Caring for Challenging Patients in Women’s Health: Insights into Empathy and Professionalism

Jody Steinauer, MD, MAS
University of California, San Francisco
Statement of Disclosure

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I do not have any relevant financial relationships with any commercial interests.
You are seeing a woman to give her results of her endometrial biopsy: endometrial cancer. As you discuss her basic treatment options she refuses your recommendation of surgery and shows you documents she found on the internet supporting her preference. She then asks dozens of questions.
A woman who had a planned home birth of a breech baby and now has retained placenta has just arrived in triage. As you go in to meet her the doula tries to keep you from talking directly to the patient.
You are seeing a 65 year-old woman who has been your patient for ten years. She continues to smoke heavily despite multiple medical problems from smoking.
You are seeing a 24 year-old woman who has had 2 prior abortions who visits your clinic for a pregnancy test. She is now pregnant again. She has not been using contraception and desires another abortion.
• Obstetrics
• Gynecology
• Primary Care

Would any of these patients frustrate you?
Objectives

1. To explore the “difficult” or “challenging” patient
2. To review the literature about judgment and bias
3. To gain practical skills for managing our feelings about patients, improving patient-centered care, and preventing burnout
Professionalism in Medicine

• Respect, compassion, accountability, altruism

• Patient-centered care
  – Put aside personal values and self-interest (self-awareness) in order to prioritize the culture, family, and values of patients

• Challenges us to be empathetic, respectful, and compassionate toward patients, particularly during challenging encounters

ACGME Core Competencies
Professionalism

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Patient-centered Care

Patient

Clinician

Focusing care on patient needs and preferences

Improved patient satisfaction, clinical outcomes

The “Difficult Patient”
The “Difficult Patient”

The Textbook “Difficult Patient”

– The Angry patient
– The Silent Patient
– The Demanding Patient
– The "Yes, But" Patient
The Textbook “Difficult Patient”

Happy Patient  Calm Clinician

- Elicit the patient’s reason for being angry.
- Empathize with the patient’s experience.
- Solicit the patient’s perspective.

High-quality, patient-centered care
The Actual “Difficult Patient”

- **Patient**
  - Frustrated
  - Low-quality care
  - Speak curtly
  - Spend little time
  - Avoid patient
  - Body language
  - Complain about her

- **Clinician**
  - Frustrated
  - Fatigue, bad mood
  - Emotional reaction
  - We don’t like her
  - We feel defensive
  - We blame her
  - We judge her

**Actions**

Behavior
The “Difficult Patient”

The difficult patient

– The Angry Patient
– The Silent Patient
– The Demanding Patient
– The "Yes, But" Patient
– The “No” Patient
– The Bad Patient
– The Needy Patient
– The Surprising Patient
The “NO” Patient

• Disagrees with us
• Does not adhere to medication or tx plan
• “Refuses” our recommendations
  – Gynecology patient
• Does not trust us
• Has alternate beliefs about disease
  – Obstetrics and gynecology patients
The Bad Patient

- Lies
- Does bad things
  - Uses drugs/smokes/drinks
  - Uses drugs and doesn’t seem ashamed
- Acts irresponsibly
- Acts immorally
The Needy Patient

- Asks too many questions
  - Gynecology patient
- Takes too much of our time
- Acts entitled
- Has too much pain
The Surprising Patient

- Appears happy when she should be sad
- Appears sad when she should be happy
- Acts entitled when she shouldn’t
- Is smart when she shouldn’t be
- Has resources but won’t make good decisions
The “Difficult Patient”

The difficult patient
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- The "Yes, But" Patient
- The “No” Patient
- The Bad Patient
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- The Surprising Patient
Think of a time recently when you felt angry or frustrated with a patient...
The “Difficult Patient”
Unifying Themes

“The difficult patient is one who makes me feel ineffective.”

Patients who fail to validate our sense of ourselves, threaten our control or who create "fruitless work" are at risk of being labeled as "bad patients."
Hill, Philosophy, Ethics, and Humanities in Medicine, 2010.
We judge patients.

• We judge patients’ motives, legitimacy of sxs ¹
• More likely to judge if doesn’t fit into model of care
• We trust and like some patients more than others², ³
• We blame patients for medical problems and failed surgery ⁴
• We judge women in violent relationships ⁵
• We judge patients who are obese ⁶,⁷

We judge patients based on their gender, race, ethnicity and class.

• Provider feelings about pt. varies by patient race

• Communication varies by patient race & ethnicity

• Tx recommendations vary by race, ethnicity & class

Provider bias partially explains health disparities.

We judge patients, and it affects care.

- Patients notice judgment – perceive lower quality
- More empathy → higher quality, higher adherence
- More empathy → better diagnostic accuracy
- We treat patients differently
  - We communicate our discomfort
- Like patients are more satisfied and adherent

We all have judgmental feelings. How do we deal with our feelings in order to provide high-quality care, model professionalism and prevent burnout?
Strategies to Teach/Learn Empathy

- Mindfulness-based Stress Reduction\(^1\)
- Balint groups,\(^2\) support groups,\(^3\) self-awareness training
- Reflection\(^4\) and narratives
- Home visits, service programs

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- Perspective-taking\(^5\) – put yourself in patient’s shoes
- Prioritizing empathy in clinical team discussions

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• Unconscious bias literature – recommends approaching each patient with fresh perspective

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- Prioritizing empathy in clinical team discussions
- Unconscious bias literature – recommends approaching each patient with fresh perspective
- UCSF workshop – positive, qualitative outcomes

Teaching and Learning Professionalism

Self-awareness
- Recognize feelings, judgments

Empathy
- Understanding the experience and feelings of another

Compassion
- Sympathetic consciousness of another’s distress

Acceptance

Quality Care and Communication
Self-awareness

- What was it that bothered you?
- How did you feel?
- How did you react?
- Do you think the patient noticed?
- How did you talk about the patient to colleagues?
Empathy

• What do you think is going on with the patient?

Compassion

• Even if you can’t put yourself in this person’s shoes, do you feel that she might be having a hard time?

Acceptance

• Can you accept that she is in your care?
• How can you take care of yourself while taking care of her?
• How can you care for her professionally?
Empathy

- Empathy is associated with positive outcomes
  - Increased dx accuracy, pt. participation, compliance, satisfaction, quality of life

Empathy Decline

• Empathy is associated with positive outcomes
  – Increased dx accuracy, pt. participation, compliance, satisfaction, quality of life

• Empathy decreases once trainees enter clinical practice
  – Increased vulnerability, distance themselves
  – Increased responsibility
  – Increased burnout
  – Increasingly think of patients as “other”
Teaching Professionalism through a Case-based Workshop

Professionalism, Empathy & Patient Care

• Faculty-facilitated workshop with 8-16 learners
• Workshop experience:
  – UCSF: >400 learners
    • Medical students, ob-gyn residents, faculty physicians, nurses and nurse practitioner students
  – 20 other medical schools and residency programs
  – 45 trained faculty in US
Professionalism, Empathy & Patient Care

Case-based workshop

— Part 1: Each learner introduces actual case
  • Group selects one or two to talk through
  • Self-awareness → empathy → compassion → acceptance

— Part 2: Clinical cases
  • Family Planning
  • Incarceration
  • High-risk obstetrics
  • Substance use

1 hour
Part 1: Actual Cases

Tell us about a time recently when you felt angry or frustrated with a patient...
Teaching and Learning Professionalism

- Self-awareness
  - How did it make you feel?
  - What was going on with the patient?
- Empathy
  - Was the patient having a hard time?
- Compassion
  - How can you take care of her?

Quality Care and Communication
Actual Cases

- Develop awareness of our reactions and buttons
  - Did patient notice and did it interfere with care?
- Consider theoretical and actual circumstances that contributed to patient’s behavior
  - Add to our database of potential reasons
  - We have a list of good and bad reasons
  - If patient acts apologetic or ashamed – we are nicer
  - Notice how attached we can be to our expertise and model of medicine
- Discuss how we might act in future
Part 2: Theoretical Cases

• Abortion - perfect for practicing this framework
  – Common in U.S. (1.2 million)
  – We come to medicine with opinions

• Many judge women for not using birth control, having one (or more) abortion, presenting in the second trimester, or choosing abortion for specific circumstances.
Family Planning Case

A 24 year-old woman who has had two abortions comes to you with an undesired pregnancy and wants an abortion.
Teaching and Learning Professionalism

Self-awareness

What upsets you about her having had many abortions? How does it make you feel?

Empathy

Why would someone have three unintended pregnancies? What might be going on in her life?

Compassion

Do you think she’s having a hard time? Can you feel for her?

Acceptance

How can you care for her professionally?

Quality Care and Communication
You are seeing patients in an obstetrics clinic, and a nutritionist is telling you about a patient.

“I’m seeing a 19 year-old G1 P0 with Type 1 DM at 20 weeks. I’ve seen her for three weeks, and as usual she isn’t writing down her sugars, and she probably isn’t taking her insulin appropriately. She doesn’t seem to care about this pregnancy.”
Self-awareness

I can see that you are really frustrated by her behavior.

Empathy

Wow. 19 years old, type 1 DM and now pregnancy...

Compassion

Do you think she’s having a hard time?

Acceptance

How will you take care of her during this pregnancy?

Quality Care and Communication

1 minute!
Why do you think she had a home birth and a doula?

I can see you are frustrated by her having had a home birth and now having a doula speak for her.

I can see you are frustrated by this patient with cancer. Are you upset because she declined surgery or because she is asking many questions?

Why does she not want surgery? Why does she have so many questions?

Discussing Empathy in Clinic

Self-awareness

Empathy

Compassion

Acceptance

Quality Care and Communication

1 minute!
Professionalism

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ACGME Core Competencies
Discussion

Self-awareness

Empathy

Compassion
Conclusion

- Patients who challenge us offer an opportunity to develop empathy, compassion and self-awareness.
- We must prioritize this dimension of patient care in our clinical settings.