

## Managing Nonadherent and Difficult Patients

Healthcare providers face many challenges when patients are difficult or do not adhere to their treatment plans. These behaviors can compromise the provider–patient relationship and may potentially lead to suboptimal outcomes and liability risk.

One study found that clinicians were 42 percent more likely to misdiagnose a complex medical issue and 6 percent more likely to misdiagnose a simple medical issue when dealing with difficult patients.<sup>1</sup>

Additionally, research has shown that stigmatizing language regarding perceived “difficult” patients increases the risk of errors and can perpetuate bias among care providers.<sup>2</sup>

Although these situations can be frustrating, various strategies can help healthcare organizations and providers address difficult and nonadherent behaviors and attempt to better engage patients in their care.

1

Create a policy that specifically defines patients’ rights and responsibilities. Display the policy within the organization and make it available to all patients (e.g., on the organization’s website or via the patient portal).

2

Be aware of the difference between [informed refusal](#) of care and patient nonadherence to an agreed-on treatment plan. A patient can refuse care even if the consequences might be dire.

3

During each patient encounter, emphasize the importance of following the agreed-on treatment regimen, even if symptoms subside. Explain the possible consequences of not following the prescribed treatment plan.

4

Provide patients with education about their treatment plans both verbally and in writing — especially if a patient has serious health problems.

5

With patients' permission, include family members, caretakers, and significant others in education about treatment plans and the importance of following them. These individuals can help reinforce the significance of adhering to treatment for optimal outcomes.

6

Consider that a patient-centered approach seeks to get patients more involved in their care. During patient encounters, ask open-ended, probing, and nonjudgmental questions to identify factors influencing nonadherence.

7

Try various communication techniques, such as [motivational interviewing](#), to empower patients to set goals they believe are attainable. Understanding a patient's stages of changing behavior and dealing with discouragement will support a mutually agreed-on care plan.

8

Use a technique such as [teach-back](#) to ensure that patients fully understand the information and instructions provided. Patients from all racial, ethnic, socioeconomic, and educational backgrounds might have limited [health literacy](#), which can contribute to nonadherence.

9

Consider patients' lifestyles and medication costs when prescribing. A variety of situational, geographic, economic, and cultural issues can contribute to what might be perceived as difficult or nonadherent behavior.

10

If a patient has financial, physical, or emotional limitations that lead to nonadherence, determine whether any community services or resources are available to help the patient overcome treatment barriers.

11

Consider using [patient agreements](#) that detail both provider and patient responsibilities relative to the treatment regimen. Both parties should sign the agreement.

12

If a patient is missing appointments, try to determine the reason (e.g., family care, transportation, or financial issues). After several missed appointments, consider sending the patient a letter stressing the importance of keeping appointments and adhering to the treatment plan. Keep a copy of the letter in the patient's health record.

13

Document missed or canceled appointments by noting either "patient no-show" or "canceled" in the patient's health record. If possible, document the reason for a cancellation — e.g., "no transportation" or "childcare issues."

14

Do not delete original appointment entries; the appointment log might become a valuable tool if you have to demonstrate a patient's continued nonadherence to appointments.

15

Document a description of all clinical nonadherence in the patient's health record as well any education provided to the patient, family, caregiver, and/or significant other regarding the possible consequences of not following the treatment regimen.

## 16

When documenting, use subjective statements from the patient or others and objective information obtained through patient encounters. Avoid disparaging remarks or editorializing when documenting information related to patients' nonadherent behaviors.

## Learn More

For more detailed information on this topic, see MedPro's [Managing Nonadherent Patients](#) guideline.

## Endnotes

<sup>1</sup> BMJ Quality & Safety. (2016, March 16). 'Difficult' patients increase doctors' misdiagnosis risk regardless of case complexity. *ScienceDaily*. Retrieved from [www.sciencedaily.com/releases/2016/03/160314211404.htm](http://www.sciencedaily.com/releases/2016/03/160314211404.htm)

<sup>2</sup> Wilson, F. P. (2024, April 15). 'Difficult patient': Stigmatizing words and medical error. *Medscape*. Retrieved from [www.medscape.com/viewarticle/1000689#vp\\_1](http://www.medscape.com/viewarticle/1000689#vp_1); P Goddu, A., O'Connor, K. J., Lanzkron, S., Saheed, M. O., Saha, S., Peek, M. E., . . . Beach, M. C. (2018). Do words matter? Stigmatizing language and the transmission of bias in the medical record. *Journal of General Internal Medicine*, 33(5), 685–691. doi: <https://doi.org/10.1007/s11606-017-4289-2>; Brooks, K. C., Raffel, K. E., Chia, D., Karwa, A., Hubbard, C. C., Auerbach, A. D., & Ranji, S. R. (2024). Stigmatizing language, patient demographics, and errors in the diagnostic process. *JAMA Internal Medicine*, 184(6), 704–706. doi: <https://doi.org/10.1001/jamainternmed.2024.0705>

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