



The Difficult Patient Interview

STEPS

1. Distinguish the the difficult patient interview
Physicians tend to blame patients for mostof the difficult interactions they experience, and patients blame doctors. Unfortunately, it does little good to blame each other. Although either doctor or patient can remedy a dysfunctional interaction, it is usually the doctor who wields the most influence and has the best chance to repair the interaction. The most critical point is to recognize the difficulty early. You may be tipped off to the trouble when you notice repetition, interruption, or stereotypic behavior on the part of yourself or the patient.
2. Pause the interview
Once you are aware of that something is going wrong, pause, step back, and think about the matter. Acknowledge to yourself that you are having difficulty and probably also some feelings about it. For many of us, some feelings happen so fast that we act on them before thinking. This causes unwanted behavior. So, explaining this silence to patient provides relief for both sides.
3. Put forward the problem
Be careful. You are not diagnosing your patient's problem (for example a personality problem or lack of social support, even though these may be true). At this point, you are naming a problem in the doctor-patient interaction itself. Check to see if the disruption stems from a strong affect in the patient: anger, sadness, fear, or the feeling of caught in a bind. Sometimes something in the interview environment becomes a distraction.
4. Share the problem with the patient
In acknowledging your discomfort, you are asking the patient to be a partner in resolving what seems to be an interactional problem. Sharing the problem may be quite simple and fairly brief. Avoid blaming or name calling. In fact, you may be able to own the entire problem and ask your patient for help.
5. Propagate solutions
Resolving what seems to be an interactional problem. If the problem is caused by the your behaviour, you should evaluate the justness of patient and apologize.
6. Show empathic approach towards the patient's emotion/feelings
If the disruption stems from a strong affect in the patient (anger, sadness, fear, or the feeling of caught in a bind), address this feeling first, using empathic responses. Understanding patient's feelings doesn't mean that you accept patient's behaviour and righthness. Saying the patient to understand his/her behaviour is the last action, after that there is no need any word or behaviour. In many cases, all the expectation of patients is to see an understanding of their feelings.