

Treating difficult or disruptive dialysis patients: practical strategies based on ethical principles

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SUMMARY

For more than a decade, dialysis units have had to contend with an increasing number of difficult or disruptive dialysis patients. These individuals present a spectrum of behaviors, ranging from those that harm only themselves to those that physically endanger dialysis staff. Such behaviors can interfere with the ability of the dialysis staff to care for the patient in question and for other patients; in addition, threats or actual physical abuse jeopardize the health and safety of both patients and staff. In this Review, we discuss how the application of ethical principles can assist dialysis staff to balance their ethical obligations to disruptive and difficult patients with those to other patients and staff, and to establish policies and strategies for the treatment of these challenging patients. This approach also allows health-care professionals to identify the limited situations in which involuntary patient discharge from a dialysis unit is ethically justified.

KEYWORDS dialysis, difficult patient, disruptive patient, ethical, nonadherence

REVIEW CRITERIA

Material for this Review was found by searching PubMed using the terms “disruptive dialysis patient”, “noncompliant dialysis patient”, “hateful dialysis patient”, “difficult dialysis patient”, and “ethics in dealing with difficult dialysis patients”. A manual search was also conducted of reference lists in key articles.

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INTRODUCTION

In recent years, the dialysis patient population has grown larger and more diverse.¹ At the same time, dialysis units are facing a growing number of patients who disrupt the smooth functioning of the unit and exhibit behavior to which dialysis staff may be unsure how to respond. These individuals interfere with the ability of dialysis staff to care not only for them, but also for other patients in the unit. In this article, such individuals will be referred to as ‘difficult or disruptive’ dialysis patients. The difficult or disruptive patient is defined as one who impedes the clinician’s ability to establish a therapeutic relationship.² Verbal and physical abuse, nonadherence to medical advice, and substance abuse are characteristic features of a difficult or disruptive dialysis patient.³

The medical literature on difficult or disruptive dialysis patients has become extensive;^{1–15} however, dialysis units are not often adequately prepared to deal with these individuals.³ Dialysis staff should be aware that there is a whole spectrum of difficult or disruptive dialysis patients who require different responses.^{4,5,7} In the hope of improving care for all patients receiving dialysis, this Review will discuss ethical principles and practical strategies for treating difficult or disruptive dialysis patients.

A GROWING PROBLEM

Since 2001, conflicts between difficult or disruptive dialysis patients and their caregivers have been recognized as a growing problem in the US by the end-stage renal disease (ESRD) networks, the Centers for Medicare and Medicaid Services, and the ESRD health-care provider community.¹ In 1994, ESRD Network 5 (The Mid-Atlantic Renal Coalition) reported that it had been contacted by its facilities two or three times regarding difficult or disruptive dialysis patients. In 2007, the same network reported 49 contacts from its facilities related to difficult or disruptive dialysis patients and involuntary transfers and discharges of such individuals.

Box 1 Examples of the spectrum of difficult or disruptive patient behavior in the dialysis unit.^{5,7}

Behavior harmful to the difficult or disruptive patient only

- Nonadherence to dialysis prescription (i.e. missing sessions or signing off sessions early)
- Nonadherence to diet
- Nonadherence to medications
- Improper care of dialysis access
- Proscribed behavior in dialysis unit (e.g. eating while on dialysis)

Behavior harmful to the efficient operation of the dialysis unit

- Late arrival for scheduled treatment
- Requiring unscheduled extra treatments for dyspnea triggered by nonadherence to fluid restriction
- Filing unsubstantiated complaints to State Health Department
- Filing a grievance with the end-stage renal disease network against the dialysis unit

Behavior harmful to other patients and/or staff

- Verbal abuse, threats or intimidation
- Physical abuse

These contacts comprised the majority (75%) of the contacts the Network received from its facilities during that year. Difficult or disruptive dialysis patients are also the most common reason for other ESRD Networks to be contacted by their dialysis facilities (R Bova-Collis, personal communication).

In recognition of the increasing number of difficult or disruptive dialysis patients, the ESRD community has come together to undertake the Decreasing Dialysis Patient–Provider Conflict (DPC) Project, which is funded by the Centers for Medicare and Medicaid Services and coordinated by the Forum of ESRD Networks. The goal of the DPC Project is to improve staff–patient relationships and create safer dialysis facilities by increasing awareness of patient–provider conflict and improving staff skills to reduce its occurrence; the Project has also created a common language to describe such conflict. The final report of the DPC Project was released in June 2005, and it concluded that dialysis providers who have taken the steps necessary to fulfill their ethical obligations and

to avoid the illegal abandonment of patients have the legal authority to refuse to treat patients who jeopardize the safety of others by acting violently or being physically abusive. The impact of this report and the training manual that was also produced by the DPC Project to aid the resolution of conflicts that could lead to discharge of patients from dialysis units¹ remain unclear.

In a 2000 survey completed by 203 dialysis unit caregivers, approximately 69% of the respondents indicated that their facilities had witnessed an increase in situations arising from difficult or disruptive patients within the previous 5 years.² Almost half (49%) of the participants said that they were not adequately trained to deal with situations involving a difficult or disruptive patient, and 40% of dialysis facilities where the participants worked lacked a written policy for such situations.² This lack of written policies and of staff training can lead to escalation of situations caused by difficult or disruptive patients, and might even lead to inappropriate discharge of a patient from dialysis.

THE SPECTRUM OF DIFFICULT OR DISRUPTIVE BEHAVIOR

The spectrum of difficult or disruptive behavior in dialysis patients ranges from behavior that harms only the patient in question to behavior that endangers other patients and staff in the dialysis unit.³ Box 1 provides examples of behavior throughout the spectrum. At the less-severe end of the spectrum, an example of behavior that jeopardizes only the patient's own health and wellbeing is signing out against medical advice before completing the dialysis session.⁵ A second category of behavior is that which puts the safe and efficient operation of the facility at risk—for example, showing up late for dialysis and demanding treatment immediately, thereby disrupting the schedule for other patients.⁵ At the far end of the spectrum is behavior that places the health and safety of others at risk through physical or verbal abuse, or intimidation or threats to staff or other patients.⁵

The first step in managing a difficult or disruptive dialysis patient is to determine where the patient's behavior fits on the spectrum, as this will assist dialysis staff to determine their duty to the patient in question versus their duty to other patients, based on the ethical principles outlined in the following section.

Table 1 Net balance of staff duties to a difficult or disruptive dialysis patient and to other patients and staff.^a

| Patient behavior | Ethical principle | | | |
|--|-----------------------------------|--------------------------|-----------------------------|----------------------|
| | Respect for autonomy ^b | Beneficence ^c | Nonmaleficence ^d | Justice ^e |
| Nonadherent, causing no harm to others | + | + | + | + |
| Nonadherent, harms and inconveniences others | ± | + | + | ± |
| Verbally abusive | ± | ± | - | - |
| Physically abusive | - | - | - | - |

^a+ indicates that duty to the difficult patient prevails; ± indicates that the duty to the difficult patient should be balanced with the duty to others; and - indicates that the duty to others prevails over the duty to the difficult patient. ^bRespect for autonomy requires health-care professionals to respect an individual's right to make his or her own decisions. ^cBeneficence requires health-care professionals to promote the wellbeing of all patients. ^dNonmaleficence denotes the obligation of health-care professionals to avoid harming patients. ^eJustice implies that everyone, including the disruptive patient, must be treated fairly.

ETHICAL PRINCIPLES IN RESPONDING TO A DIFFICULT OR DISRUPTIVE PATIENT

Difficult or disruptive behavior from a dialysis patient has an adverse effect on the relationship between the patient and the health-care provider.¹ However, health-care professionals have a moral obligation to deal with the difficult or disruptive patient in a broader context of protecting and promoting the patient's rights and wellbeing. Mere nonadherence should not, therefore, lead to denial of treatment by a physician.⁶ The nephrologist or other clinician should consider their ethical and legal obligations towards a patient who requires the life-sustaining treatment of dialysis.^{14,16} In the Brown versus Bower ruling of 1987, a hospital that received federal funds was required by law to provide dialysis treatment to a patient whose behavior was difficult and disruptive.¹⁶ However, the attending nephrologist was not required by the ruling to resume the physician-patient relationship.

At the same time as promoting the best interests of a disruptive or difficult patient, dialysis staff have to safeguard the interests of other patients and of themselves. Ethical principles apply as much here as they do to the difficult or disruptive patient,¹⁵ and dialysis staff have to use their judgment to balance the implementation of such principles between these groups of people (Table 1).

Respect for autonomy

The ethical principle of respect for autonomy requires health-care professionals to respect an individual's right to make his or her own decisions. As Table 1 indicates, therefore, dialysis staff should continue to provide dialysis to a

nonadherent patient who continues to request dialysis and does not interfere with the operation of the dialysis unit. On the other hand, when a dialysis patient who is on the first shift of the dialysis schedule continually shows up late despite repeated warnings and delays dialysis for patients on subsequent shifts in the same dialysis chair, the disruptive patient's right to remain on the first shift needs to be balanced against the rights of the patients on the subsequent shifts to start their treatments on time. In such a situation, the dialysis unit is ethically justified in moving the disruptive patient to the last shift of the day so that no other patients or staff will be inconvenienced if the disruptive patient is late for treatment. Since continued dialysis is beneficial for the difficult or disruptive patient, the dialysis unit should still continue to provide it to the patient.

A difficult or disruptive patient might make decisions that are harmful to himself or herself, for example not adhering to the prescribed diet or medication.⁵ Even though such behavior can cause distress to a health-care provider, it should not be a reason for involuntary discharge from a dialysis facility.^{1,6} Some patients have psychological, social, or financial problems that restrict control over their actions.⁶ However, when the actions of a difficult or disruptive patient become harmful to other patients, respect for autonomy of the difficult or disruptive patient is overridden by competing moral obligations to other patients.¹⁰

Beneficence

The principle of beneficence requires health-care professionals to promote the wellbeing of all patients. The wellbeing of a difficult or

Box 2 Strategies for working with a difficult or disruptive dialysis patient.

Patient-related strategies

Learn the patient's story and seek to understand his or her perspective.

Identify the patient's goals for treatment.³

Share control of and responsibility for treatment with the patient:

- Educate the patient so that he or she can make informed decisions
- Involve the patient in the treatment as much as possible
- Build on the patient's strengths, such as concern for his/her family
- Negotiate a behavioral contract that specifies what is to be done by the patient and the renal team and when

Appoint a patient representative (friend/relative).⁹

Staff-related strategies

Approach the patient directly about their behavior.

Focus on the issue that started the disagreement.¹

Use a nonjudgmental approach.¹

Avoid 'communication spoilers' such as criticizing and name-calling a patient.⁸

Use reflective listening to show the patient that they are being heard.

Detail the consequences of aberrant behavior in terms that are comprehensible to the patient.

Prepare a behavior contract.

Prepare in advance to manage anger.

Be patient and persistent.

Do not tolerate verbal abuse.

Establish and publicize a patient grievance procedure to patients and staff.

After effective resolution of a conflict, follow-up with the patient to monitor progress and demonstrate to the patient the commitment to resolve conflict.

Contact law enforcement officials when physical abuse is threatened or occurs.

Contact the end-stage renal disease network if disruptive or difficult behavior persists despite use of the above strategies.

As a last resort, consider transferring the patient to another facility or discharging him or her.

Obtain legal counsel before proceeding with a plan for discharge and do not discharge a patient without notifying him or her in advance and explaining future treatment options.

disruptive patient needs to be considered as long as the patient is not abusive.¹³ When the patient becomes physically or verbally abusive, the wellbeing of other patients and dialysis staff can

be compromised. Because of the detrimental effect of such behavior on the autonomy and welfare of other patients, the duty to others prevails over the duty to the difficult or disruptive patient in such a situation.

Nonmaleficence

The principle of nonmaleficence obliges health-care professionals to refrain from harming patients, which includes not letting a difficult or disruptive patient harm other patients or dialysis staff by his or her actions. Examples of harmful behavior to other patients and staff include not only verbal or physical abuse directed at an individual, but also screaming in the dialysis unit, damaging dialysis equipment, and destroying or removing medical records.⁵ These behaviors need to be documented, and the dialysis unit should set limits on such behavior and give warnings about the consequences of failing to comply with unit policies.⁸ When a patient's behavior is potentially harmful to others, the duty of ensuring nonmaleficence is towards others. On the other hand, if a difficult or disruptive patient's behavior is not harmful to others, the patient should be protected from harm.

Justice

The principle of justice demands that health-care providers treat everyone, including a difficult or disruptive patient, fairly.¹³ An abusive patient might feel that he or she is being treated unfairly if denied treatment. On the other hand, it is unfair for other patients and dialysis staff to face any kind of abuse from a difficult or disruptive patient. In such a situation, duty towards others prevails over duty to the difficult or disruptive patient.

Professional integrity

The ethical principle of professional integrity comes into play when difficult or disruptive patients create conflict in the dialysis unit. Physicians and nurses are required to put patients' interests ahead of their own and to act in a manner consistent with the highest values of their profession at all times, including when dealing with difficult or disruptive patients, even though they might prefer not to take any action. All the patients in a dialysis unit have a right to be free from a hostile and intimidating dialysis environment, and it is the responsibility of the health-care professionals, in conjunction

with the administrative staff, to establish and maintain such an environment.

CAUSES OF DIFFICULT OR DISRUPTIVE BEHAVIOR

Finding out the cause of difficult or disruptive behavior is important, in order to improve communication with the patient and to identify the appropriate response.¹⁷ Difficult or disruptive behavior can occur for any of the following reasons.

The patient might lack the necessary skills, knowledge or resources to accomplish a task.⁸ Limited mental capacity (e.g. because of dementia) and limited financial resources can both interfere with the patient's ability to follow a renal diet or take medications as prescribed. A patient also might lack the transportation necessary to purchase appropriate foods for a renal diet or to obtain medications.

The patient might not understand what is expected.⁸ Improving a patient's understanding of how dialysis works and why it is performed might help the patient appreciate that he or she needs to receive three treatments a week and to remain on the dialysis machine for the full length of the prescribed treatment.

The patient might lack motivation.⁸ Such a patient sees no reason for cooperating with staff or following medical advice. A good example is a patient who constantly complains that he or she is on the dialysis machine for too long. In this case, providing an incentive to cooperate—such as referral for renal transplant evaluation—could help.

Finally, the patient might have a psychological problem. Patients with ESRD are faced with fear of death, loss of control over their lives, and depression,¹⁰ and can experience high levels of anxiety,⁷ all of which make it difficult to focus on medical advice. Dealing with patients' feelings first is often helpful in this case.⁸ Some patients have pre-existing psychiatric disorders like major depression, bipolar disorder or schizophrenia, which can cause disruptive behavior. Appropriate treatment of these disorders might improve their behavior.¹⁰

STRATEGIES TO DEAL WITH DIFFICULT OR DISRUPTIVE DIALYSIS PATIENTS

Successful strategies for working with difficult or disruptive dialysis patients help to create a calm environment in the dialysis unit¹ by use of a team approach. These strategies can be

divided into those that are patient-related and those that are staff-related (Box 2). Education, training and policies^{3,8} for dealing with difficult or disruptive patients should be available to all dialysis staff. Patients should be educated about the policies for difficult or disruptive behavior at the time of admission. Discharge of a difficult or disruptive patient from a dialysis unit should only be undertaken as a last resort after the other strategies presented in Box 2 have been exhausted. The Medicare conditions for coverage of dialysis facilities require that dialysis patients are provided with a written notice 30 days before involuntary discharge.¹⁸

CONCLUSIONS

Dialysis staff need to acknowledge that difficult and disruptive patients are a growing problem. Because all patients deserve fair treatment, difficult or disruptive dialysis patients should not be allowed to continually compromise the care of other patients in the unit. The rights of difficult or disruptive patients should be balanced with those of other dialysis patients and staff. When there is real or threatened harm to other patients or staff, the balance should swing in favor of protecting these individuals. By examining patients' behaviors and the effects of these behaviors on others from an ethical perspective, it is possible to establish guidelines and policies for the management of challenging patients in dialysis units. All dialysis units should have a policy for addressing the behavior of these patients, and all staff members should receive in-service training on the policy. Finally, use of the DPC training manual¹ is advised.

KEY POINTS

- The number of difficult or disruptive dialysis patients is increasing
- The severity of difficult or disruptive behavior in dialysis patients ranges from nonadherence to physical abuse that endangers others
- Ethical principles provide a framework for making decisions about the management of difficult or disruptive dialysis patients
- Nonadherent behavior that is not harmful to others does not justify involuntary patient discharge from a dialysis unit
- Abusive behavior requires balancing of the disruptive patient's needs with those of other patients and staff

Competing interests

The authors declared no competing interests.

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