

## Not All Heroes Wear Capes



**By Tim Behan, JD**

To be human is to be connected. Since March of 2020 that concept has been stretched and strained to the point of breaking. These “trying times” we have been living through are trying the times of our healthcare providers and administrators in their relationships with patients. The stress and fear people are carrying internally are manifesting in unprecedented behaviors. Pre-COVID-19, from time to time, I assisted our providers and administrators with patient issues. But since COVID-19, I have dealt with an explosion of problems regarding negative patient behaviors and encounters. What has been consistent throughout the calls, is the grace and patience exhibited by all I have spoken with who are dealing with this mushrooming issue. As was very recently said to me by a provider, “We just want to do the right thing.” Not all heroes wear capes. From what I have seen over the past 19 months, many of them wear white coats, scrubs, and the business attire of medical practice executives.

A short time ago I was discussing this with a group administrator, and she said something that struck me. She stated that pre-pandemic, people had a sense of control over themselves and that this sense is now completely gone so they are trying other ways to

get a feeling of control back. This is showing up with great frequency in health care offices and facilities and has contributed to an onslaught of calls about how to deal with patients when they act in ways contradictory to their best interests. One of the only human connections, outside of immediate family, that patients have had throughout the pandemic is with their health care providers. The stress, fear, and loss of control are spilling onto the ones who are trying to help them the most. While this presented a challenging situation for those I spoke with, the situations were consistently dealt with in a compassionate and professional manner.

While many of the situations I have been presented with are not new, the intensity and the frequency are different. There has been a definite rise in patients demanding their money back, seeking narcotics, wanting to record visits on their phones, making inappropriate comments, openly cursing in waiting rooms, making threats, and rushing to the internet to post negative reviews of providers to their friends and strangers alike. There is a growing trend of patients trying to dictate who is allowed to treat them in a provider's office and what medications should be prescribed. There has also been a rise in patient non-adherence with care. What is startling, however, is that many of these patients have treatable conditions that, left untreated, will turn out poorly for them. Another category of negative behaviors that is becoming more common is boundary violations, such as a parent attempting to use the mental health records of his/her children against the other parent in divorce and custody proceedings. Another boundary issue that arose recently involved family members of deceased patients asking physicians to change death certificates to state that a loved one died from COVID-19 when the patient did not. As mentioned at the beginning of this article, the pandemic brought a slew of patient problems we have never faced before. But with all these situations, the providers and administrators handled the matters with skill and precision before talking to me. We then worked together to best address how to protect the interests of the practice while balancing that with the needs of the patient.

Being that this is a closed claim piece, and we know our readers appreciate a story, the following are a few accounts of the more interesting patient encounter inquiries I have dealt with recently.

Back in January, I received a call from an Arkansas family practice physician regarding an elderly male patient who had called with obvious COVID-19 symptoms. However, the patient refused to appear for treatment or go to the hospital. Through persistence, several calls between us, and a touch of good luck, the provider was finally able to convince the patient to go to the ED where he was admitted and eventually recovered.

Earlier this summer, a female patient of a Tennessee pain management physician became fixated on getting the provider's nurse fired. The reasons given made no sense and were not treatment related. The provider, of course, made sure that the nurse was not involved any further in the care of the patient, but the patient continued to demand that the provider terminate the nurse and went as far as to ask

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for her personnel file. Despite being warned to stop this behavior or risk being terminated from the practice, the patient continued to her detriment.

Lastly, and perhaps the strangest, an incident happened in Kentucky late last year. The patient was a licensed health care provider himself who had been referred to our doctor by his PCP for specialty care. The patient's wife was the administrator of his practice and was very involved in his personal affairs. She fired her husband's PCP and began acting as though our specialist was now her husband's primary doctor. The more our doctor (a specialist, not a PCP) resisted her attempts to make him her husband's PCP, the more aggressive she became about it. We were able to finally end her campaign, but it took time, kindness, and patience.

The overriding theme throughout all these encounters with patients and their families has been the remarkable compassion, restraint, and fortitude shown by the providers and administrators, despite their own professional and personal worries due to the pandemic. But all embraced a concept summed up in my favorite saying based on a quote by J.M. Barrie: "Be kinder than necessary, for everyone you meet is fighting some sort of battle." This is why my current heroes wear more than just capes.

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