



Dealing with *Angry Patients*

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Learning Objectives

Dealing with angry patients:

the why,

the what

and the how!

Why do patient's get angry?

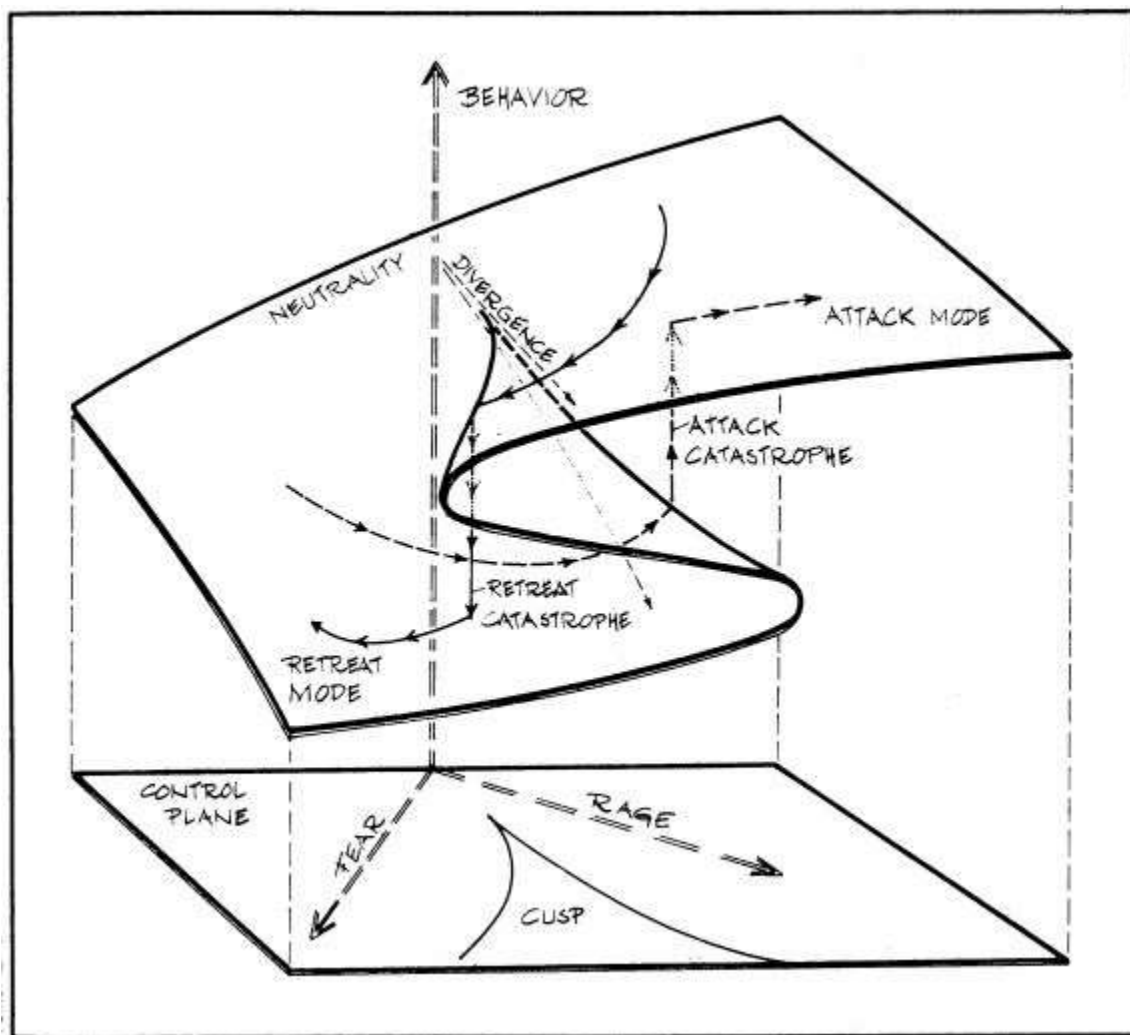
Patient Factors

- Receiving bad news – cancer or unexpected death
- Patient or relative expectation not met
- Loss of control – powerful person in unusual situation can't control
- Illness itself making them angry e.g. affect on sleep and mood or sign of depression
- Personality disorder or drug or alcohol use prior to consultation

Doctor Factors

- Long wait to see you
- Doctor's behaviour (lack of respect, condescending, patronising...)
- Delay in diagnosis or treatment
- Doctor error made by medical or surgical team
- Poor communication and consultation skills -

Zeeman's model of aggression



Aggression escalates suddenly not linearly you want to stop the 'leap' from anger to aggression.

Therefore you need to identify anger early before the 'leap'.

How can you tell if a patient is angry?

- Often you mirror the patient's feelings e.g. if you feel angry it is likely the patient is feeling angry
- Voice – either raised or aggressive tone in voice and speeds up when talking, abusive language or slow and soft and very controlled
- Face – loss of eye contact, frowning, red face and eyes
- Physical – comes too close, sudden threatening movement in upper limbs, seem tense – clenched fist, finger pointing...



Consultation skills to de-escalate angry patients

- Respond to anger before the `leap' happens i.e. `something is wrong here – get in touch with what it is now so that you can deal with it'
- Recognise the patient's emotion `you seem frustrated about something?'
- Explore why the patient is angry
- If an apology is needed, give it (if you are the cause of the anger)
- Show empathy and understanding, encourage the patient to talk and offer explanations where you can
- If the `leap' has happened take time out to cool off before trying to reason with each other may help

Top Tips in Dealing with Angry Patients

DO'S

- Environment – safe distance –not too close and not too far
- Stay cool, calm and composed
- Acknowledge imperfections of diagnosis, investigations and treatment
- Assertive non-aggressive communication about what is OK and is NOT OK

DON'TS

- Interrupt a patient's or relative's outburst
- Caution a rude patient for rude language
- Deny reality, no matter how cruel
- Talk to a patient from behind
- Get angry
- Challenge the patient's interpretation and criticize their reaction
- Make defensive response such as 'We have been doing our best....'
- Try to pacify by touching

Resources

geekymedics.com/dealing-angry-patients-relatives/