Difficult patients are a challenge to all dentists. Our patience may be tested by patients who are non-compliant or demanding, as well as by those who fail to pay their bills.

All dentists will eventually care for some patients who are perceived as difficult because of behavioral or emotional aspects that affect their care. Difficulties may be traced to patient, dentist, or health-care system factors.

Patient factors include psychiatric disorders, personality disorders, and subclinical behavior traits. Dental factors include overwork, poor communication skills, low level of experience, and discomfort with uncertainty.

Health-care system factors include insurance and reimbursement pressures, changes in health care financing, fragmentation of visits, and the availability of outside information sources that challenge the dentist’s authority.

Patients should be assessed carefully for untreated psychopathology. The dentist should seek professional care or support from professional societies and colleagues. Specific communication techniques and greater patient involvement in the process of care may enhance the relationship.

However, even when communication between the doctor and the patient is good, we must become aware of the possibility of risk factors that may develop to destroy that relationship.

Key factors that can place the dentist at risk
1. Low staffing levels.
2. Isolated work with patients during exams and treatments.
3. Dealing with patients who are involved with drugs or alcohol.
4. Offices that treat pain or mentally ill patients.
5. Lack of training among staff.

If action is to be taken by the dentist, clear and direct policies in relation to non-compliant and abusive behavior are essential. At a minimum, these policies should be:
1. Provided to patients at the time of admission.
2. Written in the chart or as an addendum to the patient’s records.
3. Displayed prominently within the treatment facility.
4. Recognize the unique setting within which treatment occurred.

Policies should clearly identify, for both patients and staff:
1. What types of behavior are considered unacceptable or inappropriate?
2. What will happen when these behaviors occur?
3. What will happen if these behaviors continue to occur?
4. What conditions will exist when treatment is to be provided?

These policies must also be known to staff and consistently enforced.

When violence or abuse is threatened
Whenever violence or abuse is threatened, the facility should carry out an assessment of the patient, which includes an investigation of his or her:
1. Previous history of violence.
2. Access to weapons.
3. Personal factors, i.e. relationship breakdown, death of family member, friend, loss of job and previous suicide attempts.

All incidents should be clearly documented, and detailed notes made on the patient’s chart. Documentation should include not only the clinical aspects of the patient’s treatment, but