



"Doc, can you do me a **FAVER?**"
The Inappropriate Patient Request
- Getting to No -

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Cone Health Family Medicine Residency

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Goals

- Improve physicians'/students' responses to inappropriate patient requests
 - Better patient care
 - Increased physician/student satisfaction

Level of Evidence

- Expert Opinion

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Difficult Encounters -If you know its coming..

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BREATHE OUT: A Randomized Controlled Trial of a Structured Intervention to Improve Clinician Satisfaction With "Difficult" Visits
Jennifer V. C. Edgerton, MD, MPH, Caitlin J. Regier, BS and Larissa I. Zalenskaya, MA

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Patient Requests



- My Oxycodone is not working anymore. I need you to increase the dose.
- I want an MRI for my recurrent headaches.
- You look good. Can I have your number?
- I have been summoned to Jury Duty. Can you give me a note so I don't have to go?
- Can you not mention those pills in my pocket?

How do you **Feel?**

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All Kinds of Discomfort



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In what context would these requests **Feel** less uncomfortable?

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Perhaps it's not so much the question but rather the thoughts and **Feelings** that are the challenge?

- I'm being taken advantage of
- She is using me
- I feel sorry for him
- That's "icky"
- I feel uncomfortable saying no
- I am afraid she is going to get really mad
- He is going to file a complaint about me if I do not give him what he wants

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Analyze the thoughts that lead to discomfort

What are the reasons that lead to the feelings?

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Analyze the thoughts that lead to discomfort

1. This is Poor Medical Care
2. This is Illegal, Not Honest, Against Policy

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Analyze the assumptions that lead to discomfort

- The patient knows what he is asking is "wrong."
 - Poor Care
 - Illegal, Not Honest, Against Policy

Our assumptions add fuel to our discomfort

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Review 

A Patient request triggers uncomfortable feelings

- Our Feelings are usually due to thoughts that the request is
 - Poor medical care
 - Illegal, Not Honest, Against Policy
- And we assume the patient "knows" this

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Approach - **FAVER** 

Patient Request Triggers Discomfort

1. Name your Feelings – anger, sadness, annoyance
2. Analyze what thoughts cause these feelings
 - Poor Medical Care
 - Illegal, Not Honest, Against Policy
3. View the patient in the best possible light
4. Explicitly State the requested action would be
 - Poor Medical Care
 - Illegal, Not Honest, Against Policy
5. Reestablish Rapport
 - Acknowledge the patient's disappointment

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View in the best light 

- Actively assume they do not know what they are asking is:
 - Poor Medical Care
 - Not Honest, Illegal or Against Policy
- Sometimes patients don't "know"
 - Misunderstanding about medical issues is rampant
 - Drug companies, friends, doctors often encourage seeking inappropriate care

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View in the Best Light 

- But what if I KNOW they know that the request is:
 - Poor Medical Care
 - Not Honest, Illegal or Against Policy
- Certain behaviors go with certain diseases:
 - Diabetics have high blood sugar
 - Alcoholics often don't tell the truth
 - Addicts work really hard to get more drugs (and may be agitated or angry when they don't get them)

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Explicitly State 

- Either:
 - That would be Poor Medical Care
 - That would be Illegal, Not Honest or Against Policy
- If necessary, link with a brief explanation

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Pause 

Comments?
Questions?
Examples?

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Reestablish Rapport

- Acknowledge the patient's discomfort
 - "I know this is not what you wanted."
 - "I can see you are disappointed."
- Consider "I wish..." to join the patient's side
 - "I wish I could get you out of jury duty...it would not be honest."
 - "It would be really nice if Xanax didn't increase your risk of falls yet we know it does and that is why it would be poor care for me to prescribe it"

AAFP NATIONAL CONFERENCE**Approach - FAVER****Patient Request Triggers Discomfort**

1. Name your **Feelings** – anger, sadness, annoyance
2. **Analyze** your thoughts that fuel these feelings
 - Poor Medical Care
 - Illegal, Not Honest, Against Policy
3. **View** the Patient in the Best Possible Light
4. **Explicitly** state the requested action would be
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5. **Reestablish Rapport**
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AAFP NATIONAL CONFERENCE**It's Rarely Easy**

- Patient Argues
 1. Poor Medical Care
 2. Illegal, Not Honest, Against Policy
- Patients' Challenging Reactions

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- It would be poor care for me to You do not pay me to provide poor care. You pay me for my best medical judgment.
- It would be poor care for me to do X but good care would be Y
- I understand that Dr. X has given that to you in the past. Doctors do not always agree. You pay me for my best medical opinion and I believe it would not be the best care for you to do X.

AAFP NATIONAL CONFERENCE**Patient Arguments – Illegal**

- I understand your wish to be off jury duty. It would be illegal for me to state things that are not true.
- We could both end up in jail or in trouble.
- I am sorry you were not aware of these rules but we still have to follow them.

AAFP NATIONAL CONFERENCE**Patient Arguments – What to avoid**

- Saying: "...makes me uncomfortable" or "I am not comfortable with..."
- Lengthy explanations
- Stating a position and then shifting
- Giving "Poor Care" just a little: "Just this time I'll give you a few more..." Explain why tapering dangerous medications
- Doing something "Not Honest" a little: "I can't say you needed to be out all week but how about for yesterday and today..."

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Challenging Patient Reactions

- Reasonable anger
 - Acknowledge feelings and empathize
- Inappropriate anger – yelling, cursing, walking out
 - Acknowledge and set limits
- Tearfulness
 - Acknowledge. Add that this is the best care. Empathize.

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Challenging Patient Reactions

- Threatens to report you
 - Even if you report me I will not do what I believe is bad for you
- Threatens to leave your practice
 - I will be sorry to lose you as a patient...I won't deliver poor care to keep you here
- Threatens you or staff with harm
 - Assess immediacy of threat – dismiss from practice

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What to Expect When Getting to No

- Mostly: Disappointment / mild unhappiness
- Occasionally: Angry reaction and threatening
 - This is a symptom of the disease; not a reflection of you or your treatment
- Rarely: Threatening of harm
- Often: A stronger Doctor-Patient relationship

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When You Feel Bad Afterward

- Pay attention! And debrief internally or with colleague
 - Just because it feels bad doesn't make it so
- Perspective: Some patients cannot be helped by you or at this time
 - This is human nature AND the nature of our profession
- They may be able to get better in the future or with another provider

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Approach - FAVER



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3. **V**iew the Patient in the Best Possible Light
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Key Points

- Key Phrases
 - Poor Care
 - Illegal or Dishonest or Against Policy
 - I wish ...
 - You pay me
 - We could both get in trouble
- Avoid
 - Skipping the **V** or the **R**
 - Makes me uncomfortable
 - A "Little" poor care

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