or becoming quiet)
- Facial expression (changing, flushed, loss of eye contact)
- Manner (impatience or non-compliance)
- Body language (closing in, or sudden or expansive movements).

Both you and your patient may experience one or more of the above signs. Do not deny reality, no matter how painful. Learn to confront it and open up communication. We fail our patients and ourselves, if we avoid, dismiss their concern. Although a doctor's word can injure, they have a far greater potential for healing, patients crave caring, which is dispensed largely with words, talk, which can be therapeutic, is one of the underrated tools in a physicians armamentarium.⁵ Medical experience provides constant reminders of the healing power of words.

Conclusion

Acknowledging our limitations and being prepared to challenge them occasionally can help us to understand our patients as well as ourselves. We can learn and practice skills to help us relieve and cope with unpleasant situations in our day to day practice. Anger and violence are as much a part of grieving as are acceptance or sadness. To deny or dismiss anger and violence prematurely can delay a necessary process in healing. People in stressful situations may well behave out of character.

The efficiency and the effectiveness of your interaction with the patient will be enhanced if you converse with concern and create an expression to leave an ever-lasting impression. It is a distinct art to talk medicine in the language of non-medical man. Patient don't care what you know but they know that we care with concern, compassion, courtesy commitment thus bringing credibility in our relationship. In healing, we should not hurt the patients.

*“The meaning of good or bad, of better or worse,
is simply helping and hurting.”*

- Ralph Waldo Emerson.

References

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