Avoiding patients becoming “heart sinks”

We often see patients who can be difficult, angry, vague, time consuming and present with challenging problems. The great majority are not likely to be seen as heart sinks. As we have discussed, the heart sink factor develops after repeated contact with little progress made, a sense that the patient’s needs are not being met and a growing feeling of inadequacy and other negative emotions in the doctor. If a doctor has a number of heart sink patients cumulative damage can be done to morale, self esteem and job satisfaction eventually leading to “burn out” (a big topic in its own right!) Furthermore, the real underlying causes of the patient’s distress remain.

Understand the dysfunction

Heart sink type patients are people in distress. The causes of this distress may not be clear to the patient and certainly can’t be easily articulated. They adopt a “biomedical model” to account for their distress which is where GPs get involved. These patients are not malingerers, don’t act out of spite and want to feel at ease.

Understanding this process can be of significant help to us and reduce our sense of irritation.

Doctor self-awareness

Our medical training encourages us to believe that symptoms have a diagnosis and a doctor who is competent will discover what this is. If we can’t do this we should know someone who can. With on going failure we can become demoralised and feel inadequate. The real world is very different to ideal, it is much messier and uncertain!

We need to be alert to the feelings our patients generate in us and ask why we feel the way we do. This can lead us to appreciate the need for a change of approach and, hopefully, an understanding that it isn’t our fault. It isn’t the patient’s either (well not intentionally), and appreciating this can be a big help.

So, having decided a new approach is needed here are some ways forward –

Rule out or manage underlying medical problems

Over investigation exacerbates the problem of inappropriate doctor seeking behaviour and should be avoided if possible. Carry out a careful review of the notes so that you are fully up to speed with any actual or perceived medical problems. Avoid finding medical ways of closing a consultation, this is tempting and we have all at sometime organised a blood test for lack of better ideas, but it is time to stop playing this sort of game.

Consider mental health problems, depression and anxiety will be common, in fact it is quite possible that antidepressants will have previously been taken or suggested. However, depression alone will not normally be a primary cause of the problems
**Consistency of doctor**

Whilst many patients will stick to one doctor very rigidly, refusing to see anyone else in the practice, others may do the rounds. This can be a significant barrier to progress and should be discouraged.

**Learn about your patient**

Find out more, childhood, work, relationships, hobbies, likes and dislikes, aspirations, fears. When did they last feel really well? Just talking about something other than their ailments can give you a very different impression of the person in front of you and both you and your patient may gain some valuable insights. It can be helpful to follow this up by asking the patient to compile a time line or life event chart.

This initial approach should help build rapport and establish some trust.

**Move the goalposts**

The emphasis needs to move from a cure to amelioration of symptoms, coping and regaining some quality of life. This needs to be explained very clearly once an adequate rapport has been established. The symptom severity isn’t in question but it should be explained clearly, when appropriate, that serious disease has been ruled out and effective conventional medical therapy isn’t going to address the problem.

**Involve in finding a way forward**

This is a shared project and the patient needs to take on some responsibility. There are many ways to do this, for example giving achievable challenges, shifting focus onto achievement rather than how awful symptoms have been. Patients can keep a diary which shows the how their symptoms are effected by events in daily life. Look out for game playing “yes but” and “wooden leg” being common. In transactional analysis terms we are trying to encourage adult behaviours.

**Time management and maintaining control**

Consultations with heart sink patients can be very time consuming. It may help to give a longer appointment at a time agreed by us. This can be very helpful to our frame of mind during a consultation particularly if the patient normally presents on the emergency list! It also helps ensure continuity. However, it is very important to be aware the risk of promoting doctor dependency and not setting up an open-ended commitment to regular appointments.
**Involve other agencies**

Many patients will benefit from CBT. Other possible help may come from welfare rights advice, relationship counselling, Right Start, SAIL, carer support, self care groups and so on.

Keep clear notes outlining the management plan so that colleagues act consistently if the patient consults someone else in the practice.

**Develop social outlets**

When we talk about heart sinks we think about the reaction of doctors but the reality is that this is likely to be the reaction of many others coming into contact with these patients. As a result many can be socially isolated. Developing new activities and outlets may prove very helpful.

**Doctor behaviour**

Throughout it is important that the doctor is consistent, supportive and shows enthusiasm. Progress will be slow and difficult. It is important to set boundaries e.g. when you are available to consult or take phone calls and avoid generating inappropriate doctor dependency. As soon as appropriate, seek to extend time between consultations. Beware of patients bearing gifts!!!

**Prepare for failure**

After investing a lot of time and emotional energy into supporting your patient it can be a bit soul destroying if they return complaining bitterly about their symptoms and requesting referral. This isn’t your fault or your patients; it is just how life is sometimes! Avoid “playing along” and be consistent with the advice you have previously given. Remember, this is your patient’s problem. Refractory game playing patients will eventually become frustrated with you and move to another doctor. This should not be seen as a failure on your part!