PRISM SECTION

WHAT APPROACH CAN PRIMARY CARE PHYSICIANS ADOPT TO MANAGE THEIR PATIENT WHO IS UPSET AS A RESULT OF ADVERSE EFFECT FROM THEIR TREATMENT?

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ABSTRACT

The article explores the various approaches a doctor can use in managing and upset patient. These approaches include BATHE (Background-Affect-Troubles-Handling-Empathy), LEARN (Listen-Explain-Acknowledge-Recommend and Negotiate) and LEAP (Listen-Empathise-Agree-Partnership). We include a case study of a 16 year old patient who presented with a sore throat. She subsequently developed a rash after starting Amoxicillin, which was later changed to Augmentin. The doctor utilised the BATHE approach in managing the patient's unhappiness.

Keywords: Amoxicillin, Augmentin, rash, upset, approach, adverse effects

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Patient's revelation: what happened?

NBR is a 16 year old Malay girl who was seen at a polyclinic for a suspected bacterial pharyngitis that had lasted 2 weeks. She was thus prescribed a course of oral Amoxicillin 500mg, by myself, to be taken thrice daily, together with other medications for symptom relief. She returned to the clinic again five days later, her symptoms persisted. During that consultation, the primary care physician noted that patient was only partially compliant with the prescribed Amoxicillin. My colleague thus decided to change the antibiotic to Augmentin 625 mg twice a day, with the view that this would improve patient's compliance to the treatment.

Two days later, patient returned to the clinic with her mother to see me. NBR developed a generalised rash involving the trunk, upper and lower limbs. NBR and her mother were upset with the adverse reaction. They attributed the change of antibiotic to be the cause of the rash.

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Gaining insight into the case management: what are the issues?

How do physicians manage patients who are upset due to the development of ill effects from the prescribed treatment?

Patients who are upset as a result of adverse drug reactions are more likely to take on medico-legal actions against the medical practitioner. Ghandi (2000) reported lower patient satisfaction levels in cases where adverse drug reactions were encountered.[1] According to the Medico-legal database of the Medical Protection Society, 19% of medico-legal cases came from "prescribing" issues, of which antibiotic related adverse reactions formed a main group.[2] It is therefore important to engage patients who encounter adverse drug reactions and act to ensure a good therapeutic outcome.

There are several approaches which primary care physicians (PCP) can adopt to manage angry and difficult patients, or when dealing with an unexpected outcome to medical treatment. These approaches include:

1. **BATHE (Background-Affect-Troubles-Handling-Empathy)**
2. **LEARN (Listen-Explain-Acknowledge-Recommend and Negotiate)**
3. **LEAP (Listen-Empathise-Agree-Partnership)**
4. **ASSIST (Acknowledge-Sorry-Story-Inquire-Solution-Travel)**

Such approaches are applicable in situations when patients and their physicians have differing points of view. PCPs can use any of these approaches to achieve common understanding and agreement with their patients, so as to improve satisfactory outcomes.

The **LEARN** approach[3] includes first **L**istening and understanding the patient's point of view and then **E**xplaining the doctor's perception and assessment of the current clinical development of the subject. Next, both parties should **A**cknowledge differences and points of agreement. Once common understanding is achieved, the doctor can then **R**ecommend the appropriate treatment, and **N**egotiate for concordance with the patients on the agreed mode of management.

Table 2: Components of the LEARN approach

L	Listen with empathy and understanding the patient's perception of the problem.
E	Explain your perceptions and assessment of the problem
A	Acknowledge the differences and similarities
R	Recommend treatment
N	Negotiate agreement to treatment

The **LEAP** approach[4] includes: Listen, Empathise, Agree and Partner. Akin to the BATHE and LEARN approaches, the doctor first **L**istens to the patient and **E**mpathise with the patient's adverse experience. The doctor then works with the patient to **A**gree on common points, before **P**artnering the patient to achieve the best outcome.

Another method is the ASSIST approach[5], pioneered by the Cognitive Institute. Elements of this approach include: **A**cknowledging the patients concerns and complaints, and then saying **S**orry, while attempting to understand the patient's **S**tory by **I**nquiring about key facts along the way. Once common understanding between the doctor and the patient is achieved, they can then work towards a **S**olution and **T**ravel together along this path to resolve the issue fully.

Table 3: Components of the LEAP approach

L	Listen reflectively to patient's perception of the problems. Avoid giving one's own opinion of the situation right from the start of the consultation.
E	Empathise, strategically express empathy and if appropriate, normalise the experience
A	Agree and discuss only perceived problems. Then review the advantages and disadvantages of the proposed intervention or treatment. Finally repeat back and highlight the perceived benefits of this proposed intervention.
P	Partner the patient, and work on goals that both sides can agree upon.

Table 4: Components of the BATHE approach

B	Background: Use active listening to understand the story, the context and the patient's situation.
A	Affect: Name the emotion, acknowledge patient's anger and normalise the experience. Acknowledging their right to be angry will help start the healing process and solidify the therapeutic relationship.
T	Troubles: Explore what scares or troubles them the most about their present and future. Simply asking the question "Tell me what frightens you?" will help them to focus on circumstances they may not have considered.
H	Handling: Knowledge and positive action can help mitigate fears and reduce anger.
E	Empathy: By displaying empathy and concern you can help the person feel understood, less abandoned and alone.

Table 5: Components of the ASSIST approach

A	Acknowledge: The doctor must first acknowledge the patient's problem.
S	Sorry: The doctor must then express regret and empathy about the unexpected outcome.
S	Story: Getting the patient to relate his or her viewpoint, emotion and experience.
I	Inquire: Where doctors seek to ask relevant questions.
S	Solutions: Seeking the patient's ideas on how to move forwards.
T	Travel: Where doctors journey with the patient together to find solutions to the problems.

Study the management: how do we apply in our practice?

I chose the BATHE approach[6,7], to help me address the patient's and her mother's concerns in this case. This choice was made because the BATHE was developed as a rapid psychosocial intervention to assess the psychological factors that may contribute to patients' physical complaints. And in a pilot study, it was shown to be effective in showing patients the sympathy and concern of their attending primary care doctors.[8]

Table 6: Comparison of four approaches to manage and communicate unexpected adverse events

BATHE	LEARN	LEAP	ASSIST	Common components
Background Affect Troubled Empathy	Listen	Listen Empathise	Acknowledge Sorry Story Inquire	Listen to patients empathetically to understand their perceptions.
	Explain Acknowledge	Agree	Solution	Explain the doctor's perception of the problem and reconcile both viewpoints to create common understanding.
Handle	Recommend Negotiate	Partnering	Travel	Partner the patient in formulating a treatment plan that will achieve the best outcome.

Active listening techniques[9] are also important. This is reflected by repeating or paraphrasing what were said to signify our understanding of patient's narration of their experience and to clarify their areas of concerns. Next, we acknowledge empathetically that their concerns are important issues that must be addressed. We follow on with a list or summary of the patient's concerns and propose solutions to address each of their concerns. These steps will send a clear statement to the patient that we understand their concerns, feel for them and will partner them in resolving these important issues.

The first step is to understand the **Background** to the patient's and parental concerns by taking a detailed history of this generalised rash and its possible relationship to the prescribed oral antibiotics. I recognised that NBR and her mother were unhappy and slightly annoyed (patient's **Affect**) about the unexpected rash, as it began after taking the prescribed antibiotics.

I acknowledged that this was a real concern and proceeded to ask about what **Troubled** them most. Her mother highlighted that the previous doctor had erred in giving the patient Amoxicillin and Augmentin, thereby causing the rash. I then explained that her rash could be due either to a drug reaction or a viral infection such as infectious mononucleosis from the Epstein Barr Virus. The patient also expressed concern that the rash prevented her from commencing her part time vacation work as a retail assistant. She perceived that the rash would create a negative impression and impact on her customers.

I informed her that the rash would resolve after a period of few days and in the interim period of time, she could cover her exposed upper limbs with long sleeved attire. In addition, I suggested drug therapy with a course of prednisolone and antihistamines to expedite the rash resolution so that she could return to her part time work earlier.

To help them **Handle** the situation better, I explained that adverse drug reactions were rare and difficult to predict. For instance, one study reported that only 2.45% of children in ambulatory care developed rash due to drug reactions[10]. I also explained that there could be other reasons for the rash, such as a viral infection.

I proposed my treatment plan, which included a short course of Prednisolone 20mg OM for 5 days, along with a course of oral antihistamines. Patient was reassured that the rash was expected to resolve, and she should return if this rash failed to resolve or worsened.

I tried to display **Empathy** throughout the clinical consultation. In this way, the patient would feel that they were attended to closely. The doctor-patient relationship can also then be strengthened. NBR and her mother were satisfied with the explanation and treatment plan, and agreed to return if NBR remained unwell.

Patients can be upset as a result of experiencing unforeseen consequences of drug treatment such as cutaneous eruptions. The BATHE, LEARN, LEAP, ASSIST model of approaches can be used to manage such a situation to minimise adverse outcomes. Indeed, these 4 models are not validated for use in managing such cases, yet they are easy to remember and use. We thus propose that future studies to be undertaken to assess the validity of these 4 approaches. For doctors interested to know more about risks management in clinical practice, the Medical Protection Society offers courses such as "The Essential Risk Management Workshop series" which is available to all local doctors.

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