Working with Patients Who Use Hate Speech: Ethical Issues

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Disclosure

• The authors have no conflicts to disclose

• The views expressed here are those of the authors and do not necessarily reflect the position or policy of the U.S. Department of Veterans Affairs, the U.S. Government, or the VA National Center for Ethics in Health Care (NCEHC)
Objectives

1. Describe ethical underpinnings in providing care to patients who use hate speech or inappropriate comments

2. Describe several ways to react to inappropriate comments from patients or their family members

3. Identify helpful resources that address situations in which patients or families make inappropriate comments
What did I just hear?

• “I don’t want to see one of those people. They should go back to where they came from.”
• “I am so sick of these liberal fags getting their special rights.”
• “You should go after that cutie at the front desk if she’s not already taken.”
• “Do you just want to make out here in the hallway?”
• “No offense, but I want to work with someone who looks more like me.”
Understanding Our Reaction

“Inappropriate Behavior by Patients and Their Families – Call It Out” 2018 JAMA article by Amy Nicole Cowan, MD, MS

• Occasionally patients and their families treat health professionals without respect.
• Health professionals often do not know how to react or make excuses for disrespectful behavior.
• It’s not uncommon to experience “personal paralysis” when encountering unexpected behaviors.
Clinician Self-Attributions

Can react strongly when confronted with these behaviors.

May ask themselves if they have elicited the behavior.

Self-attributions impacts the relationship and the purpose of the interaction.

Trainees may be particularly effected with complex layers of power associated with these interactions.
Ethical Underpinnings

- Patients who seek medical care have specific rights
- Health professionals have specific duties when providing care
- So there are specified minimum behaviors that are required in treating every patient in every circumstance
- Formal ethical standards that are supported by external legal and regulatory sanctions
  - Patient’s Bill of Rights
  - The Joint Commission
  - Veterans Uniform Services Package
- Health professionals’ codes of ethics and consensus documents
One of the most basic duties is to treat each patient impartially
- Treat each patient with equal regard and concern
- Treat fairly and neither grant special privileges nor deny aspects of care that are routinely provided to other patients

Including patients who are belligerent, use abusive language, use foul or inappropriate language.

Must guard against allowing our feelings to affect our judgment about the patient's right to receive the best quality care we can provide
Limits to Duties

• Patient requests or even demands for inappropriate care, for illegal or unethical behavior, should never be granted
• No patient and no patient's family, partner, or advocate has the legal or moral right to make a health professional act against his or her own conscience
• No one can make you be a bad psychologist or physician or social worker or nurse or therapist
• You can set limits on how you will respond to patient behaviors
**Understand the Patient**

- What might the patient’s statements say about what is important to them?
- What are the patient’s values, especially regarding their health care?
- What fears, concerns, desires might be reflected?
- How might I acknowledge what was said, set limits, and shift focus to the clinical encounter?
Understand the Patient (cont.)

Recognize that some patients experience discomfort when interacting with providers in any setting.

Feelings of disempowerment and needing to disclose “weaknesses” to clinicians.

Perspective can increase empathy and decrease clinician discomfort.
Model for Responding to Inappropriate Behaviors

Clients’ Sexually Inappropriate Behaviors Directed Toward Clinicians: Conceptualization and Management

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Evaluating Inappropriate Behaviors

- Affiliative
- Distancing

- Unintentional
- Intentional
<table>
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<tr>
<th></th>
<th>Unintentional: not aware that their behavior is inappropriate</th>
<th>Intentional: aware of the inappropriateness of the behavior</th>
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<tr>
<td><strong>Affiliative:</strong> desires to bring the clinician closer</td>
<td>Commenting on a therapist's attractiveness</td>
<td>Client who knows the limits of the professional relationship asking the clinician out</td>
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<tr>
<td><strong>Distancing:</strong> intended to disrupt the relationship between client and clinician</td>
<td>Client who is anxious about being evaluated in a sexual dysfunction clinic and makes an off-color, unappreciated joke to the clinician</td>
<td>Male client leering at a female clinician and tells her that if she wants more information on his sexual functioning, she'll have to accompany him to his house</td>
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Unintentional Inappropriate Behaviors

Possible sources:
- Social skills or knowledge deficits
- Lack of socialization to, or confusion about professional boundaries
- Anxiety/sensitivity own vulnerabilities
- Assessments that can feel intrusive

Stress/anxiety can amplify interpersonal skill problems

Individual attention, with expectation for personal disclosure may confuse emotional experiences and interpreted as intimacy

May be an attempt to affiliate more closely with the clinician.

Clinical goal: educate
Intentional Behaviors

- Habitually and purposefully treating others as objects
- Attempts to dominate/degrade
- Authority/power of provider may trigger resentment
- May be either affiliative or distancing
**Intentional Behavior Motivations**

- Implies that the patient is intentionally acting
- Distancing can be an attempt to gain power or disrupt the provider
- May be an expression of discomfort with a provider in a powerful position and in a position to make decisions
- Attempting to make the provider feel uncomfortable as well
- May be resistant to change, even with feedback
- Clinical goal: reaffirm professional boundaries
Consider

All interactions are data in an evolving conceptualization

Ask where else the patient disrupts power dynamics

May reflect learning from developmental family interactions or from peers and media

May be attempts to elicit a desired response, which are largely ineffective

Proceed tentatively when considering motivation

Following the model can help clinicians develop greater empathy, refrain from blaming the client, and facilitate working collaboratively with the client on a treatment plan
Responding Effectively

• Respond to the behavior while setting limits

• Some suggested phrases to address the behavior
  – We don’t tolerate that kind of speech here
  – Let’s keep it professional
  – I’m leaving because I don’t feel comfortable

• Shift focus to goals of care and the clinical encounter
  – I care about you, but I will not tolerate offensive behavior. So let’s focus on your health care and how I can help you today.

• Practice communication approach
  – With supervisor, colleagues
  – Incorporate into interactions with trainees
Tips for Difficult Situations

• Practice various scenarios with other colleagues
• Take a deep breath
• Remain respectful under all circumstances
• Telling someone to “calm down” often escalates the situation
• Focus on the goals of treatment, “We are here to help you [your loved one] get your health care needs met”
• Avoid name calling
• Be assertive in the moment when encountering inappropriate behaviors
Responses to Inappropriate Behaviors

Professional discussions with supervisors and colleagues
• These experiences can be isolating.

Discussion can
• Stimulate professional skill development
• Feedback from more experienced professionals and peers is important in continual development
• Educate patient about appropriate boundaries

Assertively discuss with the patient

Disclosure relies on trust and openness
Barriers to Disclosure

- Few trainees believed that their training programs had helped them adequately develop skills for handling sexual issues. (Pope and Feldman-Summers, 1993)
- Hesitancy in bringing up client inappropriate behavior
- Concerns of if it was a worthy clinical issue
- Expectations of negative responses or judgments
- Fear of negatively impact career or evaluations
Barriers to Disclosure (Cont.)

- Trainees often reluctant to bring up difficulties
- Perception of needing to handle these problems and not bother others
- Interpretations that they must have done something wrong
- Thoughts that supervisor would respond negatively to these discussions
- Consequently, many providers are left to try to navigate this on their own
Consideration for Co-Workers/Supervisors

Early disclosures from supervisees or colleagues may test the waters for talking about these sensitive topics.

If unsupported or dismissed, decreases the chances of further disclosures.

If response elicits shame, less likely to disclose

Perception or experience of supervisors or peers being uncomfortable with discussion of the issues
Unsure of discussing subjective experiences, particularly when the behavior in question is subtle or ambiguous and not clearly inappropriate.

Discussing clients’ inappropriate behaviors with other professionals provides an opportunity for normalization of the frequency of these client behaviors and of not having had a perfect response.

Responsibility falls to the supervisor to welcome these discussions. Can help develop better responses for the future and reducing the negative impact of the experience.
Resources

- Various resources that the VA has to support staff in meeting the challenges these patients bring to the clinical encounter

Managing Conflicts between Clinicians and Surrogates –
https://www.ethics.va.gov/soundethics_podcasts.asp

The Workplace Violence Prevention Program
- https://vaww.portal2.va.gov/sites/wvpp/SitePages/Home.aspx
  (internal VA SharePoint site)
- https://www.publichealth.va.gov/about/ochealth/violence-prevention.asp
  (external public website)

The Workplace Violence Prevention Program Requirements
- https://vaww.portal2.va.gov/sites/wvpp/Pages/Directives.aspx
  (internal VA SharePoint site)
Ethics Consultation

- Seek an ethics consult from your local ethics consultation service
- An ethical concern is when there is uncertainty or conflict about values
  - the right thing to do is unclear
- Any staff member, patient, or family member can request an ethics consult
- How to contact the ethics consultation service varies across organizations and facilities
  - Designated phone number or pager
  - Email address
  - Ethics contact button on facility homepage
  - Identify your Ethics Consultation Coordinator within VA (and other IntegratedEthics® staff):
    https://vaww.ethics.va.gov/integratedethics/keystaff.asp (internal VA website)
What unique challenges do you face in your setting (e.g., working in rural or other small community settings?)

Do you think expectations for health professionals have changed?

How?

What about expectations for patients and their families?

What worked?  What didn’t?

How have you addressed inappropriate behavior?
Questions?
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References


