Ep67 | When "The Customer Is Always Right" Meets Medicine: Patient Entitlement, Conflict, and Com... Transcript

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Summer Blues and Therapy Ad

Everyone treats summer like it owes you happiness. Long days, pool parties, your best life on a loop. So, what does it mean when you feel worse? The summer blues are real. It's why summer is one of the busiest stretches of the year for people starting therapy. Therapy is not only for when you're in crisis. Growth therapy is for all the moments when you decide you want more. More support, more clarity, more tools. Mental health isn't a destination you reach. It's something you build. And Grow makes that easier. Grow connects you with thousands of highquality licensed therapists across the US offering both virtual and in-person sessions, nights, and weekends. You can search by what matters, like insurance, specialty, identity, or availability, and get started in as little as 2 days. There are no subscriptions, no long-term commitments. You just pay per session. Grow helps you find therapy on your time. The therapist you want takes your insurance on Grow. Grow accepts over 125 insurance plans. Sessions average $21 with insurance and some pay as little as $0 depending on their plan. Visit growthapy.com/booknow today to get started. That's growthy.com/booknow.

growthy.com/booknow. Availability and coverage vary by state and insurance plan. If you work in health care, you already know this. Conflict [music] is everywhere. In the O, in labor and delivery, in committee meetings, between physicians, nurses, administrators, and teams that are all trying [music] to do the right thing. But here's the problem. Most of us were never trained to handle conflict well. We learned procedures.

Healthcare Conflict and the SPARC Framework

We learned diagnostics. But we didn't learn how [music] to navigate the moments when Q professionals strongly disagree. That's why I developed the SPARC framework. Spark stands for stop, pause, ask, don't assume, reflect, and response, and create a path forward. It's a practical system designed specifically [music] for highstakes healthcare environments.

Through keynote talks, residency workshops, and spark master classes, I teach physicians, nurses, and healthcare teams how to turn [music] destructive conflict into productive conversations that strengthen teams and improve care.

If your hospital, residency program, or medical conference is looking for a speaker on conflict, communication, and leadership, and healthcare, I'd love to work with you. You can learn more in the show notes because in medicine, conflict is inevitable, but handled well, it can make teams stronger, in every operating [music] room, in every ward, in every clinic and every team meeting. A silent battle bruise conflict negotiation [music] identity. Welcome to the scalpel and sword podcast where I, Dr. Lee Chararma, physician and conflict analyst, explore the hidden negotiations beyond modern medicine. Let's trade burnout for boundaries [music] and learn the art of healing with precision and power.

Hello, my peaceful warriors, and welcome to the Scalpel and Sword Podcast.

Podcast Introduction and Social Media Anecdote

I am your host, Dr. Lee Chararma, physician and conflict analyst. And I like I would think most of you really do have a presence on social media in some way, shape or form. If that is stalking people on Facebook or actively posting on LinkedIn, most of us do tend to congregate or at least spend some time scrolling on one or more of these sites. And while I definitely find I get really inspired being on LinkedIn looking at what all of my colleagues are doing, I also spend some time on Instagram. I have a personal account and also one for Scalpel and Sword. And on the Scalpel and Sword account, of course, I follow a lot of physicians. I love to see what physicians are doing. And there was one post this week that really caught my attention. and it was a primary care physician and she posts

about her daily activities and the challenges that she encounters. But this one particular post really stood out and I'm going to read to you from the post. Patients saw primary care physician more than a year ago. Cancelled recent annual physical because they said it was a waste of time so they don't need it. One month later, patient drops empty family medical leave act paperwork on the front desk asking to be filled by tomorrow.

Office tells patient to make appointment with primary care physician in a slot available within the same week but patient declines the appointment. Patient calls next day asking for status of the FMLA paperwork. Office tells patient again to make appointment. Patient declines, yells at office manager and says that they are going to change their primary care physician. Now what was interesting beyond just the post itself was the number of comments underneath it. And the comments were primarily other healthc care professionals who verbalized that they had had similar experiences to the point that there was more than one comment and it was actually more like five or six of people who had posted, "Do you work in my office?" In other words, I have had this exact same experience. You're describing what I do and oh my gosh, you must be exactly where I am to be experiencing what I'm experiencing. And it struck me as I read that post, but even more as I read all the responses that this was something that really needs to be discussed and something that we're going to be getting into today on the scalpel and sword. So, we're diving into a topic that almost every health care professional, as evidenced by that post, has experienced, but few feel comfortable discussing openly, and that is the concept of patient entitlement.

Patient Entitlement and Expectation Mismatch

Now before we begin, I want to make a very important distinction as we have this conversation. Patients deserve dignity. They deserve respect. They deserve excellent communication and they deserve informed consent, shared decisionmaking and compassionate care.

Those are not privileges. Those are rights. Entitlement is something different. Entitlement occurs when expectations become disconnected from medical reality. It's the belief that every request should be fulfilled simply because it was requested.

And when those expectations collide with professional judgment, conflict unfortunately and inevitably follows. Today, we're going to explore why this happens, why it's becoming more common, and how we can respond without becoming cynical or losing our compassion. Healthc care has changed dramatically over the past several decades. Patients have more access to information than ever before. online reviews, social media, hospital marketing campaigns, direct to consumer advertising, patient satisfaction metrics, and some of these developments have been incredibly positive. Patients are more informed, they're more engaged, they're more willing to advocate for themselves, and this is progress.

But somewhere along the way, healthc care also absorbed a business philosophy. And that philosophy is that the customer is always right. That phrase works reasonably well in retail, but it becomes dangerous in medicine because in medicine, we're not selling shoes.

Sometimes the safest answer is no. No, you don't need antibiotics. No, this MRI isn't indicated. No, surgery won't help. No, opioids are not the best treatment. No, delivering your baby today isn't safer than waiting. The physician's obligation isn't to satisfy every request. It's to provide the best evidence-based care possible. Those two goals occasionally align, but sometimes they don't. So why does entitlement create conflict? Because conflict rarely begins with disagreement. It begins with violated expectations.

Let's sit with that for a moment. A patient expects to be seen immediately. The physician expects emergencies will take priority conflict. A patient expects antibiotics. The physician expects to discuss viral illness. Conflict. A patient expects unlimited portal access. The physician expects reasonable professional boundaries. Conflict. Notice something.

Conflicts are not about medicine. They're about expectations. This is one of the central lessons we teach through my consulting firm and educational firm, Lental Health. Conflict often isn't caused by bad people. It's caused by invisible assumptions. Entitlement isn't always arrogance. Sometimes it's fear wearing expensive clothes. Imagine being diagnosed with cancer. Imagine your child is sick. Imagine your mother has dementia. Fear changes people.

Fear narrows perspective.

It creates urgency and when patients feel powerless, they often seek control wherever they can find it. Sometimes that control looks like demanding tests, demanding medication, demanding appointments, demanding certainty. If we only respond to the behavior, we miss the emotion underneath. And that is where compassion matters. Compassion doesn't mean compliance. One of the greatest misconceptions in healthcare is that compassion means saying yes. It doesn't. Compassion means helping people feel heard. Compassion means letting them feel like they've had a chance to share what's in their heart. Compliance means giving them what they asked for. And those are entirely different things. You can say no with tremendous compassion. For example, I understand why you're asking for this MRI. If I were hurting like you are, I'd probably being asking for the same thing. Let me explain why I don't think it would actually help us.

And what I think would you can see what happened there. The physician acknowledged the emotion before addressing the request. Validation is not agreement. Validation is recognition.

People who feel understood often become much more open to hearing difficult answers.

Using SPARC to Set Boundaries and Reduce Conflict

So, as we saw in that Instagram post, the cost of this misalignment is very high, not just to the patient, but also to health care professionals and organizations at large. We also need to acknowledge something that physicians don't discuss often enough. Constant entitlement is exhausting. Every confrontation requires emotional energy. Every accusation of not caring hurts. Every online review questioning your integrity lingers longer than we'd like to admit.

Eventually, compassion fatigue develops. Not because physicians stop caring, because they care so much. Burnout isn't always caused by workload. Sometimes it's caused by emotional abrasion. Tiny cuts every day for years. But one month of clarity can prevent one month of conflict. You've heard me say that before. Expectation setting begins before the conflict even has a chance to start. Imagine a new patient visit. Instead of waiting for disappointment, imagine saying, "Today, we're going to focus on our biggest concerns." And if we don't finish everything, we'll make a plan together. Immediately, expectations become realistic.

Or before surgery. My goal today is not to eliminate every possible discomfort. It's to help you recover safely while keeping your pain manageable. Again, expectation is established and conflict hopefully is reduced. So, let's think about using the spark framework. So, spark our framework for conflict resolution and for hard conversations. Stop, pause, ask, don't assume, respond, don't react, and create. So, what does setting these applications, setting expectations look like? So, first of all, we're going to stop. We're going to actually set the expectation before the conflict even has a chance to evolve. We're going to pause. that helps us notice our own emotional response. If we feel defensive, if we feel frustrated, it gives us a chance to look inside and recognize that those emotions exist before they have a chance to take root and actually cause misalignment.

We're going to ask, we're never going to assume. Instead of saying you're being unreasonable, we're going to say, "Help me understand what's worrying you most." That single question often changes the entire conversation. We're going to reflect and respond and not react. I understand you're frustrated because you've waited three weeks for this appointment. Reflection lowers emotional intensity. Now we've created an environment that is truly conducive to actually helping create a path forward. We can work together.

What options can we realistically pursue today? Conflict has now been changed into collaboration. So what does this look like practically? Here are a few phrases that every health care professional can use. Instead of you don't need antibiotics, try based on today's exam, antibiotics would expose you to side effects without helping you recover faster. Instead of I can't order that, try I don't believe that's the safest next step and I'd like to explain why. instead of that's our policy.

Try here's why we've designed the process this way. It's intended to keep every patient safe. People can hopefully tolerate disappointment much better when they understand the reasoning. Most of us who choose to work in healthcare do it because we have chosen a life of service and we believe in providing that service to the people we

care for. that there is a difference between service and servitude. Health care absolutely should provide outstanding service, kindness, courtesy, efficiency, and respect. But service is not servitude.

Professional expertise sometimes requires disappointing people. That's part of the job. Imagine if airline pilots allowed passengers to vote on weather conditions or if engineers let homeowners redesign bridge supports.

Expertise carries responsibility and medicine is no different. Physicians also need boundaries. But boundaries shouldn't be and aren't barriers. They're guard rails. Healthy boundaries protect patients. They also protect clinicians.

Examples include office communication expectations, portal message turnaround times, medicine refill policies, appointment length, after hours emergencies. Clear boundaries reduce resentment on both sides.

Compassion, Boundaries, and Trust in Medicine

Ambiguity creates conflict, but clarity creates trust. So what's the story we should tell ourselves? Especially when we see so many people verbalizing the concerns about the perceived entitlement that we see in medical practice. The story we should tell ourselves hopefully should be filtered through the lens of what we know we can define while we practice medicine. Instead of saying patients are becoming impossible, perhaps we should say patients are navigating an increasingly confusing health care system. Both statements contain some truth, but only one allows us to remain compassionate. In the same way, instead of patients believing my doctor doesn't care, imagine if they understood my physician is balancing my needs with safety, evidence, and hundreds of similar decisions. Understanding creates grace on both sides. I don't think patient entitlement is even something a term that illustrates what we should be talking about because patient entitlement isn't the disease.

It's often a symptom. Conflict itself should always be viewed as a symptom. It's a symptom of fear. It's a symptom of consumer expectations. It is definitely a reflection of a broken health care system. long waits, poor communication, mistrust. Our job isn't to eliminate every difficult interaction. It's to respond in ways that preserve trust without compromising professional judgment. Compassion and boundaries are not opposites. In fact, the healthiest physician patient relationships require both. Kindness without boundaries becomes exhaustion. Boundaries without kindness become coldness. But together they create trust. And trust is still and always will be the most powerful medicine we have. Thank you so much for joining me today on the scalporn sword.

If this conversation resonated with you, please share it with a colleague, a resident, a medical student, a nurse, an administrator, or a healthcare leader.

These are the conversations that don't just reduce conflict, they improve the culture of medicine. Until next time, remember, conflict is inevitable. Trust is intentional and every difficult conversation is just an opportunity to build it. And until next time, peaceful warriors, be at peace.

[music] Every episode is an invitation to speak, to negotiate, to choose. I'm Dr. [music] Lee Chararma. Join the dialogue by subscribing to Scalpel and Sword. [music] Until next time, peaceful warriors. May your choices be sharp and your voice [music] be even sharper.

This podcast is a reflection of lived experience and research in conflict resolution. The scalpel and sword is not intended as medical [music] or legal guidance. For personal matters, please consult a qualified professional.