



# When Patients and Their Families Feel Like Hostages to Health Care

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## Abstract

Patients are often reluctant to assert their interests in the presence of clinicians, whom they see as experts. The higher the stakes of a health decision, the more entrenched the socially sanctioned roles of patient and clinician can become. As a result, many patients are susceptible to “hostage bargaining syndrome” (HBS), whereby they behave as if negotiating for their health from a position of fear and confusion. It may manifest as understating a concern, asking for less than what is desired or needed, or even remaining silent against one’s better judgment. When HBS persists and escalates, a patient may succumb to learned helplessness, making his or her authentic involvement in shared decision making almost impossible. To subvert HBS and prevent learned helplessness, clinicians must aim to be sensitive to the power imbalance inherent in the clinician-patient relationship. They should then actively and mindfully pursue shared decision making by helping patients trust that it is safe to communicate their concerns and priorities, ask questions about the available clinical options, and contribute knowledge of self to clinical decisions about their care. Hostage bargaining syndrome is an insidious psychosocial dynamic that can compromise quality of care, but clinicians often have the power to arrest it and reverse it by appreciating, paradoxically, how patients’ perceptions of their power as experts play a central role in the care they provide.

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*When my 6-year-old son was hospitalized for 3 months, I became acutely aware of how my typical consumer experiences differed from my experiences as the parent of a child in a life-threatening situation. If a restaurant were to present my son with food that appeared not to have been cooked properly, I would not have hesitated to assert my right to send the meal back. In a health care setting, in contrast, when my son received poor care (eg, a caregiver did not wash her hands), I hesitated to be assertive for fear of alienating the physicians and nurses whose goodwill we needed to maintain. I felt dependent and powerless, as if my son was a hostage to the care he received and the system that delivered it. It was as though I was compelled to negotiate for his safe release from potential harm.*

—Personal communication,  
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**T**his story (of a parent whose child is receiving extended inpatient care) could just as easily be that of a 70-year-old man with coronary artery disease who is unsure about the cardiologist’s recommendation for surgery but hesitates to question it, or a 27-year-old woman with cancer who does not express her fear of treatment-related infertility to her oncologist. Patients and families often hold back from openly engaging clinicians in the thorough discussions that true shared decision making (SDM) requires.<sup>1-3</sup>

We refer to this phenomenon as “hostage bargaining syndrome” (HBS) because, in the presence of clinicians, patients and their families may behave like hostages negotiating, from a position of fear and confusion, for their health. The behavior of adult kidnapped hostages has been categorized as cognitive (eg, confusion and disorientation); emotional (eg, fear and anxiety); and social (eg, withdrawal and avoidance).<sup>4</sup> Clinicians who



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experience similar behavior in patients are unlikely to want their patients to feel like hostages, and many will actively encourage the patient's involvement in SDM, although this effort may be perceived as time-consuming in the context of competing priorities.<sup>5,6</sup> Nevertheless, although a medical team actively works to assist, protect, and help make the patient well, many patients and their families still experience HBS and are reluctant to speak up.

Although HBS can arise in any medical context, it is especially seen when serious illness unfolds over the course of multiple, complex, emotionally laden interactions with clinicians. Cancer care and intensive care unit services, for example, each are characterized by a high degree of dependence and powerlessness for patients. To address HBS more effectively in any clinical scenario, from minor to life-threatening, we need to understand it and its causes from the perspective of the patients themselves.

#### **BECOMING A HOSTAGE TO ONE'S CARE**

Medical care has recently become more focused on serving patients as consumers, but some distinctions are important. Most commercial services are "want" services: consumers want to dine out, use a smartphone to send text messages to friends, or buy a ticket to attend a sporting event. Medical care is a "need" service that consumers-turned-patients often dread and may delay receiving.<sup>7</sup> In using most commercial services, the consumer is in charge, deciding what service to buy and where to buy it; in a medical clinic or hospital, clinicians (and health care management) typically have the greater authority. This shift in the balance of power has especially high stakes in cases of serious, life-threatening illness, where anxious patients and their families can become particularly susceptible to HBS.

Hostage bargaining syndrome, which includes a reluctance to challenge people in authority, assert a different point of view, and question decisions that raise concerns, is an adaptive response to authority figures who retain *de facto* control because of attributes such as expertise, prestige, and position. Hostage bargaining syndrome often manifests as a form of compromise, such as understating a concern or asking for less than what is

desired or needed. Hostage bargaining syndrome may be perpetuated by asymmetry of information, an assumed hierarchy, fear of retribution, or fear of jeopardizing an important relationship.<sup>8</sup> Patients and families who exhibit the symptoms of HBS refrain from questioning their doctors, hesitate to express concern about potential errors or harm, and worry about being perceived as troublemakers or "difficult" for fear that it could affect the quality of care they receive.<sup>1</sup>

Hostage bargaining syndrome is an advanced case of "white-coat silence."<sup>3</sup> It is especially prevalent when, as clinical conditions deteriorate and the stakes of health decisions rise, patients become more dependent on clinicians and more likely to seek favor from them in a deferential manner. They believe that "the doctor knows best" and conform to a socially sanctioned role of reluctance to assert their interests in the presence of experts.<sup>1,8</sup>

To be sure, professionals typically do know best. Just as lawyers should draw on their expertise instead of merely reacting to clients' requests, and teachers should use their experience to expertly guide their classes rather than feeling pressured by students' whims, so too must physicians use their knowledge, training, and clinical judgment to steer patients with competence and accuracy. Ultimately, of course, lawyers, teachers, and physicians bear more of the social (and often legal) burden of accountability than do the populations they serve; in short, the pressure on the trained professional is high. But good lawyers also know that justice is served best when clients fully participate in how they access that justice, and good teachers know that getting students to invest themselves in the learning process makes it easier to achieve positive educational outcomes. So, too, do good physicians know that achieving desirable health outcomes is more likely when patients understand and participate in their care.<sup>9-13</sup> All professionals face accountability pressures that are very stiff, but the people they serve may be profoundly affected by the outcomes and, therefore, deserve to be intimately involved in how those outcomes are pursued. Part of the professional's expertise is in knowing how to fully bring the person he or she serves into the process; it's a core element of the job.

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