



The patient with complex chronic pain and the busy primary care physician

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Faculty/presenter disclosure

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Opinions are my own!

Key points

- Busy physicians
- Patients with chronic non-cancer pain
- The “drugs” used to treat

Physician qualities that can become vulnerabilities

- Competitiveness
- Compulsiveness
- Perfectionism
- Altruism

House of medicine

- Apprentice-style learning
- Culture of overwork
- What does the patient need versus what does the patient want?
- Blurred boundaries

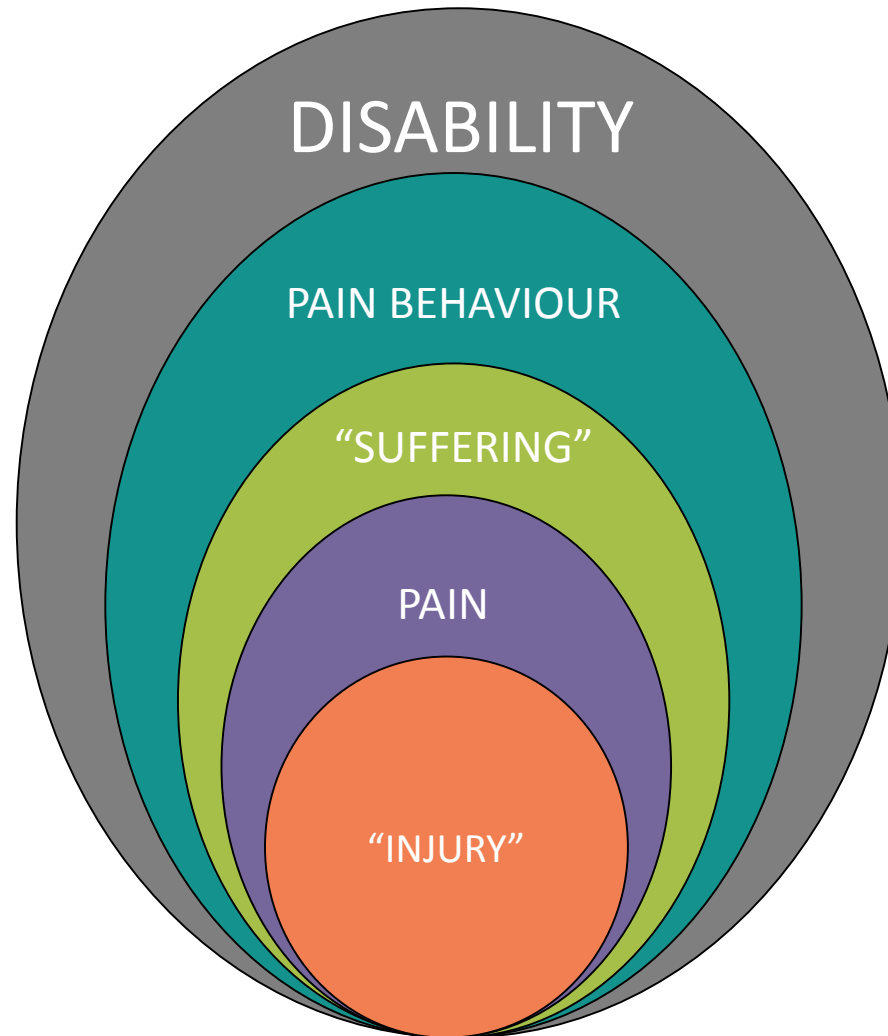
Physicians

- Discomfort with uncertainty
- Focus on acute disease model
- Lack of clear policies, procedures and guidelines
- Poor communication in conflict skills
- Lack of time...too busy
- Conflict averse

It is the patient who brings in the CNCP

- Patients we do like
 - Compliant
 - Clear issue
 - Takes care of self
 - Informed
 - Honest
 - Involved in own care
 - Motivated
- Patients we like less
 - Multiple issues
 - Demanding
 - Unreliable
 - Unmotivated
 - Non-compliant
 - Angry
 - Don't care
 - “Drug seeking”
 - Threatening

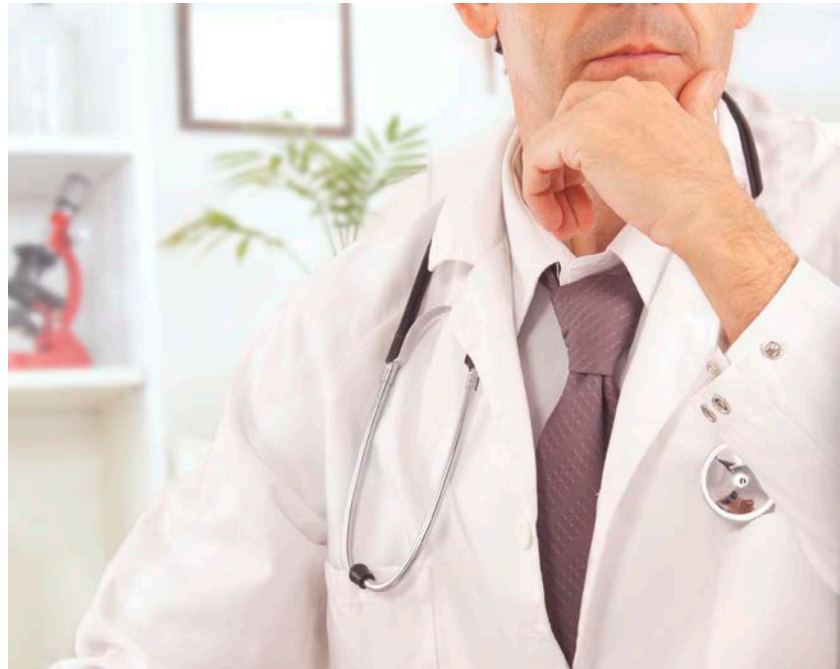
Which patient does the pain get?



Loeser

Patient with chronic pain is psychologically vulnerable and subject to strong emotions....

It is not surprising that physicians respond to these patients with emotions of their own.



Implications



Response is similar for:

Performing the action

Witnessing the action

Hearing about the action

Mirror Neurons enable:

Empathy

Skill building through mimicry

Vicarious experience

“I need you to fix my pain, doctor”

“I will find the seed of your pain and I will destroy it. I will do it, not you.”



A Country Doctor – Franz Kafka

“To write prescriptions is easy, but to come to an understanding with people is hard.”



Physician at risk?

- Strong relationship with patient – “special”
- Pharmacological overconfidence
- Transitions
- Rescue fantasies
- Inability to set limits
- Denial about possibility of boundary issues
- Burnt out
- Doesn't like "pain"

Empathy? Sympathy?

- Both involve sharing
- Empathy – share understanding... “as if”
- Sympathy – share emotion, feelings
- Sympathy – if excessive could interfere with objectivity in diagnosis and treatment
- An abundance of empathy should not impede patient care?

Caring too much?

- We go into the health-care professions so that we can care for people
- Physicians who over-identify with patients and who have unresolved rescue fantasies are especially vulnerable

“If I work hard(er), I will be loved”

Roots of Physician Stress Explored

Lynne Lamberg JAMA 1999; 282:
134-14



Codependence

A psychological syndrome seen in people affected by someone's addictive/abusive behaviour.

Characterized by a need to meet the needs of, to fix, or to control others.

Codependent physicians might...

- be over-controlling, over-responsible
- need others' dependence upon them
- derive self-worth from helping others
- have alexithymia
- avoid confrontation
- feel compelled to fix others' problems

From Woititz 1983

Codependent physicians might also...

- feel anger when their help is ineffective
- have trouble saying no
- feel safest while giving
- attract, be attracted to needy people
- neglect own needs, feel stressed
- have difficulty accepting help

From Woititz 1983

Enabling?

- What happens when we prevent the patient from experiencing the consequences of their unhealthy behaviour?

History of enabling behaviours?

- Taking too much responsibility
- Embellishing sick notes (stress leave)
- Failing to confront with feedback
- No accountability for “contracts”
- Prescribing to treat emotional consequences
- Continuing to supply drugs when they are not achieving therapeutic goals, or doing more harm than good

Codependency...

- Is not about a pathological relationship with an ~~addicted~~ patient, it is the absence of a healthy relationship with self

Codependency...

- Is not about a pathological relationship with an ~~addicted~~ patient, *it is the absence of a healthy relationship with self*

Codependence: emotional status

- Emptiness
- Low self-esteem
- Shame
- Anger
- Confusion
- Numbness

Is it all about the provider?

- If you find that you have a constant need to help others...
- Notice how you must keep them helpless

R. Anthony 1986

“Universal precautions”

- Establishing defined boundaries from the outset
- Treatment takes place within a structural and conceptual place defined by certain parameters
- Doesn't mean being defensively inflexible
- Boundaries exist to prevent harm to the patient
- May also prevent harm to the physician

Boundaries?

- Who negotiates them?
- Who is primarily responsible?

“The onus for boundary safeguarding is primarily on the physician, him or her being the only professional on duty.”

Summary

- Tough patient population
- Qualities and vulnerabilities
- Empathy and sympathy
- We all have codependent traits
- “Codependence:” the syndrome
- Interferes with boundaries, relationships
- Causes enabling rather than empowerment
- Sets up patient for somatization, and physician for burnout
- If identified is remediable
- With help, we can make change

How to stop acting and feeling codependent

- Read some literature: e.g. Woititz, Cermak, Beattie
- Go to some meetings: Al-Anon, CODA, ACOA
- Study and practise health boundary setting (Boundaries, *Cloud & Townsend*)
- Learn and practice meditation/mindfulness
- Get a mentor
- Take a Prescribers Course, FME

Thank you

- Questions?
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