

## Rasprava o "problematičnom pacijentu" ne pridonosi oporavku

### Talking about "the problematic patient" does not benefit recovery

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The norm in therapy and treatment is that patients should follow instructions and show compliance in order to achieve the desired outcome. However, outcomes are not always achievable in those cases when patients do not comply with the care instructions and therefore are called non-compliant patients (Jin, Sklar, Min Sen Oh, Chuen, 2008). Patients with eating disorders, including those who have been diagnosed with anorexia nervosa (AN) often qualify as non-compliant or "treatment resistant", as a high percentage of these patients drop out from treatment programs (Abbate-Daga et al., 2013). Other terms for non-compliant patients are "problematic patients" or "difficult patients". In a previous article, Kahlil (2009) reported of linguistic practices of patients who fell into this category as being uncooperative, rude, always complaining, demanding, finding faults, aggressive and asking too many questions. When patients demonstrate such oppositional behaviours that stray so far from the desirable norm for therapy and treatment, it evokes negative feelings among professionals, such as guilt, anxiety, frustration, or dislike. It has been reported that poor quality of care may result as a consequence of these behaviours. I argue that no patient is inherently non-compliant, "problematic" or any other of these epithets by nature; rather I hold that those attributes ascribed by Kahlil (2009) are social constructs of "the difficult patient," stemming from interactions and relationships with the surroundings, including professionals in the healthcare sector, and do not benefit the recovery process of the individual patient.

I strongly question the accepted perception of patients diagnosed with AN as treatment-resistant, problematic, and non-compliant. Even though the view of treatment resistance is grounded in "facts", for example that patients with AN have a high percentage of treatment drop-outs (Abbate-Daga et al., 2013), I emphasize that the solution cannot only be determined by finding the best treatment programs in which the patients become less resistant and successful treatment outcomes are reached, such as re-nutrition and weight gain. I argue that dichotomies such as "compliant/non-compliant" instead put stigmas on patients and mask the complexity of the patients' problems and needs. Further, I argue that it is necessary to reach beyond these simplifications and stereotypes for the benefit of the patients' recovery processes. Therefore, I think that the underlying complex components in the relationships between patients and nurses must be prioritized, in both future research but also be reflected by nurses in their daily work of clinical practice.

#### References

- [1] Abbate-Daga G, Amianto F, Delsedime N, De-Bacco C, Fassino S. Resistance to treatment and change in anorexia nervosa: a clinical overview. *BMC Psychiatry* 2013;13:294.
- [2] Jin J, Sklar GE, Min Sen Oh V, Chuen Li S. Factors affecting therapeutic compliance: A review from the patient's perspective. *Therapeutics and Clinical Risk Management*, 2008;4:269-286.
- [3] Kahlil DD. Nurses' attitude towards 'difficult' and 'good' patients in eight public hospitals. *International Journal of Nursing Practice* 2009; 5, 437-443.