IT'S A 'NO' FROM ME

Saying 'no' to certain patients is crucial to avoid disaster. We chatted to RN KELLY GEORGE and DR MICHAEL ZACHARIA for advice on how to navigate these sometimes tricky situations.

Can you tell pretty much straight away if a patient has unrealistic expectations and what are the 'red flags' you see?

MZ: During a consultation, we can generally see when 'red flags' start to appear. Some indications may include: Patients wanting to know exactly what their result will be to the millimetre. Patients asking what guarantees can be given that they'll be happy with their surgery results. They want a perfect result; a 100% symmetrical face. Patients who bring photos of different celebrity noses to a consultation wanting the same look, yet each celebrity has a different style nose. Patients who want to keep adjusting their 3D imaging to see what another millimetre may look like. They don't realise the before and after imaging is only used as a reference tool for discussing different features. A patient who can only have surgery at a certain time and opts to choose their doctor based on surgery availability rather than the surgeon's experience.

"Sometimes, they will refuse to agree to a consultation and at that point we say, well then we can't make an appointment for you."

KG: Yes! In fact, we can often tell even from the booking process by the things they say to my receptionist. Usually, the client will have 'injector hopped', that is, they have been everywhere but haven't been happy with anything. They also tend to want to tell you over the phone exactly what they need and often try and resist the consultation process. Our policy is that all new clients will have a consultation first, more often than not the "Red Flag" clients say they don't need a consult because they "need 35 units and I can tell her where to put it". Sometimes, they will refuse to agree to a consultation and at that point we say, well then we can't make an appointment for you. Other times, they will reluctantly agree to the consult but then come in unwilling to hear any advice I have.

Were you taught about 'difficult patients' as part of your education/training?

MZ: Part of our training involves interacting/consulting professionally with patients. Attending seminars can also be a resource for anticipating 'red flag patients'. Having a psychologist work at our practice assists patients in managing the postoperative period and can talk through any unrealistic expectations prior to surgery.

KG: No, this is certainly not something we're taught as a registered nurse in general, but even once we enter the aesthetic world, the early training focuses (rightly so) on clinical skills, but being successful in the aesthetic industry requires exceptional clinical AND interpersonal skills.

Unfortunately, it's really only with experience both in the clinic, working with large numbers of patients every day, and also once you start to attend really varied aesthetic conferences do you start to learn more about the psychology of patients and learn to identify body dysmorphia.

Should there be more support for practitioners on how to navigate patients/ turn them away in certain cases?

MZ: As much as a patient has the right to select their surgeon, a surgeon should have the right to select their patient. Unfortunately, there are some patients who we may decline, who will write on every website review negative information as to why we preferred not to move forward with their surgery. This can be very damaging and is why we need to ensure all positive reviews are entered on all platforms with feedback from our clientele.

KG: Yes, because ultimately red flag patients are body dysmorphic patients and that is something we, as healthcare practitioners, have an ethical obligation to help with (if the patient is open to it). We could even go as far as having a referral system in place where we could offer psychological help for patients if they need it.

I believe when we have new patients visit our clinics, a brief screening process should be conducted so we can identify those patients who may have unrealistic expectations, and gauge the severity of the body dysmorphia if that is what we're dealing with.

Of course, you're always going to have patients who don't have a mental health issue but who will just never be happy no matter what you do! So it's also about protecting yourself and making sure your clinical imagery is always consistent.

Can you share a particularly difficult situation you experienced with a persistent patient and how you handled the situation?

MZ: We had a patient who took off their cast and had a full breakdown because she felt she looked too beautiful. She was getting too much attention and could not cope with the situation. This patient had continued working with our psychologist and had ongoing support provided by the whole MZ team. Now she is so confident and happy, which is great to see.

KG: I once had a patient attend her initial consult and bring an A4 size piece of paper with her face on it, and she had drawn dots where she wanted me to inject her. I took one look at the photo and knew that if I placed any version of that product into the locations of the dots, the result would be a severe brow and lid ptosis – she would possibly be unable to even open her eyes for weeks!

I spent 20 minutes explaining how muscles work and the science behind how the product works. I then explained why I believed that her requested injections sites would result in an undesirable outcome. And as she was warming to me, I then made a deal with her. I said, why don't we take a photo right now, I'll go and print it out and I will draw where I want to place the product. I'll then keep both pictures in your file, and when you come back for your review, if you're unhappy, I'll try it your way (this tactic obviously requires confidence in your own ability!).

She agreed, and at the review she was ecstatic and allowed me to throw the original photo in the bin. BUT to this day, 3 years on, she still asks me if I'm doing it like the photo I took and drew on all those years ago!

What advice would you give practitioners who may not have much experience with 'difficult patients' yet?

MZ: If a patient is having a big life-changing surgery, revision surgery or you just get a gut feeling something isn't right, I'd recommend you get your patient to have a psychologist appointment before surgery to talk through the process and how they may feel after surgery. Additionally, it is important to understand the support a patient has at home. It also helps to understand the personality history and any potential confidence issues. My main advice would be, don't be scared to say no to a patient as sometimes this is what a patient needs to hear.

KG: Trust your gut! Even when you're a newbie, you get gut feelings. Listen to them. The only difference between me now and when I first started out is confidence. I felt like I needed to please everyone – but saying yes to these patients, and going against what you know is best for them, won't actually make anyone happy! This patient will never be happy, you'll be unhappy that you didn't trust your gut, and the patient can now go around telling anyone who will listen that she's unhappy with your clinic. I'd much rather her go around saying "Kelly wouldn't treat me because she said I didn't need that!" The people she's telling will probably respect that you DO say NO, and want to visit you for your expertise!

Kelly George has mastered the art of consulting