



DOCTOR-PATIENT

## Patient Personality and Clinical Compliance (Pt. 3)

K. Jeffrey Miller, DC, MBA

Inconsistent patient compliance is an ongoing issue in many practices. Many patients enter the office, ask for help, seem ready to proceed, and then become an impediment to the process.

Much of this problem is personality-based. Some patients have personality types and traits that are hard to manage; personalities that create obstacles and result in patients being their own worst enemy.

These truths are the basis for this series. Doctors must be able to recognize challenging personality types and handle the circumstances they create. Prompts for patient communications are incorporated into the discussion of each personality.

In part 1 [[May issue](#)], I described detail-oriented and skeptical patients. In part 2 [[June issue](#)], I discussed patients in denial and anxious-depressed patients. In this final installment, let's focus on one-visit-wonder and best-buddy patients.

The One-Visit-Wonder Patient



The patients in this category are not hard to identify because they tell you a one-visit cure is what they expect within the first few minutes. They inform you of the expectation and do it in a manner that sounds like a challenge. They draw a line in the sand.

One visit is all it took the last time, or one visit is all it took for someone they know. These patients are not hesitant or fearful like skeptic patients. They are ready to go.

In the early 1990s, I treated a 93-year-old man whose two uncles had been chiropractors. He told me they always fixed him in one visit. These fixes occurred in the 1920s, '30s and '40s. I told him a one-visit cure was not likely to happen for him now. When he asked why, I explained his body was no longer as resilient as it was in his younger years.

"Your skin and hair are not the same, your eyesight and hearing are fading, your joints are arthritic, and you are not as strong as you were," I said. Instead of getting the point, he asked, "Are you calling me old?" He was offended.

#### What You Can Do

I interact with one-adjustment-wonder patients just as I do skeptic patients. I simply say, "That's not how it works. I cannot accept you as a patient under those circumstances." I inform these patients that care and healing take time: "Care is a process and not an event; a one-adjustment fix is very rare."

In the book *Treat Back Pain Distally, Theory and Case Studies* by Brad Whisnant, the author discusses one-visit-wonder patients. Like chiropractic, acupuncture is usually a process and not an event. And like chiropractic, a fair number of acupuncture patients expect one visit.

Whisnant describes an interaction with a female patient who wanted an immediate cure. Whisnant's response: "Only one of sixty or seventy patients gets away with one treatment, and I

already had that person on Tuesday."

I use a version of this now and say it in a joking manner. Patients either realize I am not bending to their demands or take it as a smart-aleck remark.

I also explain post-adjustment soreness. I describe how it is possible that when injured, swollen and painful tissues are adjusted. Post-adjustment soreness does not occur very often and does not last very long, but it is a factor. If it happens, it is part of the "process" and could leave them disappointed.

One-adjustment patients could also think care made them worse. In these cases, they could think chiropractic care does not work and miss the opportunity for help - now or in the future. Expecting a one-adjustment cure frequently leads to discontentment and wastes everyone's time.

### The Best-Buddy Patient

I introduce myself to new patients as Dr. Jeff Miller. From that point, patients usually use an assortment of names to address me: Dr. Miller, Doc and Dr. Jeff are typical. I do not care which they use. However, I am concerned when patients immediately begin to address me by my first name.

This is not an ego-related problem for me; it is a compliance concern. Patients who instantly see themselves as your peer or best buddy do a poor job of following recommendations. They frequently try to negotiate terms. They want special appointment times or expect to walk in any time without an appointment and receive immediate service. They want to haggle over the frequency of their visits, their bill, the services performed, etc. After all, their best buddy Jeff (me) won't mind.

Early in my practice, I was willing to return to the office after hours for patient emergencies. After maintaining this policy for a short period, I realized most of the patients I returned for were best-buddy patients. Their emergencies were more matters of convenience than urgent health care needs.

### What You Can Do

This situation can be challenging to address. To start, you do not want to offend the patient. Do not direct the patient to address you using some form of the title "Doctor." They want to be your friend, and their actions reflect their personality. They treat most people this way regardless of their status.

At the end of a report of findings, I explain any factors that concern me about the final prognosis. These are typically factors like existing wear and tear, bodyweight issues, occupational duties, and similar.

Then I say, "I have one final concern. I have a lot of patients who call me Jeff, and that is great, but they tend to not listen to my advice as closely as other patients." They see me as their friend and not their doctor. Then I ask, "Can we be friends, and you take my advice?"

This is what I am saying: *I have other patients who call me Jeff. It is acceptable to call me Jeff. I am not singling them out. I am concerned for them.*

If the patient asks if I want to be called doctor, I say, "No. I don't care what you call me. I just care if you listen to me." This process does not work perfectly but, it is much better than pompously

telling the patient to call me doctor.

### Practice Takeaway

This series of articles is intended to assist you with patient compliance problems centered around patients' personality traits. The solutions I suggest are based on 34 years of standing next to an adjustment table. I hope they help you as much as they've helped me.

JULY 2022