Negotiating With The Angry Patient

For several years, I was the managing partner of a large general practice clinic. It is an interesting position to occupy in this 21st century of zero tolerance. Expectations are high and delivery is often slow. There is a general increase of complaints against doctors and services and the phenomenon of the angry dissatisfied patient has arisen in the last few decades, so I found myself working as the designated complaints department.

Why has anger become, worldwide, an emotion of epidemic proportions? It appears to ride on the horses of entitlement. This has been the downside of the human rights movements and patients' charters, which have raised the often unrealistic expectations of clients worldwide when they encounter failing health services. The complaints may often be about being kept waiting and the general problems with service delivery and not so much about the treatment itself, although litigation against doctors' treatment continues to rise.

The venue for the confrontation with the angry patient is usually the waiting room or the hospital corridor or the nurses' station, so the first thing to do is to move out of the public arena. This should be a singles match with no audience. No one wins a sword fight in the waiting room as you have to double-think what you say because of the audience. Humiliation in front of others destroys all parties.

In management language, the process is called de-escalation of anger and in theory has calming, relating and managing phases. The first step is to find chairs and sit down. Remember that an angry person needs three times more body space than a normal person. Initially, don't touch them. Set the stage by phoning reception or switchboard and telling them you are not to be disturbed. Take the phone off the hook – it is a great gesture – then accept the fact that your day and its appointments are now ruined.

Get your breathing right and ask the patient to open the dialogue while giving assurances that you have time for him or her. You can start with what is called *Low Level Connecting*. This involves finding some truth in what the client-patient is saying and reflecting this back to them, even if you believe that they are essentially wrong. I used to feel rather guilty and hypocritical when doing this as you find yourself agreeing with the patient out of natural altruism and not wanting to upset them further, until I found out about *Second Positioning*.

Second Positioning is when you find yourself saying that you understand the angry, dissatisfied person or that you agree with them when you don't. What you are saying is that *if you were in their position* you might feel aggrieved or angry.

The next phase is to allow the anger out without hindrance, whether it is legitimate or illegitimate. The patient may include many other problems and slights from the past (called *replaying adverse life scripts)* many of which may be irrelevant. Continue to hold on to your breath and opinions. Connecting to the client-patient is helped by objectifying the situation which is achieved by repeating the complaints back to the client in his or her exact words so that they recognise that they have been heard (called *backtracking* or empathetic listening).

After the venting stage, which also goes by the magnificent title of *Free Emotional Spillage*, comes the reframing and negotiation phases. Remember that only about twenty percent of what you say will be taken in because they are already overloaded with emotions. A useful approach is to indicate that you value their input and allow them to give you their own solutions to the problem.

In this context also remember that if the client is armed, psychotic or intoxicated then none of this applies and external agencies should be used to remove the client, especially if others are in danger (as an aside, all practices and departments should have a policy in place for this).

If you find your voice squeaking at this stage make a conscious effort to lower the tone of your voice and lean backwards in your chair. If you find your own anger rising then ask to leave the room for a moment (known as a *break-state*) and when outside go into a karate stance and do a couple of chopping movements and some brisk kicks, and return to the room with an angelic smile.

At the end, rational anger should have subsided and grievances may be resolved and the conversation moved to a shared productive resolution. If this has not happened, try and set up follow-ups or ways in which the communication can continue with facilitators or other agencies.

On some occasions, you may find yourself being personally insulted or devalued in which case you are probably dealing with an AXIS 11 condition, which is unlikely to reach a conclusion. They are very clever at recognising your weaknesses and are able to mobilise guilt in you, which results in you trying to appease them in whatever way you can.

Confrontation by the angry patient is one of the most stressful of life encounters and the memories often linger on for a long time in the mind of the wounded healer.

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