

HEALTH-FOCUSED DISCUSSIONS WITH ANGRY OR HOSTILE PATIENTS

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Disclosure #1

- Financial conflicts of interest: None
- Biases: Many

Scope

- Scope of today's talk:
 - Exploration of some of the roots of anger that may impact provider-patient relationships
 - A brief examination of the role of the limbic system in creating emotional states
 - Review of steps health care providers can take to reduce patient anger or hostility

Roots of Anger and Hostility

- Primary consequence of injury
 - Injury to the brain, itself
- Secondary consequence of injury
 - Meds
 - Opioids
 - Benzos
 - “muscle relaxants”
 - Stimulants
 - All of the above, plus (often) many more

Roots of Anger and Hostility

- Secondary consequence of injury
 - Chronic pain
 - Depression
 - Anxiety
 - Transference
 - Patient may transfer to you the feelings he/she has about others
 - e.g. Authoritarian parent => Perception = doctor is unkind

Roots of Anger and Hostility

- Coping mechanisms overwhelmed
 - Dealing with insurance bureaucracy
 - Dealing with a claim manager
 - Dealing with finances: car, house gone
 - Drug problems: self, spouse, kids
 - Absent spouse/significant other
 - History of abuse

Roots of Anger and Hostility

Aceyalone:

I got a head full of headaches

A heart that's full of woes

I'm constantly singin' them downhome blues

And not many people knows

That leaves me with a twisted view of the

Whole wide world as I know it

The Power of Words - 1

YOU JUST HAD YOUR
DEFENSE MEDICAL EXAM
WHY ARE YOU ANGRY?
NY TRIAL LAWYER
GERRY OGINSKI
EXPLAINS

Roots of Anger and Hostility

- Primal emotions:
 - Seeking (pleasure, comfort, companionship, etc.)
 - Anger
 - Fear
 - Lust
 - Care (warmth, tenderness, loving)
 - Panic
 - Playfulness

Roots of Anger and Hostility

- Some limbic system components:
 - Thalamus (relay system for touch, the retina, hearing)
 - Hypothalamus (regulates autonomic nervous system, in part via the endocrine system)
 - Hippocampus (stores and retrieves emotional memory)
 - Amygdala

Amygdala

- Stimulation:
 - Fear, rage, sexual arousal, facial recognition (including male vs. female; happy vs. sad, etc.), process tactile, visual and auditory information; religious ecstasy
 - Constantly surveys the environment for individuals, objects, items, etc., of motivational significance
 - Assigns emotional significance to everything that is heard, seen or felt.
 - Stores and retrieves emotional memory (can pair neutral stimuli with aversive events to => fear conditioning)

Amygdala-Hippocampus Interaction

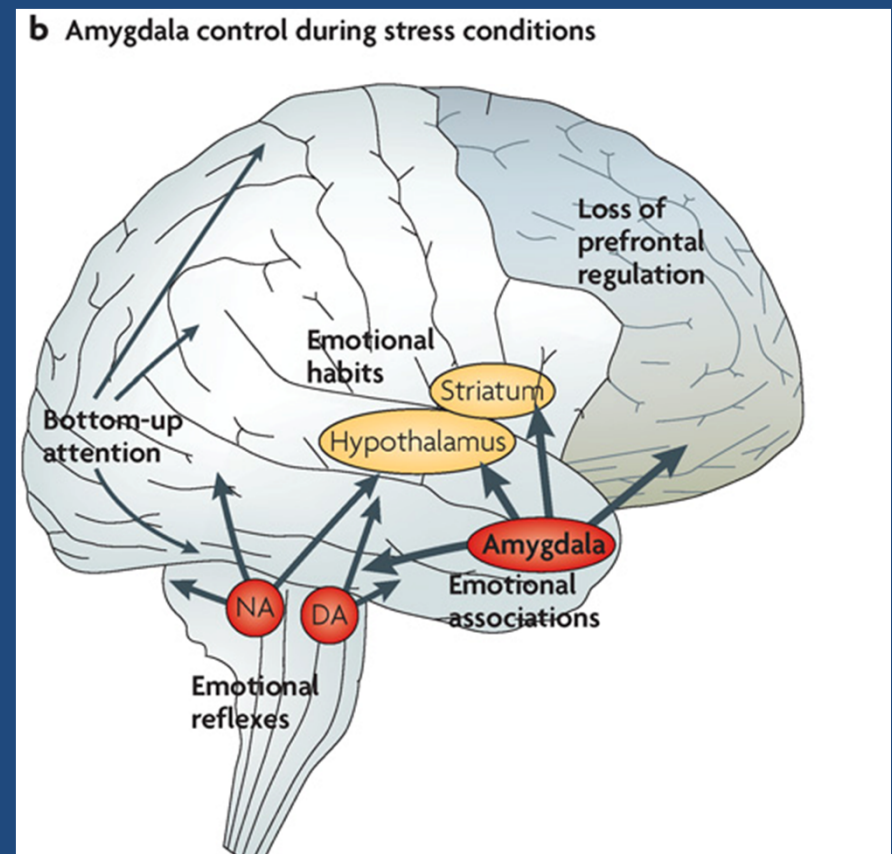
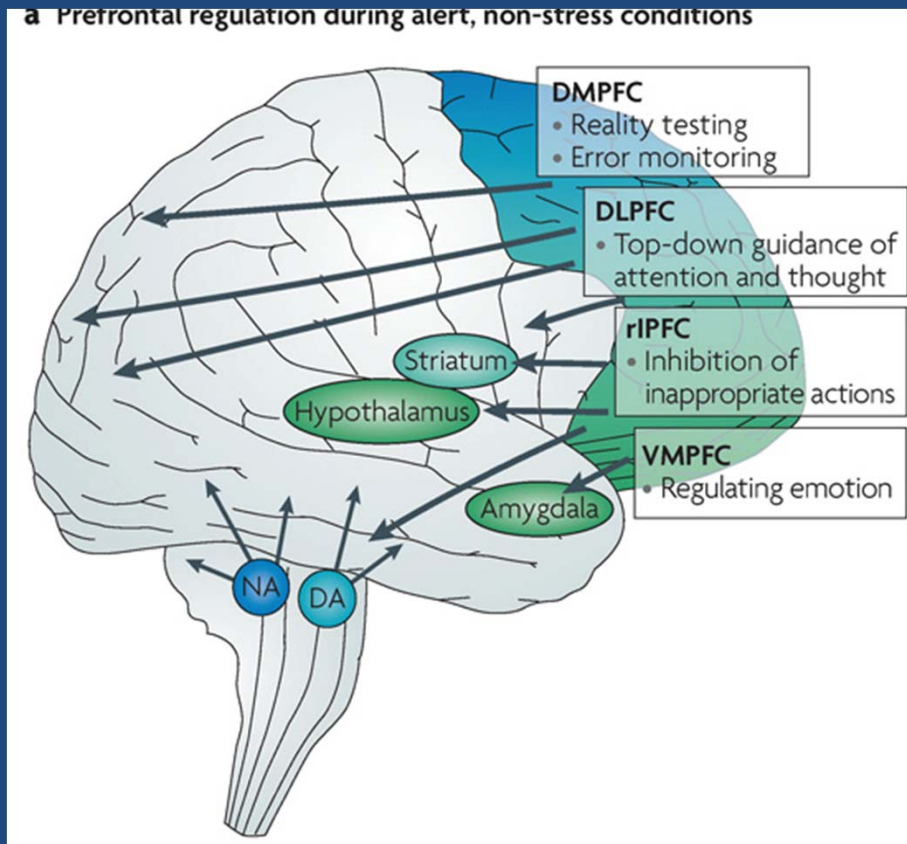
Two independent, interacting memory systems

A. Amygdala:

1. assigns motivational priorities to neutral stimuli (fear conditioning)
2. Enhances attention to emotionally significant events

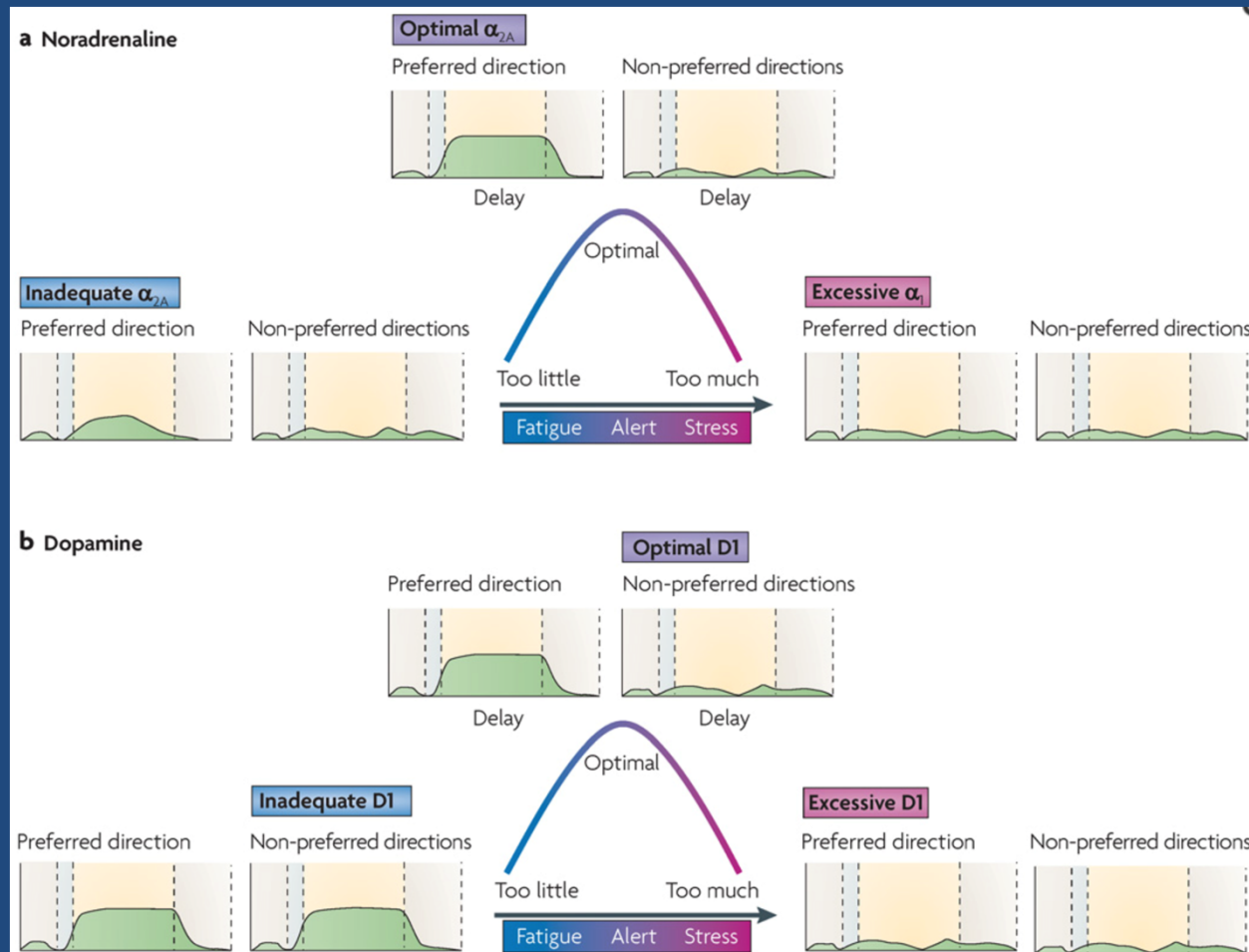
B. Hippocampus: Encodes "explicit" or "declarative" memories, with emotional events receiving priority

Stress => Altered Brain Function



From: Stress Signaling Pathways that Impair Prefrontal Cortex Structure and Function
Nat Rev Neurosci.2009 Jun; 10(6): 410-422

Dopamine/Noradrenelin Effects in the Prefrontal cortex



Abuse

- Impact on brain physiology
 - Decreased frontal lobe activity => increased response to minor triggers
 - Increased rate of limbic system abnormalities: 38% after physical abuse, 49% after sexual abuse, 113% following more than one type of abuse
 - Decreased hippocampal volume => decreased frontal lobe processing of limbic system output

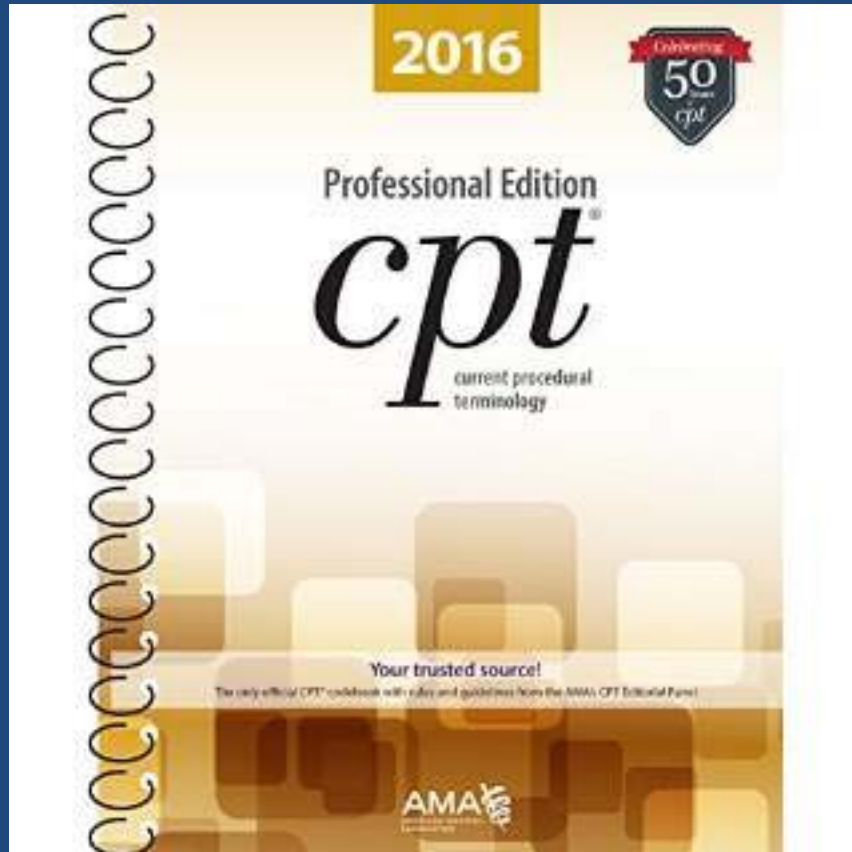
Abuse

- Impact on brain physiology
 - Abused children twice as likely as non-abused to have EEG abnormalities, including deficient development of left brain hemispheres
 - Smaller corpus callosum => less integration of hemispheres => shifts in mood or personality
 - Neuroendocrine changes: alteration in cortisol => chronic hyperarousal states, often through adulthood

Disclosure #2

- Nobody's perfect
- What follows are concepts
- Most of the concepts outlined below I learned through mistakes
- I made ~~some~~ many mistakes more than once
- Odds are great that some days we won't do so well implementing the concepts
- Suggestion: Keep practicing!

Reducing Patient Anger



The image is a screenshot of a medical scheduling software interface. It shows a calendar for December 2013, with the 10th highlighted. Below the calendar, there are sections for 'Past Appointments', 'Current Appointment', and 'Upcoming Appointments'. The 'Upcoming Appointments' section lists several appointments with patient names, doctor names, and times. To the right of the calendar, there is a detailed view of the appointments for Tuesday, December 10, 2013, showing a timeline from 7:30 AM to 11:00 AM. The appointments are color-coded and include patient names, doctor names, and the location of the appointment.

Time	Patient Name	Doctor Name	Location
7:30 AM to 8:00 AM	Dean Jolly	DR. MULKEY	MAIN MEDICAL CENTER
8:00 AM to 8:30 AM	Charles Wotton	DR. MULKEY	MAIN MEDICAL CENTER
8:30 AM to 9:00 AM	Charles Wotton	DR. MULKEY	MAIN MEDICAL CENTER
9:00 AM to 9:30 AM	Charles Wotton	DR. MULKEY	MAIN MEDICAL CENTER
9:30 AM to 10:00 AM	Charles Wotton	DR. MULKEY	MAIN MEDICAL CENTER
10:00 AM to 10:30 AM	Charles Wotton	DR. MULKEY	MAIN MEDICAL CENTER
10:30 AM to 11:00 AM	Charles Wotton	DR. MULKEY	MAIN MEDICAL CENTER
11:00 AM to 11:30 AM	Charles Wotton	DR. MULKEY	MAIN MEDICAL CENTER
11:30 AM to 12:00 PM	Charles Wotton	DR. MULKEY	MAIN MEDICAL CENTER
12:00 PM to 12:30 PM	Charles Wotton	DR. MULKEY	MAIN MEDICAL CENTER
12:30 PM to 1:00 PM	Charles Wotton	DR. MULKEY	MAIN MEDICAL CENTER
1:00 PM to 1:30 PM	Charles Wotton	DR. MULKEY	MAIN MEDICAL CENTER
1:30 PM to 2:00 PM	Charles Wotton	DR. MULKEY	MAIN MEDICAL CENTER
2:00 PM to 2:30 PM	Charles Wotton	DR. MULKEY	MAIN MEDICAL CENTER
2:30 PM to 3:00 PM	Charles Wotton	DR. MULKEY	MAIN MEDICAL CENTER
3:00 PM to 3:30 PM	Charles Wotton	DR. MULKEY	MAIN MEDICAL CENTER
3:30 PM to 4:00 PM	Charles Wotton	DR. MULKEY	MAIN MEDICAL CENTER
4:00 PM to 4:30 PM	Charles Wotton	DR. MULKEY	MAIN MEDICAL CENTER
4:30 PM to 5:00 PM	Charles Wotton	DR. MULKEY	MAIN MEDICAL CENTER
5:00 PM to 5:30 PM	Charles Wotton	DR. MULKEY	MAIN MEDICAL CENTER
5:30 PM to 6:00 PM	Charles Wotton	DR. MULKEY	MAIN MEDICAL CENTER
6:00 PM to 6:30 PM	Charles Wotton	DR. MULKEY	MAIN MEDICAL CENTER
6:30 PM to 7:00 PM	Charles Wotton	DR. MULKEY	MAIN MEDICAL CENTER
7:00 PM to 7:30 PM	Charles Wotton	DR. MULKEY	MAIN MEDICAL CENTER

Trust



People don't care how much you know,
until they know how much you care.

Theodore Roosevelt

Reducing Anger / Building Trust

- Two sides of the same coin



Reducing Anger / Building Trust

- The amygdala must conclude that the environment is one that is
 - Trustworthy
 - Safe / Comfortable

Reducing Anger

- The Greeting
 - Patient is clothed
 - Patient is not alone (spouse, friend, chaperone, etc.)
 - Greeting
 - Look into eyes
 - Shake hands
 - Parties are seated
- Thank you

Information to Reduce Stress

- Who?
- What?
- When?
- Where?
- How?
- Why?

Reducing Anger

- The “Why”
 - Why are you doing this examination?
 - The real answer to this question will determine whether trust is developed, whether stress is relieved, and whether anger is reduced
 - The patient’s amygdala will provide the answer in a matter of milliseconds, based on verbal content and
 - Body mechanics
 - Volume, pitch and rhythm of speech
 - Blink rate
 - Other non-content cues

Reducing Anger

- Setting expectations:
 - Here is what you can expect of me:
 - I will be honest and fair with you at all times
 - I will assure that you have an exam that is
 - Medically appropriate in scope
 - Professionally performed
 - Productive of honest opinions, given to you with integrity
 - Here is what I must be able to expect from you:
 - Full, honest and complete engagement
 - “Does that work for you?”

Empathy

- Often the fastest way to get to trust
 - I'm sorry this has happened to you.
 - I can tell that this has been really difficult for you
 - I'll be sure to report what you have told me about how the accident has interfered with your life.
 - Thank you for telling me how your injury has impacted others in your family.

Listening

- Listening – linked to trust and empathy
- We all want to be heard and understood.
- Clarifying strategies can be very helpful:
 - Help me understand why that is important to you...
 - I heard you say – did I get that right?
 - You seem a bit uncomfortable – was my question upsetting to you?

Attitude

- Comfort / Safety Contributors
 - Your attitude
 - Is it what you want it to be?
 - Is it likely to be clear to the patient?
 - Difference between spoken words and body English?
 - Will you be perceived as truthful and fair?
 - Will you be perceived as trying to build a good relationship?
 - What tone are you communicating?

Clarity

- Clarity – Linked to trust
 - The basis of effective communication
 - Often perceived as present when actually absent
 - “What you thought you heard me say is not what I had intended to communicate.”
 - Three critical elements:
 - Words that were spoken
 - Words that were heard
 - Meaning that was given to words that were heard
 - Be certain the patient has ample opportunity to offer corrections and clarifications

Choice of Words

- Choice of words – Linked to trust
- Two important themes are invariant:
 - 1) Trust, always a primary goal
 - 2) Comfort / Safety, to the greatest extent possible
- Content should be reflective of the above themes
 - How can my words and actions most build trust?
 - How can my words and actions help create comfort?

Summary

- Clearly define your role (“The Why”)
- Seek a trusting relationship
- Be
 - Calm
 - Professional
 - Empathetic
 - Caring
 - A good listener
 - A careful examiner

The Power of Words - 2

