

How to Handle the Non-Compliant Patient



Patient non-compliance is a common, but frustrating, problem for physicians who are trying to achieve a good medical outcome for their patients.

You've likely dealt with patients who don't follow your advice and instructions. Patient non-compliance can take many forms including failure to take a prescribed medication, stop smoking, go to physical therapy or lose weight. Non-compliance can be especially troubling when it continues over time, despite your repeated efforts.

The consequences of non-compliance can include diagnostic and treatment delays, increased risk of harm for the patient, and potentially more extensive, costly, invasive or aggressive therapy. In addition, the non-compliant patient can be a serious liability risk to physicians if non-compliance leads to patient morbidity or mortality and results in a medical malpractice suit being brought against the physician.

Consider the following examples of patient non-compliance.

Diabetic Patient Shows No Improvement

Family practitioner Dr. Tom Bradley's most frustrating patient was Jane Johansen. Jane was a 67-year-old retired widow who was in generally good health, except for mild hypertension and Type 2 diabetes.

Dr. Bradley had been treating and monitoring these conditions for more than two years with oral antihyperglycemic agents. Yet, Jane's blood sugar was always above 200 mg when tested in the office. Fasting glucose was also consistently well above normal.

Jane was adamant that her blood sugar level was never that high when she tested it at home. It was "always" in the 90-120 mg. range. Dr. Bradley repeatedly counseled Jane about her diet and the need to exercise and lose weight. However, there was no perceptible change in her blood sugar levels at the office.

In response to reminders to improve her diet and exercise habits, Jane would nod her head and say, "I know, doctor. I'm trying." After repeated attempts to help Jane control her diabetes without success, Dr. Bradley suggested a consult with an endocrinologist. At that point, Jane admitted that she had never taken the diabetes pills.

After several discussions with the patient, it became evident to Dr. Bradley that Jane was NOT going to comply with his recommended medication therapy.

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He elected to terminate the doctor-patient relationship, much to Jane's dismay. Dr. Bradley took the proper steps and documented everything carefully.

Patient Avoids Healthy Lifestyle

Joe Anderson was a 40-year-old grossly obese patient, with a family history of early cardiac death among the males in his family. His father and two uncles all died from acute MIs before they were 50.

Joe also had hypertension, hypercholesterolemia and was pre-diabetic. His internist, Dr. Josh Chang, was trying his best to help the patient reverse his family history, recommending a wellness program that included medications, diet and weight loss counseling, and exercise.

Despite these efforts and repeated discussions, counseling and warnings about his failure to comply, Joe did nothing to change his sedentary lifestyle or unhealthy diet. He bluntly told Dr. Chang that he considered an early death to be inevitable. He couldn't fight his genes and felt the changes promoted by Dr. Chang were "impossible" and not worth the "suffering."

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Reasons for patient non-compliance include economic hardship, communication barriers and religious beliefs.

Dr. Chang referred Joe for psychiatric evaluation and therapy. After several sessions, it was determined that he was clinically depressed and antidepressants were prescribed. Within a few months, Dr. Chang saw a marked change in Joe's demeanor, outlook on life and compliance. Joe began and stuck with an exercise and diet regimen that had a positive effect on his blood sugar, cholesterol and weight.

Expense of Prescription a Factor

Jaime Sloan, a 5-year-old male, was a patient of pediatrician Dr. Sharon Booth. Jaime had a history of repeated URIs and ear infections since he was two. The child's maternal grandmother brought the child in for his latest appointment for what appeared to be yet another ear infection.

Dr. Booth told the grandmother she was very concerned about Jaime's recurring ear infections and gave her a prescription for an antibiotic. She also mentioned she was concerned about drug resistance, since various antibiotics hadn't resolved the infections. The physician said it may be time to consider putting tubes in Jaime's ears to prevent further infections and potential hearing loss.

The grandmother asked to talk with Dr. Booth privately, and she explained her daughter was a single mom without steady employment and an ex-husband who didn't pay child support. The grandmother said she doubted Jaime had received many of the antibiotics previously prescribed since her daughter couldn't afford to fill them. She expressed her concern about both her daughter and grandson's health and well-being.

Even when Jaime's mother could afford to fill a prescription, she dispensed the pills sparingly. She also would stop giving them to Jaime when he seemed to be feeling better, saving the leftover pills for "next time." Consequently, the child never received a complete course of antibiotics.

Dr. Booth took several steps to ensure Jaime would get the necessary prescription drugs in the future. She gave the grandmother samples of the antibiotic prescription needed immediately and impressed upon her the need for Jaime to take the full course for optimum benefit. She made a follow-up appointment to see Jaime's mother to discuss the importance of administering a complete course of antibiotics to Jaime. In addition, she gave Jaime's mother printed materials to take home.

Furthermore, Dr. Booth asked her office manager to meet with Jaime's mother and put her in contact with the local children and youth agency. Consequently, Jaime was enrolled in the state's health insurance program for children, and the cost of compliance became a non-issue. Now that Jaime's ear infections were infrequent and less severe, myringotomy and tympanostomy tubes became unnecessary.

Why Patients are Non-Compliant

The lesson behind these three examples is that a patient's non-compliance has many underlying causes. These include, but are not limited to, the patient's:

- Economic hardship
- Cultural beliefs and practices
- Lack of understanding about the physician's expectations due to:
 - Language differences
 - Education and intellectual barriers
 - Poor physician-patient communication
 - Mental or physical disabilities (e.g., hearing loss, forgetfulness, memory loss, etc.)

- Lack of trust or confidence in the physician or the treatment plan
- Lack of self-confidence to follow the physician's advice (e.g., lose weight, quit smoking, etc.)
- Religious beliefs

A physician must determine the reason for a patient's non-compliance, if at all possible. A face-to-face discussion can be extremely productive if you explain:

- Why you prescribed the course of treatment, medication or physical therapy
- What you hope to accomplish through this course of treatment or therapy
- How the prescribed therapy could benefit the patient
- What possible complications and risks are associated with the treatment
- Which patient roles and responsibilities will help you achieve a good outcome

Then, ask the patient if the recommendations are achievable. If the patient says "no," ask why. Once you determine the underlying cause, solutions may be possible.

Additional patient education tailored to the particular patient's needs may help. For example, in addition to telling a patient to take a medication, you can provide written instructions or printed materials on the dosage and frequency for the patient to refer to later. Likewise, patient reminder emails, cards and phone calls can aid compliance.

Take steps to ensure all communications and materials are easy to understand, avoiding complex technical explanations and medical terminology. If language is a barrier, offer to make interpreters and translation services available. If there are financial barriers, check to see what resources are available.

Patient Has Right to Refuse Care

Keep in mind that a patient generally has a right to refuse any medical care for any reason. And some patients may prefer alternative therapies, even if they're not your preference. What you deem to be patient non-compliance may actually be a patient coming to an informed decision to refuse care or choose another type of care after weighing the treatment options.

In these situations, it is your role to ensure the decision/refusal actually was informed, just as you would with obtaining the patient's informed consent. Your discussion with the patient should include your rationale behind your proposed treatment or diagnostic study, its potential benefits, complications, risks, consequences of refusal, and possible alternative therapies or procedures.

Sometimes, a little dialogue is all that's needed to get to the root of the problem and turn a non-compliant patient into a willing, compliant participant. The discussion with the patient, the events

leading up to it, the steps taken to resolve the problem and the patient's response to this information should be documented in the patient's record.

If the patient still refuses the medical care you recommended, the patient's decision should be documented in the records. Some practices will ask the patient to sign a refusal of treatment form, and then will place the form in the patient's medical record.

Dismissing a Patient

If after talking to the patient repeatedly, you believe there is little hope of obtaining compliance, you may have to make the difficult decision of dismissing the patient from your practice.

Obviously, dismissing a patient who still needs medical attention is not to be done hastily or without good cause. What's more, it should only be done if there are no other viable alternatives.

Be aware that the dismissal itself could become grounds for an additional allegation of abandonment if not handled carefully. Here are a few ways

to protect yourself should this step become necessary:

Your role is to ensure the patient's decision to refuse care was informed.

- **Document thoroughly.**

If a patient's dismissal for non-compliance ends up in litigation, good documentation will help you justify your decision. A well-documented record will include notes about the treatment/medication recommended and its benefits, the rationale behind the course of therapy, and what you hope will be accomplished as a result. Any questions or concerns raised by the patient about the recommended treatment should be documented, along with your responses.

If a patient later misses appointments, fails to take prescribed medications, won't make lifestyle changes, etc., your notes should accurately reflect every instance of these events. The records should show not only that there was a pattern of non-compliance, but also that you discussed the patient's non-compliance and its consequences, and the patient failed to comply anyway. The record should paint a clear picture of non-compliance and support that you had little choice other than terminating the physician-patient relationship.

- **Verify dismissal steps with third-party payers.** If the patient is a member of a PPO or HMO or other third-party payer, it's wise to check to see what steps are required to dismiss one of their covered patients.
- **Dismissals are best done in person and documented.** Ideally, you can communicate at the patient's next appointment why you believe it's

SAMPLE OF REFUSAL OF TREATMENT FORM

I, _____, refuse to consent to the following treatment/procedure/ diagnostic test/ medication/referral as recommended by my physician, _____ M.D./D.O.:

Dr. _____ has explained the recommended treatment, the benefits and risks involved, the possible alternatives to the treatment, and the consequences of my refusal to my health and well-being, and I understand all of this information.

Dr. _____ has given me the opportunity to ask questions, and the doctor has answered my questions about the proposed treatment.

I understand that my refusal is against the medical advice of my doctor.

_____	_____
(Patient's Signature)	(Date)
_____	_____
(Physician's Signature)	(Date)
_____	_____
(Witness Signature)	(Date)

necessary to end the doctor-patient relationship. Explain the consequences of non-compliance to the patient's health and well-being, as well as any need for continued medical care, and document this in the patient's record. For example:

- "Because your continued refusal to quit smoking is jeopardizing your health and the success of your treatment plan..."
- "Because you repeatedly failed to fill the prescriptions I gave you for medications needed to treat your condition..."

If you are unable to dismiss the patient in person, it may be done by letter. The letter should be on practice letterhead, include the physician's signature, and be sent certified, return-receipt requested by U.S. mail. It should clearly explain your rationale for terminating the relationship, any need for continued medical care and possible consequences of non-compliance. A copy of the letter should be kept in the patient's chart.

- **Offer to provide patient care for a limited time** to allow the patient to find another physician. The timeframe

Questions?

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will depend on the specific medical needs of the patient and the availability of alternate medical care in the area. For example, for very specialized needs, more time may be needed to find an appropriate physician. Or, in some cases, you may be able to provide information on finding a new physician through a local or state medical or specialty society or a physician referral service.

Many practices routinely give patients 30 days to find another physician. If appropriate, your letter can provide information on finding a new physician through a local or state medical or specialty society or a physician referral service.

SAMPLE LETTER OF DISMISSAL FROM THE PRACTICE

(Date)

Sent via: Certified mail, return-receipt requested and by U.S. Mail

Dear Patient:

The purpose of this letter is to inform you that I can no longer serve as your physician. The reason for this decision is *(insert an explanation of the patient's specific actions and the reasons that led up to the decision to end the physician-patient relationship)*.

Though we have discussed this situation in the past, there has been no improvement in *(insert an explanation of the patient's condition, the further services needed and the likely consequences of failure to obtain continuing care)*.

For these reasons, I feel it would be in your best interest to find another physician who is better suited to meet your needs. I will continue to serve as your physician and provide needed medical services until _____. If you need assistance in finding another physician, I suggest you contact the county or state medical society or _____.

Please contact my office as soon as you have found another physician so that we can transfer your records. For your convenience, an authorization for release of your medical records is enclosed. Please advise your new physician that I would be happy to talk to him or her, as well as provide a summary of your medical needs and the treatments I have provided.

Sincerely,

Physician signature and name

Enclosures: Authorization for Records Form

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Overcoming the Challenges

Not only is non-compliance potentially harmful or even life-threatening to the patient, it can be extremely frustrating for physicians, potentially resulting in malpractice allegations. Good physician-patient communications can minimize non-compliance, or at least determine its cause. What's more, thorough documentation can be an invaluable defense if litigation does occur.



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