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DENTAL RISK MANAGEMENT:

“DEALING WITH THE ANGRY PATIENT”

By

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A. Who is the Angry Patient?

Angry patients exist. Some are simply angry in their nature. Some are simply uncooperative. Some simply do not understand the technical aspects of treatment, their treatment plan, billing or insurance coverage. The following reflects some of the conduct that you can expect to encounter:

- May exhibit rudeness/hostility/suspicion.
- May over-utilize the healthcare system.
- May be more likely to have a poor outcome.
- May or may not be non-compliant.
- May object to the bill.
- May be more likely to sue.
- May fail to comply with advised treatments, referral etc.
- May or may not be a difficult patient.
- May skip or miss appointments.
- May not pay the bill.

B. When Do Problems Arise

As mentioned above, there is often a predisposition in the patient to become the angry patient but it has not revealed itself. It is the dentist’s response to the patient’s predisposition that will trigger the anger. A few examples of the dentist’s responses to the patient that create the anger.

- Fatigued.
- Ill-prepared to deal with anger.
- Defensive or argumentative behavior.
- Dental school education does not prepare dentists for conflict management.

- Allows patient to control dispute process.
- Uses language too technical for patients to understand.
- Availability can be an issue.
- Tendency to over sell.
- Doctor has “issues.”

C. Identifying the Problem

The problem patients exist and, as addressed above, sometimes it is not readily evident when they first present to your office. Below are some examples of action that you can take to screen and identify potential problems early. Keep in mind that you are not obligated to accept a patient into your practice. If red flags go up, it is up to you as to whether you want to treat them. This is not the patient’s decision.

- Use health history to screen for depression, substance abuse, anxiety, somatoform disorder, etc.
- When appropriate, consult with patient’s physician.
- Make appropriate referrals, e.g., pain management.

D. Dealing with the Angry Patient

The most significant thing that you can do to manage an angry patient is to communicate with the patient. It is often a frustrating and uncomfortable situation when the patient is angry. Often the dentist will, in order to avoid the situation, is to have staff deal with and communicate with the patient. This is a temporary solution to your discomfort with the situation. This is not a solution to the problem. Failing to deal with the patient directly will only isolate the patient into feeling that you no longer want to help them and this will often lead the patient to seeking a legal solution to the problem.

You must communicate with the patient directly and involve them in understanding the treatment and challenges that may be encountered.

- Acknowledge your own emotional response/biases to patients.
- Elicit feedback on your communication skills.
- Improve your listening and understanding skills.
- Improve partnership with the patient.
- Utilize good manners.
- Schedule appropriately.
- Negotiate the process of care.
- Set firm limits.
- Access community resources.
- Promote continuity of care.
- Ensure adequate follow-up care.
- Recognize and confirm causes of patient anger.
- Terminate relationship as a last resort.

E. Communication

The best way to avoid having an angry patient is 1) identify the patient before you accept them into your practice and 2) ensure that you have established a rapport and good communication with the patient.

Lawsuits are most commonly caused by poor communication and are very difficult to defend with poor documentation.

It is critical for you to have clear communication with the patient with regard to their treatment. Spend the time to make sure that the patient understands their broader treatment plan and document it in the chart. Also, make sure that the patient has a complete understanding of the cost of the treatment and their responsibilities if the treatment is not covered by insurance. You can generate a document outlining the treatment plan and the projected costs of the treatment and have the patient sign the document acknowledging that they understand their treatment plan and the costs associated. Sticker shock causes lawsuits.

Develop good relationships with your patients so that they feel comfortable with you. When they trust you and are comfortable with you, the patient will listen more and have a better understanding of their treatment. This will also tend to reduce the chances that a patient will sue if there is an adverse outcome from treatment and the patient will be more likely to permit you to correct the problem.

Informed consent is more than just a document that you have the patient sign. It is the basis for proper communication and understanding between you and the patient. The following tips can help you with ensuring that your communication with the patient is clear.

Make sure patient understands instructions

- Use the Talk Back (or Teach Back) method.
- Put instructions in writing.
- Use simple language.
- Emphasize risks of failing to follow advice.
- Consider use of a patient care agreement/contract.

Documentation is absolutely critical to defending dental malpractice lawsuits as a reviewing expert will need information in the chart to evaluate and defend the case. The patient record must contain:

- **Meaningful discussion** – your objective findings and the patient's subjective complaints. All positive and negative findings as well as findings within normal limits must be recorded.
- **Diagnosis** – your diagnosis and how it was reached must be recorded. You may comment regarding differential diagnosis and how you intend to proceed to make a final diagnosis.

- **Treatment Plan** – the patient record must reflect the nature and extent of proposed treatment. It should also reflect treatment alternatives and to the extent that they were discussed with the patient.
- **Treatment** – you must document a detailed explanation of the treatment on any given date. If the progress notes are written by an assistant or hygienist, you must review the notes to ensure their accuracy. Reference the purpose for the treatment, i.e., reference to treatment plan, and also reference future treatment needed.
- **Outcome** – discussion of the results of treatment to include comments regarding a patient's satisfaction with the procedure and aesthetics should be included. Also, any complications must be documented. You should not document opinions unless the facts support the opinion.
- **Patient Noncompliance** – as you can expect, patient non-compliance often results in poor outcomes from treatment. In order to protect yourself and the quality of your work, document patient failures to follow through on treatment or other non-compliance issues.

When in doubt as to what to include in the patient record, you show err on the side of caution and include the information.

DO NOT EVER ALTER A PATIENT CHART.

Only corrections are permitted in very limited circumstances. Keep in mind that any alteration will necessarily suggest to a plaintiff, plaintiff's attorney or a jury, that you are attempting to cover up a mistake. If a correction is needed, make sure that it is initialed and dated and identify why the correction is being made.

F. If All Else Fails: Terminate The Relationship

Terminating the dentist-patient relationship should be a last resort. If all options discussed above have yielded nothing more than a patient that is still angry, then the relationship is beyond repair and must not continue. This means that there is no trust remaining between the patient and the dentist. If the decision to terminate is made, make sure that it is not at a time that would jeopardize the patient's treatment. You cannot abandon the patient.

Have a conversation with the patient to advise of your decision to terminate the relationship. Have a letter prepared outlining the reasons make sure that you do not withhold records in lieu of full payment of existing balances, you cannot do this. When terminating consider the following:

- Offer to send copy of dental record to new provider. Include HIPAA release form.

- Indicate need for follow-up and necessary timing; list potential risks if patient does not follow through.
- Send by certified mail, Return Receipt Requested, and by First Class mail.
- Retain letter and signed receipt in file.
- Notify staff to place patient's name on a No
- Schedule List.
- Some health insurers require additional steps before discharge.

G. Conclusion

As discussed above, you will encounter difficult patients and how you handle them will determine whether they become angry patients. The most effective way to avoid an angry patient is to ensure excellent communication with the patient to include everything from diagnosis, treatment planning, and informed consent through billing. When a patient becomes angry do not avoid them. Deal with them directly to ensure that you have adequately addressed any problems that they may have and thoroughly document the chart.