

## Editorial

# Difficult Patients.....A Myth or a Reality? Time to Change the Clinician Behavior

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“I can’t handle this patient”, “Another difficult patient? My Gosh”. How many times we hear these kinds of statements in the clinical setting. Many doctors, residents, nurses and other clinicians complain of having a difficult patient. The “difficult patient” is a relative term. According to some, an uncooperative patient is a difficult patient; while for some it’s belligerent patient, and for some it’s the patient who increases the work load for the clinicians.<sup>1</sup>

When we say we can’t do something, we are actually trying to convey one of the two things, either we don’t know how to do it or we do not care about doing it. If the former is the problem, then it’s a technical issue and can be solved by training. However, if it’s the later issue, then it’s beyond anyone’s control because it’s an attitude problem. Now how do we solve this later issue? The solution should be searched in the root cause. The common wisdom insinuates that the prevention is better than cure. Similarly, this dilemma, could be prevented if the young students pursue their passion and become clinicians only when they love the field of medicine.<sup>2</sup> If they do not love the field of medicine, then the chances are that either they will be burnt out; they will retire early; switch to a different profession or complain of the same problem of not being able to deal with ‘difficult patients’.<sup>3</sup>

Another major step to solve this problem is, through a proper education of the clinicians about having a positive attitude. According to Hlubocky et al, two perspectives help clinicians from burning out. One is the individual perspective, where clinician improves their own wellness by correctly identifying burnout in self and others, learning resilience tactics like mindful self-compassion, and enhancing good relationships with fellow clinicians. The second is at the organizational level. The leadership should focus on clinician well-being; collaborate in action planning with clinicians, improve hospital ambience, and also provide wellness resources.<sup>4</sup>

If these measures are taken, chances are the clinicians will have a positive outlook of life and their profession, they will enjoy their work and they will take an uncooperative patient as a challenge rather than labeling him as difficult. In addition to the above mentioned two major approaches, altering the medicinal approach from doctor-centered to patient-centered can also solve many problems observed in the clinical setting.<sup>5-7</sup> Patient should be our priority and should be respected and served. We need to create an environment where the patient feels that he is being served, rather than feeling as a burden that is dependent on his doctors to live a normal life. In a nutshell, the distance created between the clinicians and the patients in the modern clinical era should be resolved. If the care is patient-centered, it will not only help the clinicians, it will improve the health outcomes of the patients as well.<sup>8</sup>

This editorial concludes, that the patients are not difficult, our behavior is. If we manage our behavior and attitude then the same difficult patient will seem to be easy and cooperative. Moreover, when the clinical practice is patient centered then we will likely achieve the highest quality of primary care.

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