
1. Communication: Tell the patient simply and truthfully what is being done to and for him. Pt may try to split the staff by playing off one against another, telling different versions of a story to different staff members. Have brief daily staff conferences to plan treatment and to reach a consensus about what’s to be told and who will tell it.

2. Constant Personnel: Ideally, one person should communicate all decisions (one nurse per shift) and negotiate them with pt. This may not be possible all the time; bear in mind that pt probably feels scared at each change of shift. At the beginning of each shift, a staff member should familiarize himself with the pt’s treatment plan, introduce himself, ask how things are going, and tell how long he’ll be on duty.

3. Entitlement: Pt may have a self-loathing yet also have a paradoxical and often repugnant sense of entitlement. Try to remember that this is all the pt has to hold himself together when scared of physical illness. Always be alert for signs of entitlement, be aware of one’s own anger about it, but avoid confronting the pt with it or implying that he doesn’t deserve the impossible or contradictory things he requests. Rather, repeatedly say that you understand what he’s asking for, but because you feel he deserves the best possible care, you’re going to stick to the course dictated by your experience and judgment.

4. Firm Limits: The pt makes a lot of demands, often for conflicting things, and is quick to rage when demands are not met. This may make you feel trapped and helpless. He may blackmail you by threatening suicide if he doesn’t get his way. Try not to argue. Quietly and firmly, and repeatedly set limits on problematic behavior, demandingness, and rage. If he threatens self-destruction, assure that physical restraints will ensue if he tries to carry it out.