The Customer Is Always Right

"The customer is always right."

—Harry Gordon Selfridge, the founder of Selfridge's department store in London in 1909
"I can't complain but sometimes I still do."

—Joe Walsh, "Life's Been Good"

The inspiration from this editorial came from a phone call I received this morning from an unhappy patient. My office phone rang, and the person at the other end demanded to talk to the president of the hospital. I told her she had the wrong number, and she angrily replied, "This is the number I was given." I tried to assure her I really wasn't president of the hospital and if I was, I would have no reason to lie about it. She hung up when I was midsentence. *Nice.*

Although this patient had nothing to do with me or IR, the conversation reminded me of one of the most irritating aspects of my job as a section chief: dealing with unhappy patients or referring physicians who feel they've somehow been wronged by Interventional Radiology. Occasionally, instead of someone calling me directly to discuss a problem, I learn about it via a chain of e-mails sent through a hundred upper-level administrators in our hospital before it is brought to my attention. Not uncommonly, many of the people copied in on these e-mails have no idea what IR stands for, much less where we are located in the hospital. Some of them seem to feel the need to make editorial comments such as, "It isn't right to operate centers and fail to provide appropriate care" or "We need to keep the patient's best interests in mind." *Right. Thanks for the insight. That means a lot to me coming from someone who has never treated a patient in his or her life.*

I evaluate the merits of each and every complaint I receive personally, which involves interviewing all staff members and physicians. A single complaint can take several hours to investigate. Sometimes we are culpable, and I apologize and try to take appropriate steps to ensure the same thing won't happen in the future. More

commonly, the complaint comes from one of several sources: a chronic complainer who remains unhappy with anything and everything we do, someone with a large sense of entitlement and unrealistic expectations, or a stupid jerk who simply has no clue about anything.

I think very often the complainers receive too much credibility. Some people complain about everything. I've always liked the line above from Joe Walsh. It is the second-best line of the song. (The best, of course, is "My Maserati does one-eighty-five I lost my license; now I don't drive.") The idea that the patient is always correct comes with a large price. This belief irritates your staff and gives rude patients and physicians an unfair advantage. It can actually make the service you provide worse—especially if you operate under the assumption that your staff is automatically wrong in these disputes. If your staff does not feel "valued," why should they attempt to put the patient's interests first? An unfortunate reality of medicine is that we *do* encounter problem patients who are unreasonable and overly demanding. They are generally never happy, and attempting to placate them typically fails. And although we do need to provide everyone with the best medical care we can, these chronic complainers can be very detrimental to your service.

Some of these people are quite sick and vent their frustrations on us, which is understandable and OK up to a point. However I draw the line when "disgruntled" becomes "abusive." I have a low threshold for patients who demean my staff. I have found that when we can't satisfy abusive patients, I encourage them to seek care elsewhere. I always involve the staff in the risk management department of our hospital, and I find them unfailingly supportive. I have learned you can't refuse anyone with life-threatening emergencies, but you can send patients with elective problems on their way if you go through the proper protocols. On occasion, I've had particularly unruly patients removed forcibly by security. Maybe this means I should find a new practice, but I would guess your patient population isn't that different

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from mine (even though I'm on the south side of Chicago). And then there is the medicolegal risk. When push comes to shove, you can easily get dragged into a lawsuit for completely ridiculous and inane reasons. I'm not sure if complainers are more litigious than other patients, but I would bet they are.

Some referring physicians also lack any semblance of common sense when requesting IR therapy. The problem may be that they are aware of the service we can provide for their patients but too often have no idea we also serve other physicians and patient populations. Some complaints stem from outpatients not being able to be seen at their convenience. I call this the "McDonald's syndrome" because it reminds me of drive-through window service. They want their patients to be seen immediately no matter how insignificant the problem, receive appropriate and exemplary care, and get an order of french fries on the way out of the recovery

room. We gave up performing PIC lines long ago when we couldn't convince referring physicians that the term "emergency PIC" was an oxymoron. I once had a referring physician write a letter to my vice chair complaining that one of her patients had to wait 24 hours for an elective central venous catheter. I called her clinic and asked when I could get the next available appointment. I was told I had to wait 3 months. She failed to understand the correlation.

We need to address legitimate complaints while remaining cognizant of the fact that some complaints are inevitable and some are without merit. The customer is always right? Hardly.

Brian Funaki, M.D.¹

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