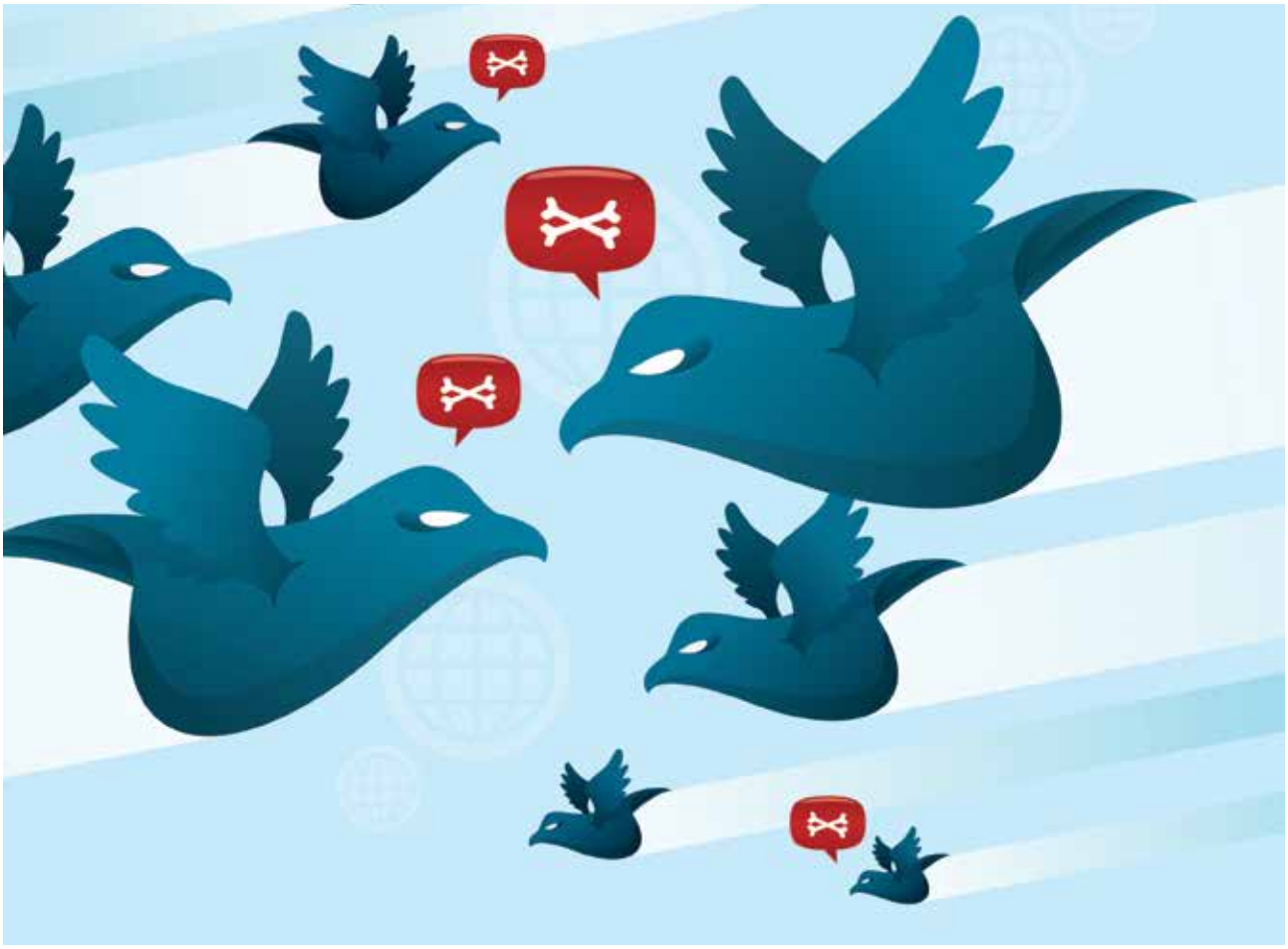

IN THE LINE OF FIRE

By Dr Joanna Chan Shi-En

During a particularly hectic shift in the emergency department, I had a bad encounter with an anxious patient who had been waiting about three hours (on a day when the average waiting time for Priority 3 [minor emergencies] patients was five hours). The patient's relative approached me and expressed his opinion that the patient might get worse due to the long wait. However, there were at least two more patients in the queue before her, whose triage complaints appeared more ominous than hers and had to be seen first.

As the patient's complaint was relatively minor and her vitals were stable, I made the mistake of delivering what I thought was a reassuring statement about how she was unlikely to be at risk of deterioration while waiting, based on her assessment at triage. This triggered off a verbal tirade from her relative, along the lines of: "So you think that her problem is not as bad as other people's problem, that's why she can wait longer? You are such an unfeeling doctor. What if it was your own family member in the same situation?" I kicked myself for not having handled the situation better with a simple apology, instead of saying too much and provoking a negative emotional response. Thankfully, the consultation with the patient later proceeded in a professional manner, and the ruffled feathers seemed to be smoothened by the time she left the department.

Of course, this is really nothing out of the ordinary. Healthcare workers (HCWs), especially nurses and paramedics, experience their fair share of verbal abuse from patients or even colleagues, and we have learnt to develop a thick skin in the course of our work. However, at that time, I was upset for being accused to be an

"unfeeling doctor" on a very busy day, just because I had attempted to make a comforting remark. I later remarked to my friends, "How come patients can complain about us, no matter how unjustified the complaint may be, but we cannot complain about unreasonable patients?"

And around that time, a series of articles appeared in the *Straits Times* (ST) highlighting instances of patients abusing HCWs. One doctor had written to the ST Forum to note that his fiancee, a nurse working in a cardiac intensive care unit, had been subjected to a verbal tirade and finger-pointing by a patient's family that left her in tears. After senior nursing staff were called in, the family member did not offer an apology, and the victim of abuse was told to be understanding of the situation. The writer also expressed his concerns in the letter that our healthcare institutions are leaning too much toward the notion that "the customer is always right".

Abuse can occur in different forms

When physical abuse of HCWs occurs, it is very clear-cut. There are signs on the walls of some hospitals reminding patients that the abuse of healthcare staff is against the law. Doctors and nurses are reminded to call security for patients who threaten them physically, and cases of physical abuse or intimidation have gone to court as a clear sign that physical abuse of HCWs will not be tolerated. However, what about verbal and emotional abuse? Or online defamation? In such situations, what should our response be and what recourse do we have? One of my classmates was publicly defamed on Facebook by a patient who posted his name and MCR number, along with a rambling account of how he had been "wronged" by him. This attracted hundreds of responses from the public, some speaking up against the online bully and some joining in to relate their negative experiences with doctors. At one point, the online discussion ludicrously became a platform for a xenophobic tirade against "foreign talent", as my classmate was mistaken by the vituperative minority to be a doctor from overseas (thus doing no justice to our colleagues from overseas who are a big help and doing a very good job in our hospitals).

Indeed, it is impressive how today's ugly Singaporean is able to weave in the pet peeve of the day when launching into a tirade against HCWs. Xenophobic and even racially motivated comments are weapons which have all been used when patients and their families direct their anger at doctors and nurses for what they deem to be service quality that is not up to their expectations. Another classmate of mine experienced a barrage of abuse from a different patient's family, which concluded with the line: "That's why I don't support the 6.9 million – it's all because of foreign talent like you." One wonders how they came to this conclusion, since my classmate is Singaporean, but imagine how hurtful words like this could be to a colleague who is not. No doubt such hurtful comments are also experienced regularly by other people who work in the service industry. However, sometimes patients or their relatives seem to assume that the sick role comes with the right to make such comments.

Managing abusive patients and their families

The tried-and-tested method of dealing with verbal abuse has always been: ignore politely. HCWs are expected to let these incidents roll off them like water off a duck's back, and continue to be gracious to the offender. This is common wisdom. After all, by nature of our profession, most HCWs have enough empathy to recognise that many perpetrators of abuse lash out when they are not entirely in their right minds, due to tiredness, sickness, worry or sleep deprivation (some may indeed literally not be in their right minds due to delirium or psychiatric illnesses). Some may have relatives who are at death's door, or have just met with an accident or a major illness. We feel sorry for them even as we become the "collateral damage" from their emotional fallout.

However, HCWs are human too, and we have emotions which may be difficult to bury under a calm and professional demeanour, especially if we have just experienced a hurtful attack. While verbal abuse is often dismissed lightly as a "nonevent" even in the eyes of HCWs themselves as long as the incident is not followed up with an actual act of physical aggression or a written complaint, the reality is that verbal abuse can be just as damaging as physical abuse. Repeated encounters with abusive patients may cause burnout, and even influence HCWs' decision to choose a role with less patient contact or even a change of environment. Even senior doctors are not immune from the occasional derogatory, "You are so old already Doctor, you should know better!"

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When dealing with abusive patients, there are a few points which may be helpful:

1. Respond with compassion and avoid being drawn into an argument. Often, a simple apology is all one has to say in response to an abuser. Attempting to explain oneself or reason with the abuser will often be misinterpreted in the emotion of the moment and lead to an escalation of words. As HCWs, we must be content to be misunderstood in order to keep the peace. In other words, develop a thick skin – and we usually do.
2. Try to identify the cause of the agitation and attempt to solve it. If the problem in question is beyond one's control (for example, long waiting time), an assurance that it will be brought to the attention of the department heads and a statement that "we will do all that we can to help" may suffice. If the tirade continues, silence may be the best option, as without more fuel, the fire may die down on its own.
3. Terminate the abuse. While we try to receive every unjust comment in the correct spirit of empathy, no one is expected to be subject to verbal abuse. We should not be afraid to draw a clear boundary and firmly tell the abuser to stop when this line has been crossed. The HCW may sometimes have to physically leave the location where the abuse is taking place, whether it is a consult room or a public area. Some possible phrases which I have heard being used to terminate an abusive conversation include "I do not want to argue with you" or simply "please treat me with more respect".
4. Call for help, be it security or a fellow HCW to serve as a witness to an incident of verbal abuse. Even if the abuser does not stop, the presence of a witness lends emotional support to an HCW who may otherwise feel very alone.
5. Inform one's supervisor or even write an incident report. The HCW's best recourse is to let their supervisors know about the case, whether informally or in writing. Even though we cannot "complain about patients", there is nothing wrong with making a formal report if an abuser's behaviour has caused distress to the HCW. If necessary, there are counselling services in some healthcare institutions to help provide a listening ear.

Ultimately, the one thing which makes a world of difference to HCWs is to know that the institutions which they work for will stick up for them if they are subjected to abuse, be it physical or verbal. Of course, HCWs do not need to "complain" about all incidents of abuse in order to receive an apology from unreasonable patients. However, we do need to know that healthcare institutions do not blindly follow the "customer is always right" mentality. They treat such cases of abuse with zero tolerance, and will look out for the welfare of HCWs who are giving the best years of their lives and making their best effort to practice Medicine with compassion every day. SMA

Dr Joanna Chan Shi-En is a senior resident in Emergency Medicine. Best remembered by her medical class for corny contributions to Playhouse scripts, her writing has been honed over the years by hundreds of discharge summaries. A couple of her letters have been published in the ST Forum pages.