

The Hardest Word To Say To A Patient ... “No” – Dealing With Unrealistic (& Realistic) Expectations



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Shakespeare said:

I always feel happy, You know why?
Because I don't expect anything from
anyone, Expectations always hurt.. Life
is short, So love your life, Be happy.. &
Keep smiling. Just live for yourself &
Before you speak, Listen. Before you
write, Think. Before you spend, Earn.
Before you pray, Forgive. Before you
hurt, Feel. Before you hate, Love.

Before you quit, Try.
Before you die, Live.



Expectation is the root
of all heartache.

Objectives of the session

- ▶ To increase our confidence in managing consultations where there is a mismatch in expectations
- ▶ To share experiences and develop ways to manage difficult consultations especially where there may be some conflict
- ▶ How to feel good about saying “no” appropriately

Some wise words from Devon Doctors ...

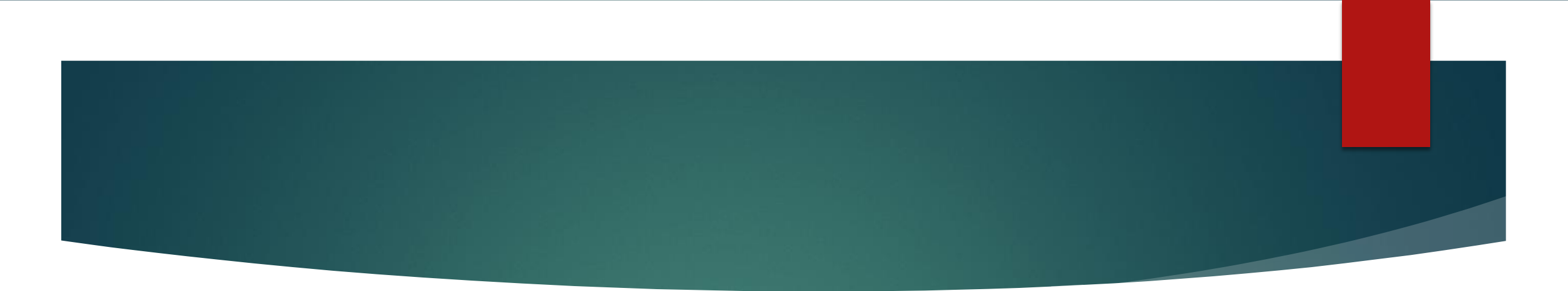
- ▶ It's not wrong to say 'no' to patients in appropriate circumstances and we will always back you 100% in the unlikely event a complaint arises from doing so. It does, however, take a degree of courage to stand firm against unrealistic patient 'asks' and I completely recognise that some of us are more comfortable doing that than others.
- ▶ Please do remember, though, that management decisions should be shared with patients but cannot be exclusively driven by them when their demands and expectations are unreasonable.
- ▶ Be polite and courteous as ever, and explain the rationale for your clinical decision-making when declining an inappropriate request to be seen – but do stand firm.

Most interactions go well BUT ...

- ▶ 13% staff face challenging interactions on a daily basis (under reported?)
- ▶ 50% occur in the consulting room, 20% in the waiting room, 15% on home visits
- ▶ 29% of staff have considered leaving due to stress following a challenging encounter



"What's the point of looking at your side of the argument when it's wrong?"

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- ▶ Why do we find saying “no” challenging?
 - ▶ What sort of consultations are we talking about?
 - ▶ Factors that contribute to a mismatch in patient expectations / a dysfunctional conversation
 - ▶ What are the qualities of colleagues you see who seem to not be phased by unreasonable expectations from patients?

Factors that contribute to a dysfunctional conversation

- ▶ Patient expectations
- ▶ Alcohol / drug use
- ▶ Mental health problems
- ▶ Language / hearing difficulties
- ▶ System factors
 - ▶ Long waits etc
- ▶ Lack of training
- ▶ How we react when our buttons are pushed
- ▶ Are we carrying monkeys around on our backs ...?
- ▶ The words we use and the way we say them

Case for discussion - Unrealistic

- ▶ You are on the phone to Suzanne, who is 34 years old and suffers with anxiety and a personality disorder. She has had some chest pain which you conclude is not worrying. At the end of the call she says “oh I’ve run out of me diazepam cos I’ve been taking a few extra to help this pain, could you give me some to get me through the weekend.” You sense her getting angry as you suggest alternatives
 - ▶ What features will you look for to be able to document to either rule in or out serious causes of her chest pain
 - ▶ What strategies will you use to ensure a successful outcome to the consultation?
 - ▶ What will you do if she starts shouting at you?

Case for discussion - Realistic

- ▶ A 54 year old man comes to see you
- ▶ Eight months ago he was assessed by the memory clinic for possible early onset dementia, they requested a neurology assessment as they wanted to rule out MS first
- ▶ He has phoned the neurology secretaries multiple times to be told he is on the waiting list, but there is no sign of an appointment, and he is fuming.
- ▶ How will you approach this consultation?
- ▶ Is there anything you can offer him / suggest that might help?

4 Stages To Diffuse Anger / Conflict



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3. Inform Them Of Your Position



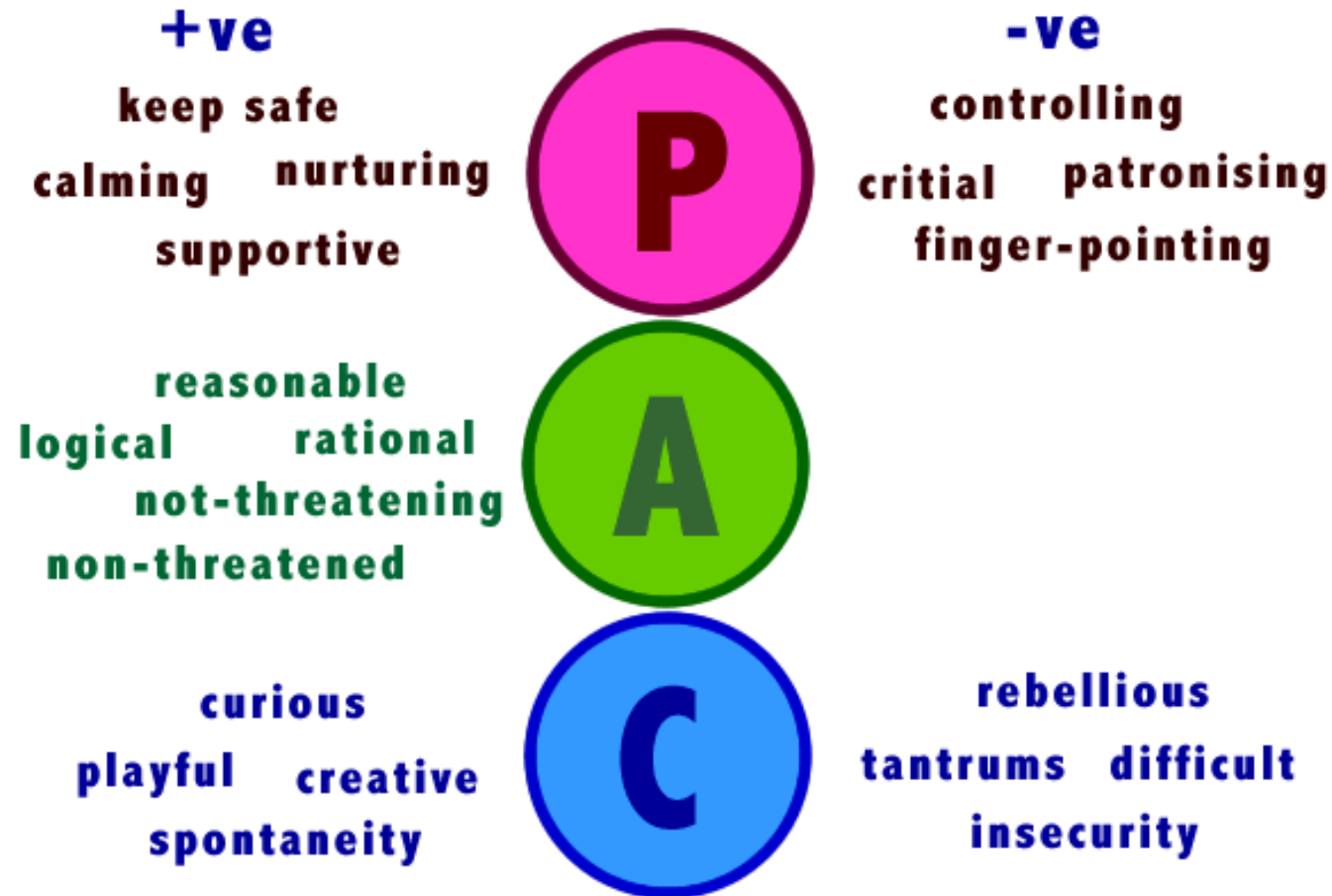
4 Stages To Diffuse Anger / Conflict

1. Listen – let them Rant
2. Acknowledge Their Distress
3. Inform Them Of Your Position
4. **Discuss A Way Forward**

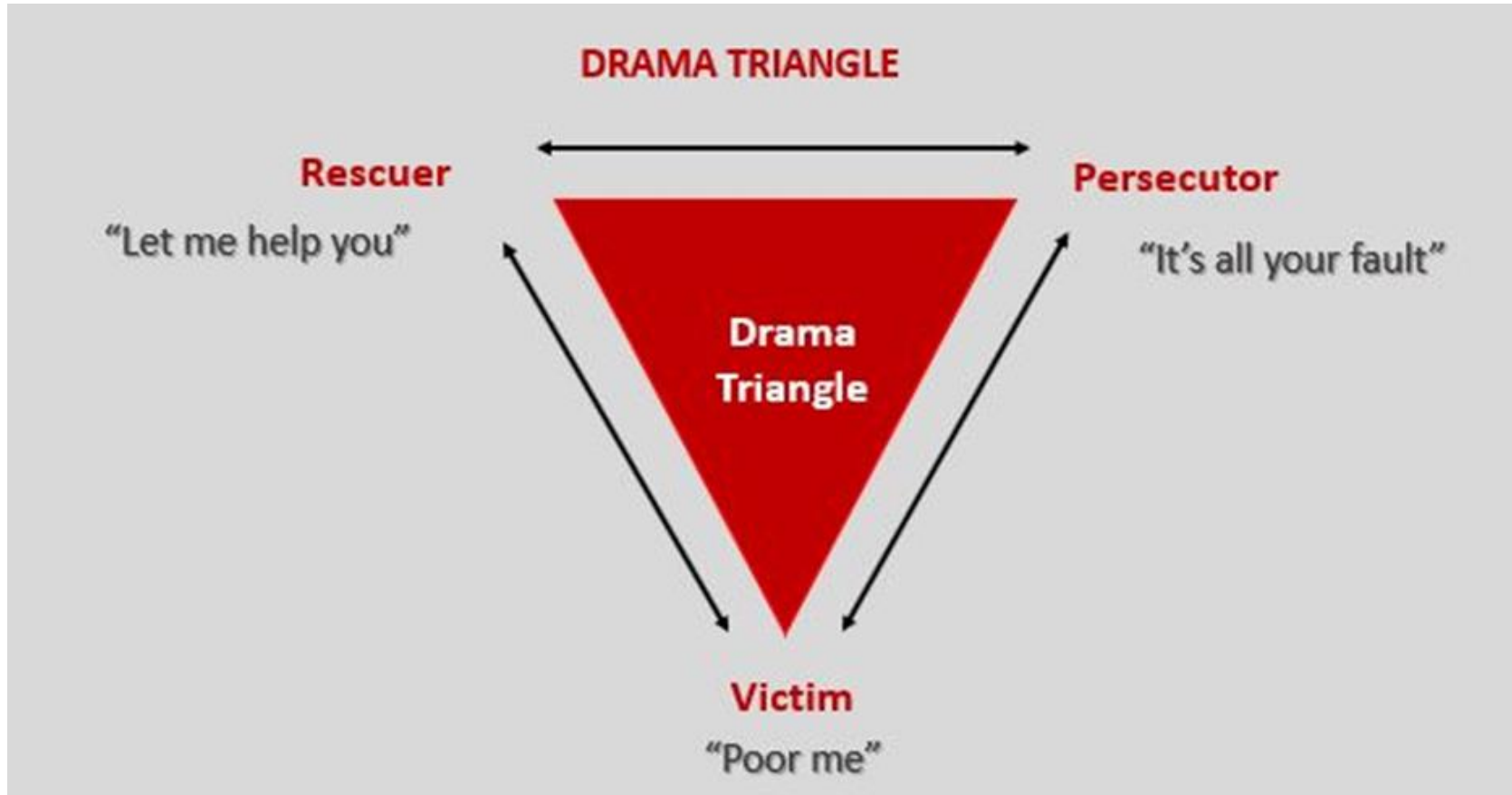
Practical Tips From The MPS


- ▶ Think about verbal and non verbal signs
- ▶ The RAID / FRAYED model – including an apology if appropriate
- ▶ Speak calmly
- ▶ Try not to interrupt
- ▶ Resist trying to prove you are “right”
- ▶ Focus on arriving at a solution
- ▶ Avoid “but” and “why”
- ▶ Don't react to irrelevant, incorrect or exaggerated words – respond to the emotion behind the statement
- ▶ Assure your understanding
- ▶ If you promise to do something – do it!
- ▶ If you're feeling vulnerable - it is always safer to leave the room or walk away than ask / insist the patient leaves

Transactional Analysis




The Drama Triangle





How can you leave the drama
triangle?



How to leave the drama triangle

From **VICTIM**
(Underdog)
to **Survivor/Thrivers**
with Resilience

Example:

1. State What You Want:
*I want more time to finish
the task.*

2. Keep Agreements: If
someone helps you, do your
part by following through.

3. Ask Yourself: *How can I
get what I really want in a
healthy way?*

4. Count Your Blessings:
Acknowledge your
strengths, what you have
and what is going well.

REMEMBER: You make you!
You are lovable, capable,
and resilient.

From **ATTACKER**
(Bully/Blamer)
to **Challenger**
with Assertiveness

Example:

1. State Your Boundaries:
*I have 10 minutes to talk
and listen.*

2. Active Listen: *I hear a
problem delayed you.*

**3. Make Expectations
Clear:** *I want you to keep
your agreement. Please
have it done by Tuesday.*

4. Provide Choices: *You will
keep your agreement or I will
arrange for someone else to
do the task. You choose.*

REMEMBER: You make you!
The only person you can
change is yourself.

From **RESCUER**
(Enabler)
to **Coach**
with Empathy

Example:

1. State Your Boundaries:
*I have 20 minutes to talk
and listen.*

**2. Ask What Support Is
Wanted:** *How do you
imagine I can help?*

3. Active Listen: *I hear a
problem delayed you.*

4. Affirm Resilience: *I have
seen you succeed.*

5. Provide Choices: *You will
keep your agreement or I will
arrange for someone else to
do the task. You choose.*

REMEMBER: You make
you! The only person you can
change (fix) is yourself.

The Five Agreements

The Five Agreements

- 1 Be Impeccable with your Word**
Speak with integrity. Say only what you mean. Avoid using the Word to speak against yourself or to gossip about others. Use the power of your Word in the direction of truth and love.
- 2 Don't Take Anything Personally**
Nothing others do is because of you. What others say and do is a projection of their own reality, their own dream. When you are immune to the opinions and actions of others, you won't be the victim of needless suffering.
- 3 Don't Make Assumptions**
Find the courage to ask questions and to express what you really want. Communicate with others as clearly as you can to avoid misunderstandings, sadness and drama. With just this one agreement, you can completely transform your life.
- 4 Always Do Your Best**
Your best is going to change from moment to moment; it will be different when you are healthy as opposed to sick. Under any circumstance, simply do your best, and you will avoid self-judgment, self-abuse, and regret.
- 5 Be skeptical and learn to listen**
Don't believe yourself or anybody else. Use the power of doubt to question everything you hear. Is it really the truth? Listen to the intent behind words, and you will understand the real message.

don Miguel Ruiz

A Brief Word About Complaints

- ▶ A true understanding of the emotional climate of complaints necessitates an understanding of
 - ▶ Adjustment to change and loss [four phases]
 - ▶ The Drama Triangle and
 - ▶ The Games People Play [Eric Berne]
- ▶ A small percentage of people are just angry with everyone they come into contact with – and we cannot heal them. They hurt on the inside, and they carry wounds through their lives
- ▶ People complain [and become the persecutor] when we fail to meet their expectations, and is nothing to do with our performance
- ▶ Their fantasy is that the NHS [aka mummy / daddy] has the answer to everything

DARING TO SET BOUNDARIES IS
ABOUT HAVING THE COURAGE TO
LOVE OURSELVES, EVEN WHEN
WE RISK DISAPPOINTING OTHERS.

BRENE BROWN



The personality traits that make us good doctors – obsessiveness, perfectionism, even narcissism – can turn into the compulsive triad of doubt, guilt and an exaggerated sense of responsibility



**“We need a new definition of vocation,
adapted to the times we live in , one
that reflects the fact that we are all human
beings trying to do the best for our patients,
within protected spaces free from the clutter of
inspection, assessment and monitoring**

Self sacrifice is no longer an option”



Resources

- ▶ You are not a frog Podcasts
- ▶ Gerada 2017 BJGP – A New Kind of Doctor
- ▶ A Summary of Understanding Transactional Analysis in Liz Moulton's book "The Naked Consultation" pp117-119
- ▶ The Chimp Paradox, Steve Peters
- ▶ Finding meaning in the consultation, BJGP, Shah et al, 2020
- ▶ Seeing and Hearing , BJGP, 2023

In summary, when faced with a dysfunctional case

- ▶ Ask yourself “what is ACTUALLY today’s problem?”
 - ▶ Is there actually a crisis today or is this a longer term issue?
- ▶ Are you being drawn into the drama triangle?
 - ▶ Persecutor / Rescuer / Victim
- ▶ Ask yourself ...
 - ▶ is the patient being a parent / child / adult
 - ▶ Do they have capacity?
 - ▶ Are they being reasonable?
- ▶ Stay as calm as you can
- ▶ If they have capacity, we should respect their decisions, even if we feel they are unwise
 - ▶ but we do not have to collude / do something inappropriate as a result)
- ▶ Is this patient someone who is just angry with everyone?
- ▶ What do I need to do to neutralise the feelings from this consultation before the next one (all that housekeeping stuff)?

The End

Any
questions?

