

# office tips

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## Dealing with difficult patients

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The practice of medicine today continues to be increasingly challenging. With the escalating demands on health and community services, physicians and other health-care providers are presented with having to "do more with less." Patients may become frustrated and even fearful with concerns for their health. Coupled with this, patients today are more informed consumers and while this is positive, patients may come to their physicians with very set ideas about treatment and have unrealistic expectations.

A developing result of these and other contributing factors, is an increase in presenting patients who are difficult, demanding or even angry. Angry people often have the belief that something unfair is happening and that it is out of

their control. Their presenting anger is their way of trying to gain more control and get someone to listen to them. In such situations, it is important that the physician stay calm, maintain a healthy attitude and continue to be confident and non-defensive. Such responses also model good communication behaviours for the patient. Fighting back with a patient will not work, nor will intellectualizing or trying to offer an explanation before the patient is calmed.

The patient needs to know that you are listening to him and accepting him and his feelings. Use an even tone of voice, appropriate body language and try to understand what needs the patient is trying to have met. These elements will communicate respectful listening and empathy, and will help calm the patient and lead to a helpful exploration of his situation with reasonable problem solving. Phrase questions so that they encourage talk and do not put the other person on the defensive. Avoid "why" questions, replacing them with "what" questions (*i.e.*, "Tell me what happened?"). Similarly,

use "I" messages (*i.e.*, I can see why you are upset.) These validate the patient and are not judgmental. Responses such as, "don't feel like that," are not helpful.

Generally, the majority of patients will respond very positively to the above interventions. It is important that physicians have a clear set of ethics and boundaries to guide them in complex patient situations. Be clear with a patient concerning the limits of the care that can be provided and nego-

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tiate the expectations for the doctor-patient relationship.

If the patient's inappropriate behaviour continues to escalate, it is important that a physician protect himself. All staff in a work setting should be trained to recognize behaviour that signals danger and know what to do, including where to go for help if necessary. Threats should always be taken seriously.

## Dealing with Difficult Patients (cont'd)

It is advisable to have access to debriefing after a difficult encounter with a patient. This might be networking with colleagues or other helping professionals. The Physician Support Program is available to discuss all such practice situations or concerns. Such exploration allows one to nurture positive self-esteem, to gain an objective assessment of the situation and to put a system of checks and balances in place that will be helpful in subsequent situations.

Physicians care for people in need on a continuous basis. A strong commitment to positive self-care and a realistic proactive approach to problematic situations are imperative to fostering health and well-being.

## Trigger a capital loss to offset a capital gain

Douglas Kirby, chartered accountant, St. John's, Newfoundland

There is still a way to shelter capital gains from taxes — with capital losses. If you were to sell another investment that has an accrued loss, that loss could be used to offset the capital gain you

have realized on your first investment. The best case scenario is where you sell the second investment at a loss in the same year you realized a gain on your first investment, enabling you to offset the gain with the loss on the same tax return. Keep in mind that if you are going to dispose of marketable securities to trigger a capital loss, you will have to call your broker by December 22 to make the trade. This will ensure that settlement of the trade will happen before December 31.

If you failed to trigger a loss in the year of your capital gain, you can still carry that loss back to one of the three preceding years to offset any capital gains in those years.

**If you are going to dispose of marketable securities to trigger a capital loss, you will have to call your broker by December 22 to make the trade.**



You will have to watch out for superficial loss rules. These will deny you use of the loss if you sell an investment and then repurchase it at any time in the 30 days after the sale. You can get around these rules by purchasing a similar, but not the same, investment.

Before triggering a loss to offset any realized gains, you should consider whether it might be better to hold the investment with the hope that its value might recover. [CME](#)