

Dilemma: The Belligerent Patient

Barbara Zapotocky-Cook, DC

Suppose that while you are adjusting a patient, you hear a loud voice arising from the reception area and realize that someone is upset. The peaceful and professional atmosphere of the clinic has suddenly changed.

Most of us wear two hats. We are health care providers and small business owners. Whether you have a single staff member or 20, the ultimate responsibility for the business lies with you. No health care provider likes conflict. We're in the business of helping people, yet the human dynamic is a variable we simply cannot control. We face this variable on a daily basis with our patients, our staff members and ourselves. I don't know anyone who has a good day every day. Sometimes people become vocal, offensive and even belligerent!

If you have experienced a situation such as this, you know it is intense and uncomfortable. No matter how you acted during the episode, chances are that afterward, you rewrote what you said or did several times while mulling it over. The best defense for future episodes, then, is to develop a strategy - guidelines, if you will - for handling a belligerent patient.

In our disturbance scenario, an elderly woman accompanied by her husband has arrived at your office. She is a new patient. The staff determines that she is a Medicare patient. You have informed your staff that you are no longer accepting assignment for Medicare patients and will only see them on a cash basis. When the couple is informed of this, the husband becomes quite loud and yells, "All doctors want is money. This is just one more scam to rip off old people."

The squabble escalates to a feverish pitch. The man insists that the woman's Medicare insurance should be acceptable. More than one staff member has explained that the doctor is no longer a participating Medicare provider. The man makes a scene and declares he'll tell his friends and anyone else about the kind of operation you're running. The office staff feels threatened and shaken as the older man pulls his wife out the door. It is abundantly clear to everyone that this man will broadcast that the doctor refused to care for a Medicare patient.

Meanwhile, not wanting or unable to leave your patient you are attending, or deciding not to initiate any contact whatsoever with the upset man at the reception desk for fear that it will make matters worse, you remain in the rear of the office, emerging only after they have departed.

Let's analyze this scenario. As the doctor and owner, you are responsible for everything that occurs in the office. If you have determined that you will no longer accept assignment for Medicare patients, the office staff should be instructed to anticipate and handle the questions or resistance on the part of new patients, particularly if you used to accept Medicare assignments. There are ways that this information can be explained to a patient that are not so abrupt. Present options for payment, or offer to work with the patient to find an acceptable solutions.

As the doctor's staff had impressed the term "Medicare patient" on the woman and her husband repeatedly, it is only appropriate that the term was used as ammunition in the husband's final verbal assault. In the next decade, most chiropractic practices will see significant increases in

Medicare patients. Instruct your staff that abusive individuals will not be tolerated at any age, but be careful how you refuse patients based solely on their Medicare status.

Lastly, you should have made an appearance at the front desk when it was determined that the problem was not being resolved. You can usually make this determination quite easily by being sensitive to the tone and volume of the voices and the length of time the discussion lasts. Had the doctor in this scenario made the effort to address the problem and listen to the concerns of the couple, it is likely that the events would not have escalated.

Here are some simple guidelines:

1. Anticipate that your office staff will encounter a belligerent patient at some point and discuss how to handle the situation.
2. Use common sense in your approach to the problem.
3. Find out what the problem is.
4. If you can't work out a solution, or if you don't feel like you would work comfortably with the patient, tell them. Explain to them that since there already seems to be a conflict, it may be difficult to establish trust, and you feel their interests would be best served by going to another provider.
5. Offer the patient a way to "save face," as well as several other options.
6. If the individual happens to have a third-party payer, notify the party of the events and circumstances surrounding your decision to refer the patient elsewhere and enlist their help.
7. Don't beat yourself up about what happened. Do the best you can and then get past it.

Say what you mean. Be straight with your patients. They'll thank you for it, and you'll sleep better at night.

As always, I welcome your thoughts and comments. Aloha for now.

SEPTEMBER 1999