

Behavioral Science II: Outpatient Care

Physician A is an outpatient at a local 150-bed medium-sized hospital. He starts at 9:00 a.m. and often sees more than 25 patients by 12:00 p.m. He has a 10-minute appointment slot that is almost always filled.

So 10 I've been taking long-acting benzodiazepines for chronic anxiety disorder and asthma for years. An 80-year-old woman was seen in an outpatient clinic. Her appearance was not flattering, and she sometimes had dirt and rice stains on her faded clothes. She told him at every outpatient visit that she was burdened with the burden of caring for her husband, who was an alcoholic. She understood that her husband was an alcoholic, but she was unable to do so because if she took alcohol away from him, he would become agitated. She also has a second son (40 years old) who lives with her, but he is unemployed and looking for work, so she was told that she could not burden him with this. During the usual outpatient visit, the conversation was not coherent and ranged from physical symptoms, to daily life, to the past, to family matters, and so on. He thought that asthma medication, which is recommended to be taken daily, works best when taken when he is not feeling well, and stubbornly did not change his mind after several attempts to explain to him that this is the medication he takes when he is not feeling well. She occasionally visited the emergency room for tinnitus, dizziness, and synchrony. From her chart, her symptoms were temporary and usually resolved by the time of the outpatient visit. From her emergency room chart, her chief complaint was sometimes not particularly clear, elusive, inconsistent, and she sometimes requested an IV infusion, thinking that an IV infusion (although not medicated) would make her feel better. When the emergency room physician told her this, "Your condition is fine, you can go home today," her originally loud voice became even louder, "Why do you say that, your regular doctor will at least give you an IV." She would sometimes be both victimized and arrogant at the same time. The emergency physician and nurses were also annoyed and Doctor A, who heard this, said to her in a regular outpatient clinic, "○ I understand that you are troubled, but please be careful when you speak in a loud voice, because it scares the staff. She then says, "I'm sorry for being so loud to begin with.

What does this woman expect from Doctor A?

Doctor A has to see an outpatient every 10 minutes, but this patient's visit always took more than 30 minutes, and he became irritated. One day, when Doctor A asked her if she would like to cut her visit short because the outpatient clinic was busy today, she burst into tears, saying, "Why don't you understand me? Nevertheless, she continued to visit Doctor A's regular outpatient clinic.

What is the cause of the frustration that Doctor A feels?