Supporting the Learners when a Patient Refuses Care

**Takeaways**

**1. Assess acuity of the situation**
- If a medical emergency:
  - Take care of the patient
  - Use empathic listening, reasoning and redirection to de-escalate the situation
  - Consider reassigning the patient to another care team member
  - Support the learner
  - Have a post-incident review with the care team to determine next steps

**2. Consider their mental capacity**
- Try persuasion and negotiation with the patient
- Seek help from the patient’s family members
- If the patient lacks decision making capacity, consider reassigning the patient to another care team member
- Always support the learner

**3. Explore their beliefs**
- Engage the patient or their family members to explore biases and clear up any misunderstandings
- Seek an opportunity to affirm the learner’s abilities and encourage the relationship to continue
- Make a statement about being confident of the team’s ability to offer quality care, no matter what their race/ethnicity/sex

**4. Provide a choice for the learner**
- Patients have a right to refuse treatment from any provider, but they do not have the right to demand their physician has clinically irrelevant characteristics
- When request for certain providers are clinically and ethically appropriate, it is easily recognized and can be accommodated
- Race or ethnic-based staffing decisions should be avoided
- Learners should be given a choice about whether they continue to care for a patient who is biased toward them

**5. Report the incident**
- Mayo Clinic policy requires all requests for personal characteristics of types of providers, that conflict with Mayo Clinic values, to be reported—regardless if the request was granted or not
- To report conflicts, be sure to capture direct quotes from the patient
- Leadership will ensure that patient abandonment is guarded against

Additional resources on this and other topics can be found on the OASES website. You can also find additional resources by visiting the Patient and Visitor Conduct Toolkit.