Risk Management Advice in Dealing with the Unhappy 20/20 Lasik Patient

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Founded by members of the American Academy of Ophthalmology in response to the malpractice crisis of the 1980s

Discuss

- Risk Management definition
- Pre-operative steps in evaluating a LASIK patient
- Defusing the angry patient
- Final recommendations

Definition

- What is risk management?
  - Risk management is both proactive and reactive.
    - Proactive = avoiding/reducing risk.
    - Reactive = minimizing loss or damage after an adverse/bad event

- Key Principle:
  - Medical care delivery is art based in science. Good results cannot be guaranteed
Background

- How to incorporate risk management principles into your practice
  - Recognize that risk always exists
  - Pay attention to informed consent process
  - Pay attention to patient, family, and questions asked (or not asked)
- Resources for risk management advice
  - Medical liability carrier best source

Informed Consent

- Consent given in advance of surgery
- Opportunity for patient to ask questions
- Risks, Benefits, Alternatives, and complications discussed
  - Avoid trivialization of surgery
- Documentation of discussion in medical record

Informed Consent

- Pay attention to marketing materials
- Keep patient information materials up to date and relevant
- Advertisements and internet information are considered part of the informed consent process

Informed Consent

- Patient selection
  - Pay attention to personality types
  - Can patient understand and accept information?
  - Do they understand presbyopia issues?
  - Do they have unrealistic expectations?
It is all about expectations!!!

Surgery will totally eliminate refractive error and presbyopia

Will improve happiness, popularity, and enable one to live their life to the fullest.

Best way to understand is to use a questionnaire...... talk to patient about responses

Ask them what they expect from the surgery

Assess their stability, reasonableness

Are they a perfectionist?

Watch out for:

- Prozac, Elavil, Xanax, similar meds..
- Engineers, Pilots, Doctors, Lawyers
- Night-time workers – Truck Drivers, Pilots
**Expectations**

- Talk to patient yourself, or use patient counselor?
  - If use counselors, TRAIN THEM!!
    - Know what they’re telling patients
    - Give them periodic updates
    - Get feedback from patients

**What Do Patients Hear?**

- Studies show
  - Very little information can be retained and recalled correctly by the patient even 1 day after the surgery!

**What Do Patients Hear?**

- Patient beliefs:
  - LASIK surgery is easy and straightforward
  - Minimal risk of complications

**What Do Patients Hear?**

- Information processing:
  - Selective and biased in favor of already chosen alternative
  - Give excessive weight to information that favors their decision
  - This makes changes in chosen option unlikely
What Do Patients Hear?

- To feel comfortable with decision, patients tend to:
  - Hear (and remember) what enhances positive attitude
  - Devalue (and forget) negative
  - Select option with least cognitive complexity
  - Believe in and hope for the best
- To overcome cognitive dissonance, patients need information earlier than day before surgery

Defusing the Angry 20/20 Patient

Waiting room:

- Be proactive – Monitor clinic environment
- Manage unhappy patient and move them out of the general waiting area
- Have staff alert you about unhappy or angry patient – don’t keep patient waiting too long

Defusing the Angry 20/20 Patient

Examination Room

- Take some deep breaths and be calm before entering room
- Spend extra time with the patient if possible
- Listen to the patient – let them vent and then respond
- Show empathy
- Give reassurance

Defusing the Angry 20/20 Patient

Examination Room

- Re-state patient’s problem/complaints – make sure you understand exactly what patient is unhappy about
- Respond to the problem – avoid making any promises that are not possible to keep
- Schedule an extended follow-up appointment for next visit
- Refer if necessary
Defusing the Angry 20/20 Patient

Examination Room

- Apologies and refunds – How to manage
- Sorry......
  - The word "sorry" is ok to use
  - It is not an admission of fault or that you are accepting responsibility for the patient's feelings
- Refunds
  - Consider if feel it would help the situation
  - Not an admission of guilt or wrong doing
  - Can offer to pay for consultation if appropriate

Summary recommendations

- Always spend adequate time with the patient at least several days prior to surgery to have the informed consent discussion

Summary recommendations

- Identifying the “troublesome” patient prior to surgery is the key to not having to deal with the unhappy 20/20 post-operative patient...but no guarantee

Summary recommendations

- Pay close attention to patient’s pre-operative expectations regarding the surgery...listen to the patient!
- Ask questions (and pay attention to the answers!):
  - What have you heard about the surgery?
  - What is your goal with this surgery?
  - How will your daily life be affected?
  - How will you feel if you still need to wear glasses or contacts after the surgery?
Summary recommendations

- Pay attention to your staff and their input regarding the patient’s personality before you see the patient.

- Assess how the patient might handle a less than perfect outcome.

- Document all findings and discussion in the medical record.

- Do not hesitate to turn down a patient for surgery based on unrealistic expectations or personality issues.
Summary recommendations

- If patient is unhappy...pay extra attention, listen carefully, and show empathy and compassion.

THANK YOU!