

Responding to the Aggressive, Abusive, or Escalating Patient

In the middle of a very busy day, you find yourself in the exam room face-to-face with an angry patient who complains about the “attitude” of your staff, how difficult it is to see you, and how your last treatment was unsuccessful. You have not had any bad experiences with this patient in the past, but it is clear the patient is now agitated and aggressive. Or you are preparing to admit a patient into the hospital for an elective surgery. The patient voices dissatisfaction with the staff member who is helping them and escalates to abusive language and behavior. Caught off guard, you may feel a bit confused and even defensive at first, but as the patients in these examples continue to escalate, you may become concerned for your safety. What is your plan to deal with this situation? To simply fold your arms, stare at the floor, and listen in silence? To aggressively challenge the patient point-by-point and defend yourself and your staff? To ask the patient to leave the facility and not return? The following scenarios are closely modeled on incidents reported by our Members.

Scenario #1

A 40-year-old unemployed carpenter whom an insured physician treated on two occasions for “low back pain, objective findings minimal,” calls the nursing unit to request 30 capsules of Tylenol #3 because the recommended physical therapy “didn’t work.” The nurse spoke with the patient informing him to seek care from the primary care provider (PCP) as they cannot treat outside of an emergency department visit or hospital stay. The patient then called his PCP and spoke with the nurse, who informed the patient that no narcotic would be prescribed at the time. After the nurse offered to make an appointment for the patient to be examined, he abruptly hung up. Thirty minutes later, the patient called again, this time threatening he would be “waiting for” the doctor unless his prescription was called in immediately.

Scenario #2

In another case, a 30-year-old patient called and stopped by the physician’s office several times a week, insisting on an immediate appointment to examine a face rash for which she had been seen a week prior. Each staff member was courteous to her, offering to make an appointment, albeit in two weeks when there was an opening. Staff informed the physician of the patient’s behavior. Two weeks later, the patient showed up unannounced and demanded to see the doctor. When told the doctor was not available, she angrily and loudly denounced him as “uncaring and incompetent,” storming out of the busy waiting room and slamming the door behind her. Later that day, the patient posted an online review stating that the physician cared only about money, not people and wishing physical harm against the provider. The patient’s boyfriend called the next day threatening violence against the physician and their staff if they didn’t see her immediately.

Evaluation

Regrettably, there have been even more extreme examples of patient misconduct, including violence against innocent health care professionals that result in death. What options are available to the healthcare provider who suspects a patient has crossed, or might cross, the line between “difficult” and “dangerous?” The following techniques will help you to manage conflict and determine the best course of action in response to an aggressive patient encounter.

Risk Management Guidelines:

Have conversation with patient (in person or over the phone)

For a patient not considered threatening, an in-person meeting may be advantageous. Some patients simply want their concerns to be heard. During this meeting the patient should be advised of the behavioral expectations if they are to continue care, which should be presented to the patient on the *Acknowledgement and Agreement to Healthcare Organization Policies* sample form. A copy of the signed form should be provided to the patient with the original maintained in the medical record. You should additionally document any actions taken in an effort to address and accommodate the patient’s concern(s).

Advise your facility security department and Leadership

When a patient’s behavior escalates to the point of becoming threatening or aggressive it may be impossible to continue the therapeutic relationship. The provider and healthcare organization will need to evaluate each specific scenario to determine if it is in the best interest of all parties to continue. Depending on the nature of the complaint, the healthcare organization may additionally need to consider heightened security measures.

Call the police

Do not hesitate to contact law enforcement if you believe a patient might pose a physical threat to you, your staff, or anyone else. In many localities, the police may intervene even if no crime has been committed. On the other hand, large-city forces may inform you they are not able to intervene unless the patient actually follows through with a threat or perceived threat. Although the response may vary, you have lost nothing by alerting the authorities to a potential problem.

Consider a restraining order

While this remedy is infrequently used, such a court mandate would specifically prohibit the patient from further engaging in the prohibited conduct. For example, if the physician in Scenario #2 obtained a restraining order, a court might well bar the patient from visiting the healthcare facility premises or even calling them. With sufficient evidence of the patient and her boyfriend’s threatening behavior, courts might grant a restraining order.

Temporary restraining orders can sometimes be obtained with minimal difficulty or expense. A subsequent permanent order may involve a contested hearing, which may be more challenging and costly. In either event, you should retain legal representation. In some situations, an attorney's "cease and desist" letter may be enough to stop the inappropriate behavior. Our Risk Management Department is always available to discuss practical options that may be available to you.

To the extent that a restraining order does not stop the patient's acts, it may still enable or encourage the police to respond on your behalf, even in cases in which they have previously been reluctant to get involved. A patient who violates the terms of the order can be found in contempt of court, with appropriate sanctions imposed, including the possibility of incarceration.

It is important to keep in mind that with an abusive patient, a restraining order may further inflame an already damaged relationship. Therefore, it is essential that you first discuss all options with legal counsel.

Communicate with staff

With an aggressive patient, chances are that staff may also be impacted by the situation. Staff members may wish to take extra safety precautions, such as always walking to the parking lot in pairs after work or requesting your security department staff to accompany them.

Conclusion

The distressing actions of a single patient can sometimes overshadow the fact that the vast majority of patients greatly appreciate the care they receive. If any patient causes you or your staff special concern, please call the Risk Management Department for guidance as to how best to respond.

Much of the literature in this area includes the Adams and Murray framework¹ or adaptation from their framework:

- Remain calm
- Engage in conversation
- Be empathetic
- Avoid arguing
- Set boundaries
- Be supportive
- Structure the interview
- Set limits
- Point out impasses
- Share your reactions
- Redirect the interview
- Take time out
- Use teamwork

¹ Adams, J., and 3. R. Murray. "The general approach to the difficult patient." *Emergency medicine clinics of North America*. November 1998. Accessed November 20, 2017. <https://www.ncbi.nlm.nih.gov/pubmed/9889735>.

- Understand the patient's agenda

This information should be modified based on individual circumstances, professional judgment, and local resources. This document is provided for educational purposes and is not intended to establish guidelines or standards of care. Any recommendations contained within the document is not intended to be followed in all cases and does not provide any medical or legal advice.

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