

**Guide to saying 'No' without using the word
("The ability to say no is an increasingly rare and valuable skill")**

The risks of not saying 'No':

- i. Is likely to be harmful to patients;
- ii. Conflicts with one's professional values;
- iii. Causes one to be under pressure;
- iv. Increases the risk of burnout;
- v. Places oneself at medico-legal risk.

What is 'Professionalism'?

Professionalism involves three core skills:

- i. Good clinical skills;
- ii. Good communication skills;
- iii. Good management/leadership skills

All three skills are required in the pursuit of equitable, excellent patient services.

Why is 'No' an unsatisfactory word?

- i. People want what they want;
- ii. They take it personally when 'No' is said;
- iii. 'No' has negative connotations.

Preparing to say 'No'

- i. Decide priorities;
- ii. Manage your own feelings;
- iii. Choose appropriate words for the situation;
- iv. Say no with grace and authority.

To say 'No' one needs to:

- i. Be firm;
- ii. Be clear;
- iii. No excuses but provide explanation;
- iv. Do not backslide;
- v. Do not apologise;
- vi. Don't be nice – be good.

Pre-empt as a prelude to 'No'

- i. To pre-empt one needs to recognise early what the other party wants ('I know what you really want');
- ii. State clearly one's intentions ('I am not happy prescribing' or 'I am not prescribing because/...' or 'we shall come to it later in our discussion');
- iii. Do not make it easy for the recipient to keep coming back to you;
- iv. Attempt at all times to change the recipient by discussion.

Statements that may help

- i. I fear I'll end up prescribing for no real reason and exposing you to unwanted side effects / risk of dependence (not addiction) and for little gain in your health.
- ii. I know it has been prescribed before and looking at your records the doses have increased without much relief of your symptoms / improvement. I fear we are likely to go on increasing without benefit to you, with risks of side effects, dependence etc.
- iii. It is an interesting suggestion and I need time to think about it and discuss the matter with colleagues with more experience than me. Perhaps we could meet up again in a few months to talk about it. And for the present it is best you stay at your current dose / manage without medicines. Of course we are here to see you should you run into any difficulties.
- iv. I don't usually prescribe / order tests unless I am convinced that it is likely to help and in this instance I am not sure it would help you.
- v. I think we need to develop a care plan for you. Now this must be done with your involvement as it is not solely for me to tell you what is needed or what to do. Of course in that plan any medical tests, medicines etc. will remain my responsibility and I shall discuss them with you.
- vi. I wish I could, but as a rule, I only prescribe when I am convinced that it would help. After all, I am here to work in your best interest and do what is best and safest for you.
- vii. You want these tablets but what is more important to you? – the tablets or your health. I would like to agree to your request but --- I am not convinced that I am helping you here.