



WHAT TO DO WHEN THE PATIENT IS WRONG



These helpful approaches can prevent or tactfully navigate common misunderstandings.

BY PATRICIA FULMER, OD, FFAO

We've all heard the adage, "the customer is always right," but in a profession that merges medicine with retail, this philosophy can complicate things. What do we do when the patient is, in fact, wrong about a clinical or business matter? And what if they insist that they are correct and refuse to accept our explanations? There are different approaches for handling these situations, and they depend on the nature of the patient's

misunderstanding. This article discusses each of these approaches. Let's look at the clinical side first.

IN THE CLINIC

When a patient is wrong about a clinical matter, it is often because they have diagnosed themselves before even coming to you, or they do not understand the diagnosis, treatment, or severity of the condition you have discussed with them. There are a few ways to deal with such misunderstandings.

Education

Often, problems of miscommunication can be resolved or prevented altogether with appropriate education. It is imperative that clinicians take the time to educate their patients on examination findings and diagnoses, which in turn leads to better communication and higher compliance rates. Diagnostic tools, such as retinal photography, OCT, and visual field testing, can be used to enhance a patient's understanding of their condition. By using these tools and providing a clear explanation of the results, you can help change a patient's mind when they present with an incorrect self-diagnosis. In addition, the importance of proper treatment may resonate more soundly when they are able to see the examination findings firsthand.

Follow Up

When you discern that a patient may not be on the same page about a diagnosis or treatment plan, one or more follow-up visits can prove prudent. These visits can be in-person, allowing additional testing to be performed. Follow-up visits also give patients another face-to-face

opportunity to hear your education efforts and see the testing data for themselves. Alternatively, telemedicine or a simple follow-up telephone call can be sufficient in some cases. Regardless of the type of follow-up visit, subsequent encounters often resolve any false perceptions that may be confusing the patient.

Release the Patient

In rare instances, when a patient refuses to follow a recommended treatment plan for a sight-threatening condition despite repeated attempts to educate them, it is best to cut ties and recommend that care be continued elsewhere. The typical protocol is to send a certified letter to the patient explaining that care cannot be continued at your clinic and why. Your letter should also provide an alternate office or offices where the patient can seek further care.

THE BUSINESS SIDE

Examples of situations in which patients may be in the wrong regarding a business-related issue include demanding you replace their broken personal frame despite your policy stating otherwise, or claiming they were incorrectly charged for a product or service. Below are three suggestions for handling these types of situations.

Provide Documentation

Similar to patient education in the clinic, thorough documentation can be of upmost importance in preventing misunderstandings, as well as resolving them. This includes having patients sign forms such as financial agreements, return policies, and personal frame use policies, as well as keeping detailed receipts showing the products and services provided. Be sure to clearly explain any policies and charges to your patients before having them sign documentation or providing payment; doing so will often prevent problems going forward.

In addition, when a patient insists on a point that is directly against your

policies or that conflicts with their actual charges, reviewing such documentation with a patient can definitively show the correct information.

Offer a Compromise

Although the patient may be wrong, a compromise can help to build bridges in cases where the patient is amenable to it. This course of action should only come after discussing applicable documentation, and it tends to work best when the patient has simply misunderstood a charge or policy but is not challenging its validity.

Some examples of compromise include providing the patient with a small gift card to your practice to use for future purchases or writing off a small clinical balance. Any type of compromise should be combined with extensive education about what will be due at future visits. This option should be used with discretion and reserved for patients who you can tell will appreciate it and learn from the experience.

Issue a Refund

This option is by far the least common and least popular, and for good reason. However, sometimes it is necessary. There are patients for

whom no amount of documentation or reasoning will ever be enough, and cutting your losses can be much less cumbersome for you and your staff than extensive discussion. Don't be afraid to recommend that these patients seek other practices or opticals to do business with. The unfortunate reality is that some people simply cannot be pleased, and it would be frivolous to keep trying at the expense of your time and peace of mind.

HAPPY PATIENTS, HAPPY CLINIC

Conflict is never enjoyable, but it is inevitable. When you are faced with a patient who is clearly wrong, remember the above tactics to mitigate the situation. By incorporating these recommendations, you can dissipate most disagreements and typically keep happy patients coming back to your practice year after year. ■

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IN RARE INSTANCES, WHEN A PATIENT REFUSES TO FOLLOW A RECOMMENDED TREATMENT PLAN FOR A SIGHT-THREATENING CONDITION DESPITE REPEATED ATTEMPTS TO EDUCATE THEM, IT IS BEST TO CUT TIES AND RECOMMEND THAT CARE BE CONTINUED ELSEWHERE.