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## When necessary, know how to say no to your patient without breaking the relationship

### INTRODUCTION

"Doctor, are you saying my headaches are benign without an MRI? I need an MRI", "You're talking about bronchitis, an X-ray would reassure me, I'm afraid of pneumonia...", "I can't stand my boss anymore! I'm at the end of my rope, I need a sick day!" These statements probably remind doctors of some of their consultations. How do they deal with these seemingly unjustified requests? Different reactions are possible: to avoid conflicts and lengthy discussions, say yes, while knowing how to act out of complacency, or brace yourself and say no, at the risk of breaking the relationship. The challenge is to remain assertive, while maintaining a relationship of trust<sup>1,2</sup>. The aim of this article is to describe relevant strategies for situations where saying no is required.

### WHY INSIST ON SAYING NO

Admittedly, saying no while paying attention to the relationship is a challenge. It is, however, a professional obligation when a request is medically unjustified or inappropriate. The scientific literature is clear on the high number of interventions (diagnoses, investigations and treatments) that do not add value. In the USA and Canada, it has been estimated that 30% of interventions are unnecessary, and some may even be harmful<sup>3</sup>. It is not to prescribe a drug or a para-clinical examination without value.

These "useless" products have side-effects and generate avoidable worries and inconveniences<sup>4</sup>. What's more, they have direct and indirect costs. For example, what is granted to one patient may be less available to others, and the same applies to the sharing of rising healthcare costs between tax-paying citizens and insurance contributors. The "Choosing with Care" created in the United States in 2012, which has spread widely around the world, aims to help healthcare professionals choose appropriately the treatments and examinations they recommend<sup>5-7</sup>.

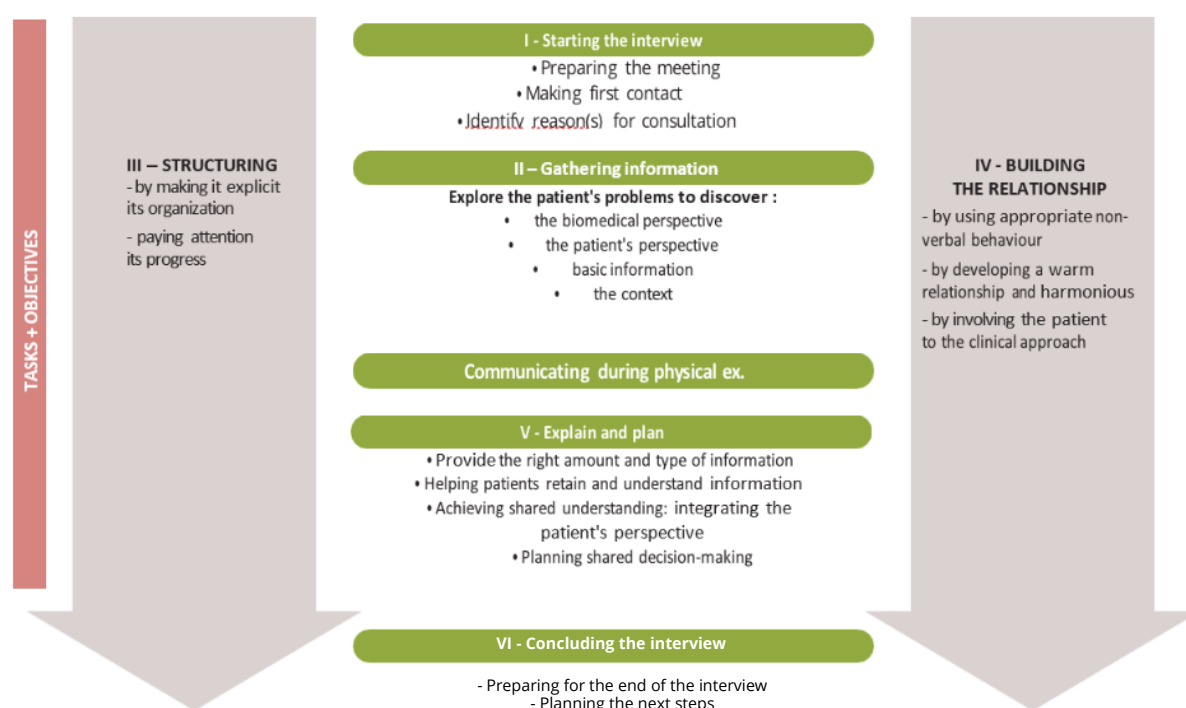
### THE NEED TO CREATE A FAVOURABLE CLIMATE

Patients will be more open to their doctor's arguments if they find him or her competent, warm and available to listen. A personalized welcome and open-ended questions leave room for the patient to express his or her own perspective on his or her health problems. Such a climate encourages constructive exchanges and motivates patients to share their experiences (beliefs, fears, expectations and effects on their daily lives). When patients feel listened to and respected, disagreements are less likely or, at the very least, can be anticipated. What's more, a favorable climate will have been created (figure 1)<sup>8-10</sup>.

Once the history and physical examination have been completed, the clinician shares his or her professional opinion with the patient, ideally in an assertive manner, i.e. affirmative "with respect, without hurting, humiliating or discrediting the patient, while respecting [his or her] right to decide for himself or herself" (see Table 1, page 472)<sup>2,11</sup>.

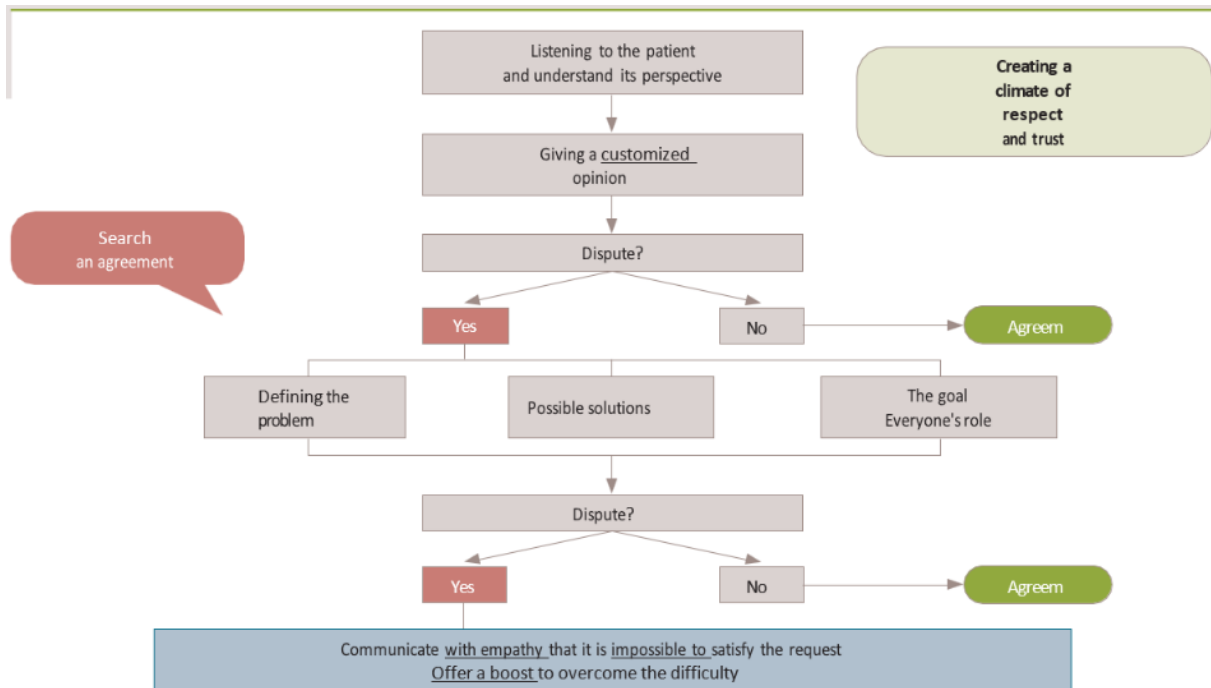
## COMMUNICATING IN A DISPUTE

When the patient's expectations differ from the doctor's proposals, the latter must go back to exploring the patient's perception of his or her health problem and understand how this or his or her beliefs constitute an objection to his or her proposals. Figure 2 is a reminder of the importance of creating and maintaining a climate of respect and trust<sup>12</sup>. It suggests clarifying the three main potential issues: the nature and severity of the problem (its definition), possible solutions and, finally, the role of each party (patient and doctor). So, before arguing whether or not a particular examination or treatment is necessary, the clinician should check whether there is agreement between doctor and patient on the definition of the health problem (1<sup>st</sup> issue). This lack of agreement may, of course, lead to differing opinions on the solutions (examinations, treatments, etc.) to be proposed (2<sup>nd</sup> issue). The disagreement may also concern the roles of the doctor and the patient (e.g. getting the doctor to stop work) [3<sup>rd</sup> issue]. We suggest clarifying these, if appropriate, one after the other (1<sup>st</sup>, 2<sup>nd</sup> then 3<sup>rd</sup> issues), although going back and forth between them is also useful and, depending on the situation, justified. Some examples of how these issues have been explored are presented and discussed in the following paragraphs.



**Figure 1** - Calgary-Cambridge medical interview guide  
Adapted from Kurtz S. et al., 2003) [9].

Non-verbal behavior	Verbal behavior
Maintaining eye contact Adopting a committed stance Voluntary gestures Content-appropriate facial expression Content-appropriate voice modulation	Statements of comment or opinion Acceptance of comments and opinions expressed by the caller Initiating and maintaining interactions Expressing empathy and compassion Admission of deficiencies when identified Expression of requests to change the interlocutor's behavior Refusal of unreasonable requests from the caller



**Figure 2** - Communicating during a dispute

From "Dire non à un patient..." by Claude Beaudoin, *Le médecin du Québec* 1999;34(7):35pages.

### URGENT CONSULTATION : THE QUESTIONED DOCTOR ARGUES HIS TREATMENT

<b>Context.</b> A mother and her 6-year-old daughter are seen by a doctor in an emergency. The latter has been suffering from a fever (38.5°C), mild sore throat, cough and runny nose for 3 days. Her general condition is good, although she appears tired. The history and physical examination are consistent with a mild viral infection.	
The doctor: "Madam, your daughter has a small viral infection, which should last a few days. Be sure to keep her well hydrated and, if necessary, give her some paracetamol."	Maintain friendly eye contact and tone of voice. Share your professional opinion on the diagnosis and management of your child's illness.
The mother: "You're not giving him antibiotics!"	With a statement, interrupts the doctor and indirectly formulates a request. In this way, she questions the course of action proposed by the doctor.
The doctor: "But ma'am, in this type of infection, antibiotics are useless and can even be harmful: diarrhea and risk of allergy. What's more, too many antibiotic prescriptions can select microbes that are more dangerous to us all..."	Objects and explains the 2nd issue. Add a second argument to better justify the proposed treatment.
<b>The same urgent consultation, but here the doctor first clarifies the mother's perspective.</b>	
The doctor: "Madam, your daughter has a small viral infection that should last a few days. Be sure to keep her well hydrated and, if necessary, give her some paracetamol."	Maintain friendly eye contact and tone of voice. Share your professional opinion on the diagnosis and management of your child's illness.
The mother: "You're not giving him antibiotics!"	With a statement, interrupts the doctor and indirectly formulates a request. In this way, she questions the course of action proposed by the doctor.
The doctor: "You seem surprised. I can understand that, as your child is suffering. Can you explain to me in more detail the reasons for your astonishment?"	Offers her perception of the mother's astonishment and a brief empathetic reflection. Explore his perspective.
The mother: "I don't like antibiotics and I know they're not good for viruses, but last week one of my daughter's friends was rushed to hospital with meningitis. Are you sure it wasn't meningitis?"	Expresses his unfavorable view of antibiotics and shares his knowledge of their effectiveness with the doctor. Follows up with a new "But" argument, which has the effect of casting doubt on the doctor's diagnosis, which explains his concern.  The doctor and the mother had different perceptions the 1st issue: the potential nature and severity of the health problem (the 2 <sup>nd</sup> issue was not the main one).

**Context.** A 31-year-old patient consults his doctor for a work stoppage. He is married with two children. Trained as an accountant, he has been working for a large company for 3 years, drawing up financial reports. Over the past few months, he has come to realize that he doesn't like his job. He wants to take a few weeks off to regain his strength and explore other areas of his life.

When faced with a request to stop work, it is advisable to clarify the three issues mentioned above, in order to reach agreement on each. Time constraints may, however, prompt the doctor to proceed more succinctly, focusing straightaway on the third issue: what is the doctor's role with regard to the patient's desire to change jobs? Obviously, the doctor must ensure that no emotional or physical problems are present. In this case, it makes sense for the doctor to obtain the patient's agreement that he or she is not suffering from an illness (issue 1).

The doctor: <i>"So, to sum up, you don't like your job as much and you'd like to look for a more motivating one, without losing too much pay. How do you plan to do it?"</i>	Maintains friendly eye contact and tone of voice. Summarizes the patient's request. Asks him what he plans to do.
The patient: <i>"I'd like to take a few weeks off to regain my strength and explore the possibility of a new job. My limited budget won't allow me to go without pay. For my health and well-being, please help me with a work stoppage."</i>	Gives information requested and presents arguments. Concludes by repeating the request and rephrasing the request for help to make it more urgent.
The doctor: <i>"So, we agree, it's about you having some free time to explore the possibility of another job and that your health remains good, although, as you say, your sense of well-being is affected by the discomforts of your current job."</i>	Does not pass judgment on the appropriateness of the patient's expectations. Share a summary of what he understands about his request.
Patient: <i>"Yeah, yeah ... you pretty much sum up my dilemma in maintaining my well-being."</i>	Confirmed.

**Context.** The doctor then explores with the patient possible alternative solutions to stopping work (e.g. discussion with the employer about possible modifications to the patient's duties, job search during authorized leave, etc.) [2nd issue]. The patient, for his part, maintains his view that the solution is to stop work [3rd issue, i.e. distinctive roles].

The doctor: <i>"I can see that your only solution is for me to take you off work for medical reasons. I'm sorry to disappoint you, but I can't give you a work stoppage for what is a personal decision to find you a new job. This is not a medical issue."</i>	Reflects the patient's only solution. Expresses his feelings and asserts his point of view (assertive), while explaining the reasons for his refusal.
Patient: <i>"I'm disappointed in your rigid attitude, I'm very disappointed in you!"</i>	Expresses his disappointment and criticizes the doctor's attitude: he would be rigid. A delicate situation for the doctor, who may react in the same way to this criticism of his professional persona.
The doctor: <i>"I can understand your frustration, as you were counting on a medical leave of absence. I'm sorry to disappoint you, but I remain available to discuss alternative solutions and to be there for you during this difficult period. Don't hesitate to contact me again!"</i>	Reflects empathy by acknowledging the patient's disappointment, without criticizing his or her attitude. Expresses his apologies and availability to discuss the situation further and to support him during this more difficult period of his life.

**Table 1** - Non-verbal and verbal manifestations of the practice of assertiveness  
Figure taken from an article by Richard C and Lussier MT, 2019, with permission of the authors [11].

## CONCLUSION

Different strategies can be used to manage a dispute assertively if it arises, and sometimes to avoid it. Both when gathering information and when sharing explanations, it is pertinent to explore the patient's perspective (expectations, beliefs, emotions and impact on daily life) with the aim of arriving at a mutual understanding and shared decisions. Expressing oneself with respect and sensitivity influences cooperation and encourages appropriate choices. This strategy is also beneficial for the community (better justified costs, allocation of resources where there is real added value...). In the event of a dispute, Figure 2 reminds us of the importance of creating and maintaining a climate of trust, respect and trust. It reminds us to clarify the three main potential issues: the nature and severity of the problem (its definition), possible solutions and, finally, the role of each party (patient and doctor).