Bolton GP ST3
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Heartsink Patients

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Heartsink patients

- Heartsink patients cause doctors anxiety and stress.
- They account for 11% of the average GP workload.
- Most GP's have 20 to 30 patients on their individual lists that they would label as heartsink.
- Heartsink patients are not always frequent attenders.

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Heartsink patients

- Statistics show that doctors are more likely to experience this type of patient relationship if they have
  - a greater perceived workload,
  - low job satisfaction,
  - a lack of competence or a lack of appropriate qualifications.
- But there are other factors that can give rise to problematic patient relationships. These can include:
  - a lack of two-way communication
  - failing to understand the patient's ideas, concerns and expectations
  - failing to appreciate the way the illness affects the patient's life
  - failing to appreciate the way the patient copes with the illness.
- It is important to be aware of how you communicate with patients and to make improvements where necessary. Never become complacent when dealing with heartsinks – they can become very ill so never simply dismiss them.

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Heartsink patients

Why do we need to care?

- It can be argued that there is no such thing as a truly "heartsink patient" – just a clinician that hasn't figured them out yet
- Nevertheless, in the moment you see a patient in a single consult, the opportunity may not arise to change their behaviour
- If we don't recognise heartsink patient and the effect they have on us, we can lash out, give inadequate care, or even burnout.

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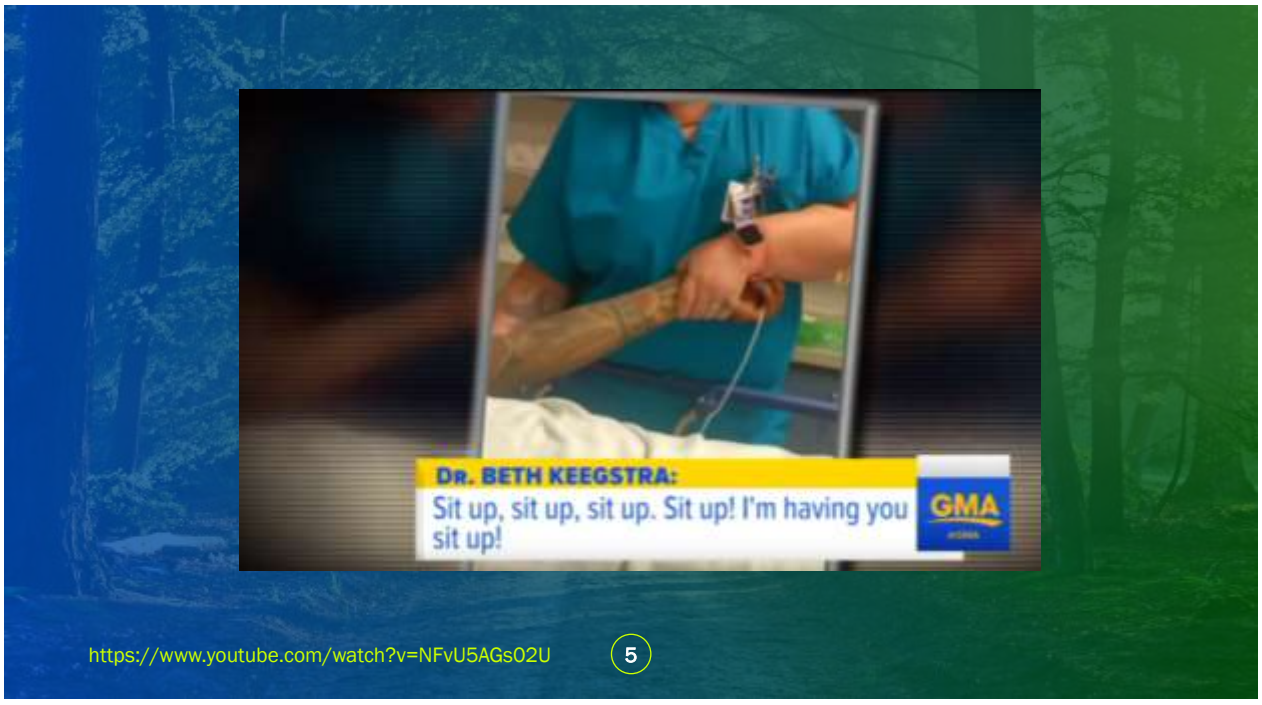

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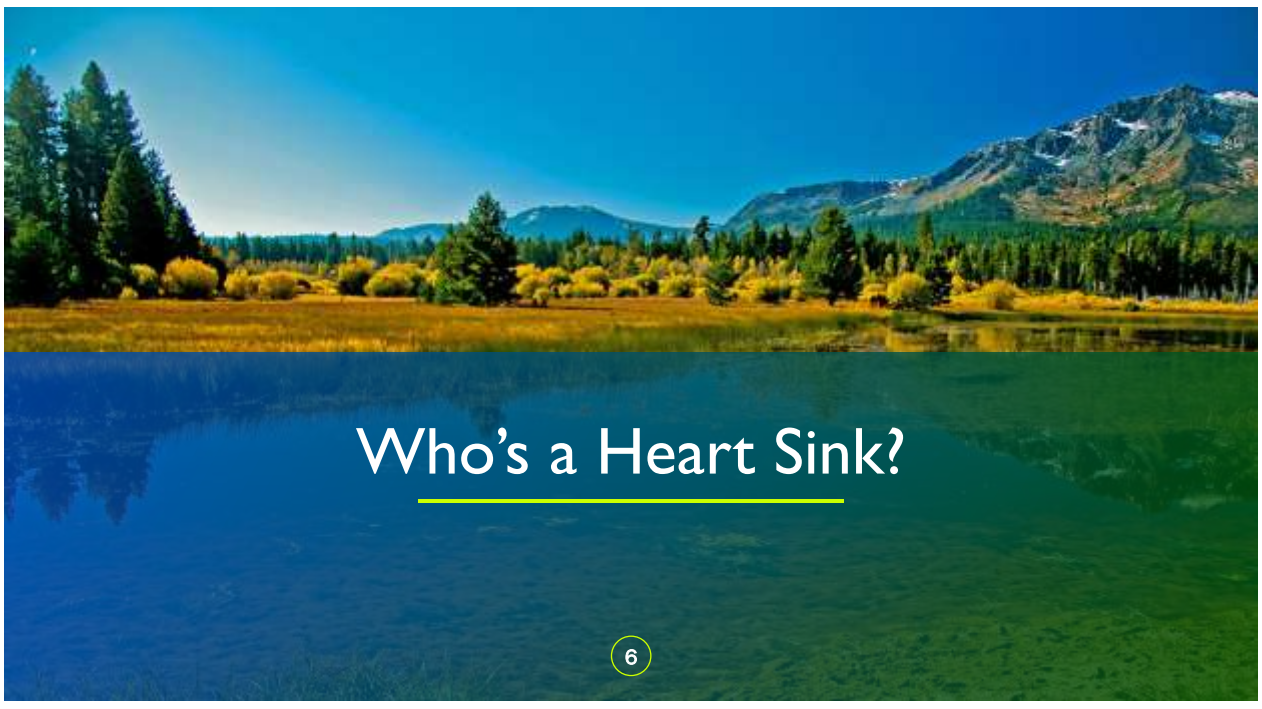

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Safe Space

- No recording
- Talk freely
- Share ideas
- Don't make patients identifiable
- Accept that some use of broad stereotype might be useful in the session…
- …but be sensitive that this might still be hurtful/upsetting

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Difficult Patients

What gets under your skin?

What kinds of behaviours "push your buttons"?

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Who's a Heart sink?

Make a gingerbread representation

- Use some of the provided materials, with a lot of (dubious) artistic license to make a representation of a heart sink patient you have in mind.
- We'll ask some of you to present your "patient" to the group so you can give them a name, demographics, and explain any features you have created to represent them

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Break

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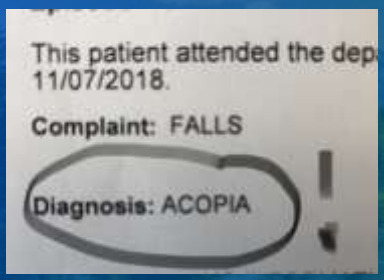
How do we identify heart sinks?



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Types of Heart Sink patients

What "categories" of patients can you think of?

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Types of Heart Sink

- Dependent clinger
  - seeks constant reassurance or attention.
- Entitled demander
  - demands treatment through guilt-induction or intimidation.
- Manipulative help rejecter
  - insists no regimen is helping.
- Self-destructive denier
  - refuses to stop harmful behaviour.
- Somatisers
  - those with medically unexplained physical symptoms.
- Organic Brain Disorders
- Complex Physical Health Problems

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Dependant clinger

- Often seem really grateful for the attention given
- Usually start as reasonable, but perhaps frequent requests
- Evolve into panicked, helpless states, and start an overwhelming demand for aid and attention
- Scared, fear of abandonment
- Can lead to a sense of weary aversion towards patients

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Entitled demander

- Intimidate, devalue and induce guilt to try and force clinician to meet their needs
- Angry-type people; background of needing to cause a fuss to get attention or things done
- Can evoke fear in the clinician, and counter-attack to achieve requests

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Manipulative health rejector

- Continues to report treatment failure, because they desire connection, not symptom relief.
- Low self-esteem. Don't believe "deserves" to be well.
- Often evoke feelings of guilt and inadequacy in the clinician, consults can feel unproductive yet all-consuming

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Self-destructive denier

- Profoundly dependant, but use self-destruction to "defeat" the clinician, often using a variety of ever-changing techniques
- May have a clinical "personality disorder"
- Project own self-hate via the clinician
- Tend to evoke all the emotions, to the increasing extreme. Clinicians will develop a sense of malice towards the patient and may secretly wish the patient were dead

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Somatisers

- Physical symptoms as a manifestation of a primary psychological problem
  - Don't confuse this with functional syndromes
- Focussed on understanding nature of symptoms, and often request further investigations
- Variable acceptance of psychology as a cause of physical symptoms
- Usually evoke sense of frustration in clinicians

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Complex Physical Health Problems

- Multiple co-morbidities, often affecting each other making standard clinical approaches invalid or highly challenging
- The patient may recognise that they are “problematic” or difficult, and be apologetic about this…
- …but also may not recognise that their “simple” problem is challenging to the clinician.
- Patient expectations often diverge from clinician
- Can evoke sense of clinician inadequacy

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Organic Brain Disorders

- Traumatic brain injury
- Learning Difficulty
- Dementia
- Substance misuse disorders

- There are permanent changes in mood, impulse control, memory, executive function

- How do you feel when you consult these types of patients?

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A word about language…

https://www.youtube.com/watch?v=pltc5rtoskM

- "I know what I meant to mean"

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Break

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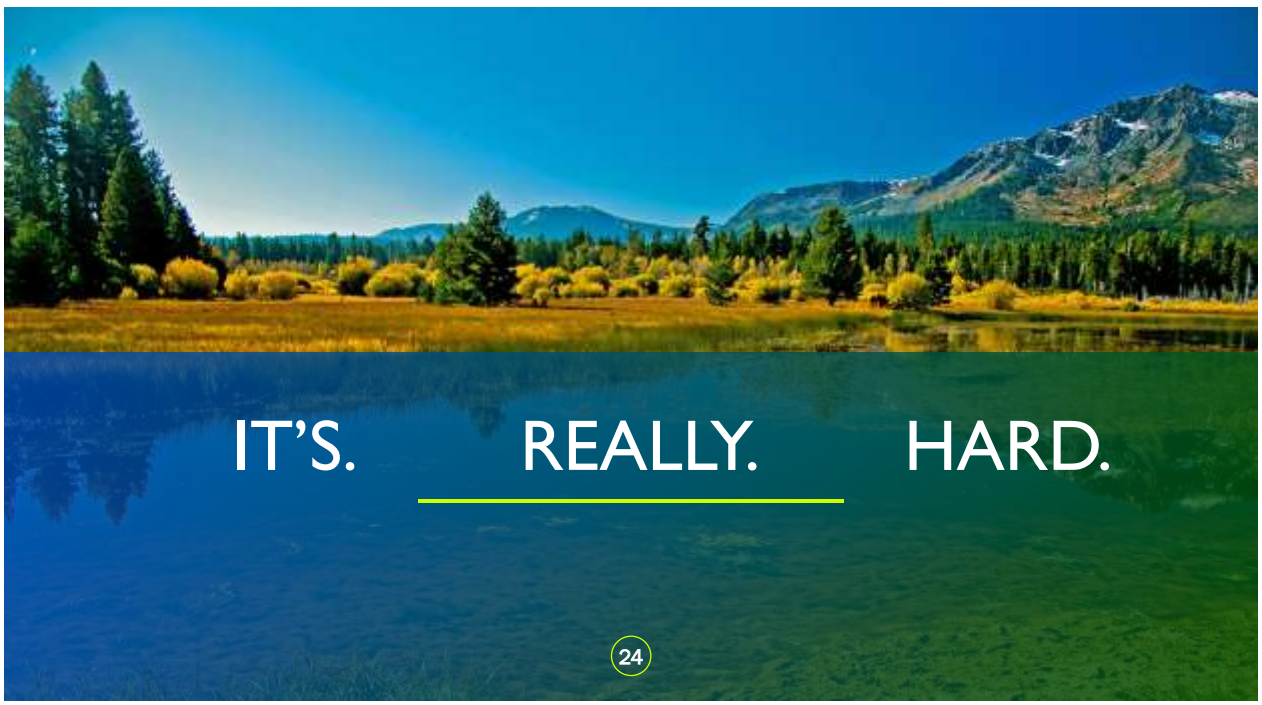

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https://www.youtube.com/watch?v=WjExZkbR98c

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It's really hard.

You don't have to "like" your patients

- Heartsink patients take up lots of time and resources.
- They can appear demanding in terms of appointments and investigations and treatments.
- Their expectations may be unrealistic, and they may not accept the "right" help and advice

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It's really hard.

Your patients don't have to like you

- "Cruel to be kind"
- The "right" thing might not always be agreed by the doctor and patient.
- Not all consults should leave you feeling satisfied and that you've done your best.
- It's ok to be adequate.
- Sharing management doesn't mean that the patient dictates the plan…
- …but recognising the gulf between your and their expectations is often key to resolution

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How to manage heart sink patients

"States" vs "Traits"

Behavioural patterns can change and aren't ingrained.

All patients can be angry/clingy/demanding if the situation is right, but it doesn't mean they are angry all the time.

What are you like when you are ill?

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How to manage heart sink patients

- Acknowledge that it's difficult; this is really important
  - As doctors we are trained and ingrained to think we can fix it all.
  - We can't. That isn't a failure on our part, it's how medicine works.
- Accept that it usually takes time to change behaviour
  - A consistent approach is key, from you and your colleagues
  - See a single consult as a part of a process
- Adapt your consultation style
  - Patients need different things, and don't have the training and experience we do to be able to adapt as easily.

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Acknowledge

- It is normal to have an emotional response to patients
  - It is our behaviour that counts… not want our uncontrollable emotions are
- Illness affects people's ability to act "normally"
  - The patient you consult is not representative of the person they are
- Patients don't always recognise why they are consulting
  - We are trained to look beyond the words they say and look at what they are trying to convey
- Projection and counter-transference
  - How we feel may reflect how our patients feel

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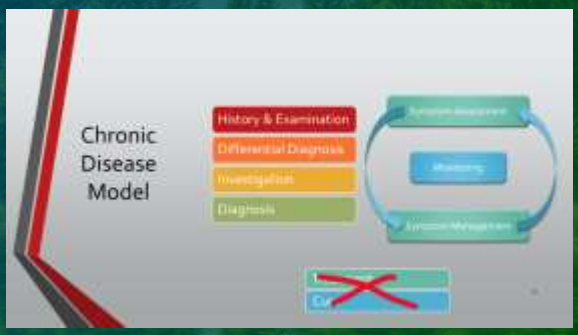
Acknowledge



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Accept

- You are not going to change things with one consult
  - Patients don't become heartsinks over night, and nor do they get better
- You are the expert of medicine and behaviour management…
  - The patient cannot control their emotions any more than you can, but they don't have the benefit of objective insight that you do
- …but the patient is the expert of their own symptoms.
  - Symptoms are subjective. Accept the patient's account at face-value.
- You need to earn the patient's trust so that they will "go with you" when you try to change things

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Adapt

- Emotional response and behaviour aren't always predictable
  - Be ready to change your approach if needed
- You will get things wrong
  - Apologise, and adapt your plan to learn from the mistakes. The patient can learn from your behaviour.
- Behaviours will wax and wane
  - New symptoms, circumstance and illness may cause regression
  - Remember that regression isn't a sign of failure, but a test of conviction and an opportunity to test out modifications
- If things aren't working, consider a different approach
  - Consider a fresh outlook from someone else
  - Change your communication style

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Specific Management Advice

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Dependant clinger

- Respond well to being reminded of boundaries
- Display empathy early to alleviate your guilt and make boundary setting easier
- Set clear limits with kindness (and stick to them)
  - If you've set a time limit, the patient will understand when it is reached
- If need referral, reassure that you will still see them
- Encourage care to be shared with other clinicians

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Entitled demander

- Feed the ego.
- Channel energy constructively; "follow the regime precisely"
- Vocalise that the patient deserves "top-notch" care
- Don't debate or belittle
- Explain how behaviour affects clinicians and thus risks compromising care

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Manipulative health rejector

- Respond well to frequent follow-up, connection, and validation
- Don't accuse of manipulation
  - They aren't self-aware and aren't deliberately trying to manipulate you
- Share pessimism; *"You're right, I probably can't cure you"*
- Consistent and firm limitations; *"More appointments/tests won't make you better"*
- Regular, but planned, follow-up
- Acknowledge the fear of abandonment; *"You still need help, and if offloading on me once a month helps, let's do it"*

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Self-destructive denier

- Need high level of care, individualised
- Anticipate and plan for failure
  - The patient will only allow so much, so do what you can
  - Perfect care is probably impossible. Aim for adequacy.
- Try to encourage reflection
  - Patients will be wary of allowing help as will only make the disappointment feel worse when they are abandoned
- Don't abandon
  - Only serves to confirm patient's belief that they don't deserve help

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Somatisers

- Start early.
  - Discuss psychology as part of a differential when first seeing patients.
  - Normalise the idea of psychological manifestation of problems as physical symptoms.
- Listen and be curious about the patient to understand the source of psychological distress
- Investigate with caution, especially where a "normal" results anticipated
  - Ensure the patient understands what each and every test is for; commonly patients don't realise things have been done
  - Use the "I think the result will be…" gamble to create win/win scenarios

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Complex Physical Health Problems

- Plan
  - Appointments and their duration. Organise your time so that you can cover what is needed
- Explain the complexity to the patient
  - "This needs more of my attention so I need to book another appointment"
- Delegate
  - Use ancillary staff where possible.
  - Try to become an overseer of care and delegate care delivery to others to share the burden
- Talk to colleagues
  - It's easy to "miss the wood for the trees"

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General Advice

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How to manage heart sink patients

Call the NURSE

- Name the emotion
- Demonstrate Understanding
- Respect their feelings
- Summarise & Support
- Exit

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How to manage heart sink patients

- Build rapport
  - Listen attentively, empathise, avoid confrontation, make eye contact
- Share the load
  - Seek a solution through a shared understanding of the problem
  - Patients should be encouraged to take more responsibility for their own health
  - Use of diaries can help them gain an insight into their illness (but you need to show an interest in the diary too)
- Consistency
  - Studies emphasise the importance of a firm, structured and consistent approach.
  - It can be helpful to speak to other doctors in your practice about the patient to limit their ability to consult different GPs
  - For frequent attenders, it can help to agree boundaries on frequency of attendance and to help them create a lists
  - Don't try to handle the work load on your own: delegate to the wider team
  - In some situations, it might be appropriate to use a delayed response to encourage the patient to take ownership
- Be self-aware
  - You should also recognise your own feelings and keep control of yourself, the consultation and the situation.

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Collaboration

Collaboration has been shown to have the most impact on clinical interaction

- Encourage the patient to start taking responsibility
- Think of their care as a team effort
- Address and adjust expectations of what can be accomplished
- Patient education – train them

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Confrontation

Acknowledge the problem. Accept both parties responsible. Adapt for future.

- You can discuss that the relationship is poor or has soured.
- Use "I" statements to help the patient see you as a fellow human being
- If you look forward to or gain gratification from confrontation, consider why this might be. Is it a result of counter-transference from the patient?

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Appropriate Use of Power

Display empathy whilst keeping to clear rules. Be a good "parent".

- Set clinical management rules
  - Schedule review appointments
  - Consider double appointments
  - Good documentation, include thought processes, and help other team members understand the bigger picture
- Set boundaries and limits
  - Set rules about appointments and expectations
  - Make time limits explicit
  - Limit patient concerns per appointment

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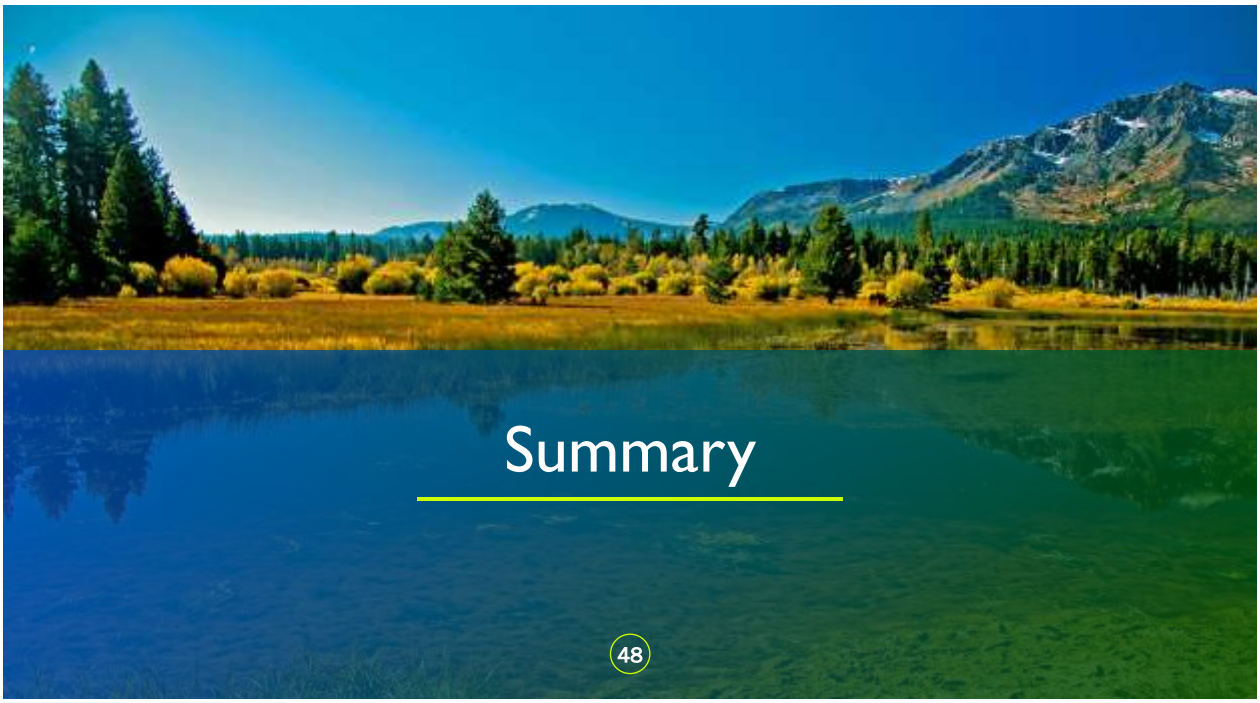

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Heart Sink Patients

- If we don't recognise heartsink patient and the effect they have on us, we can lash out, give inadequate care, or even burnout.
- Recognising the role of our own emotions and behaviour can give us insight to the patient
- Managing patients can be hard; Acknowledge, Accept, Adapt
- Set clear boundaries, use colleagues and teams

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How do you feel?

- Consider your heartsink patient.
- How do you feel thinking about them now?
- How do you feel when you see their name on your… or another clinician's list?
- How do you feel when you consult with the patient?
- What do you do before, during and after the consultation?

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References

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- https://www.mddus.com/resources/publications-library/gpst/gpst-issue-02/the-trouble-with-patients
- **"'Heartsink' patients in general practice: a defining paper, its impact, and psychodynamic potential";** Br J Gen Pract. 2011 May; 61(586): 346–348;
- https://www.slideserve.com/titus/managing-conflict-in-the-patient-care-setting

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Videos

- The Angry Patient
  - https://youtu.be/mbheToXIm2Y
- RCP Heartsink Patients
  - https://youtu.be/Zt6eRjQ5htA

ADD A FOOTER

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