

Forging Relationships with Chronic Pain Patients

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What the patient brings to the interview:

Expectations: A “Good Doctor”

- Is kind
- Has expertise
- Relieves my pain / gives me prescriptions I need

Variable capacity

A history:

- Previous clinicians
- Othr authority figures
- Fmaily and cultural issues
- Psychiatric illness (maybe)

To understand what the patient brings, ask:

1. How has your illness affected the way you feel about yourself?
2. Do you ever blame yourself for your condition?
3. Do you ever feel like you are losing control?
4. Are you ever afraid that you will fall completely apart?

Because the following answers have important consequences:

- Lowered self image ⇒ anxiety
- Threat to homeostasis ⇒ denial
- Failure of self-care ⇒ depression, blaming
- Sense of loss of control ⇒ regression, isolation, dependency, anger

Physicians often have unconscious or unspoken beliefs about the patient

A “Good” Patient:

- Grateful
- Severity of symptoms correlates with an overtly diagnosable biological disorder
- Compliant and does not challenge treatment
- Emotionally controlled

Exercise:

Is there anything about your own history that you sometimes regret bringing to the interview? What?

Do you ever blame yourself for the interview going awry? By your doing what?

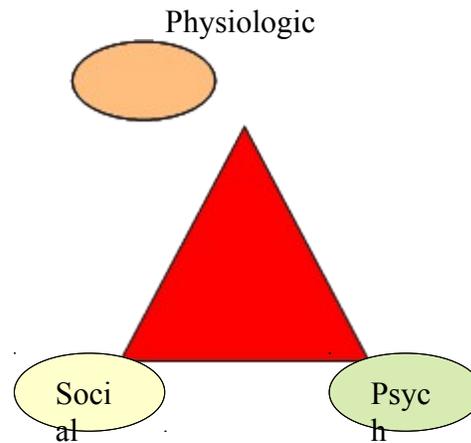
Do you ever feel like you have lost control of the interview? When?

Do you ever think, "I cannot go on doing this work?" What support do you need?

Does this Patient really have "Pain"?

- I don't want to be "duped"
- It's all "in her head"
- What really hurts is the patient's life, not his body

A Biopsychosocial Model of Distress



So What If Not Opioids?

- Use *Yourself!*
 - Empathy
 - Unconditional Positive Regard
 - Genuineness
- Guide a self-exploration:
 - How do you assess where you are right now?
 - Would you like to be different?
 - What are you willing to do to get there?
 - What help do you need?
- Assist with coping

Boundaries:

What am I in control of?

What is the patient in control of?

Beware Working Harder than the Patient
You may be meeting your needs, not the patient's!

Specific Clinical Issues:

- Lifestyle: drug use vs. abstinence
 - Patient in complete control
- Early refills
 - Patient out of control = addiction
 - Patient chooses to overuse (if you refill)
 - You choose whether to refill
- Treatment of staff
 - Patient usually is in control
 - You choose whether to tolerate