

Pain & Codependency in Patients & Doctors

The Assessment and Management of
Complex
Chronic Pain Patients
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Vancouver
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Disclosure

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HealthQuest Occupational Health Corporation
Alliance Medical Monitoring
I have no financial interests or affiliation with any
pharmaceutical industry or manufacturer to disclose

Disclaimer

- Views expressed are my own

Learning Objectives

- Physician Qualities & Vulnerabilities
- Treating Patients
- Patients with Chronic Pain
- Empathy, Compassion, Codependence?
- Impacts on patients and physicians
- Getting Help?

The presenting Complaint is delivered by the patient

What is a 'Good' patient?

- Severity of symptoms correlates with an overtly diagnosable disorder
- Emotionally intact
- Compliant and doesn't challenge
- Grateful
 - i.e. - a good patient is a good fit with the Acute medical model

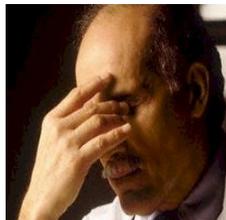
Oreskovich

Patient with Chronic Pain

- ▶ Complex
- ▶ Fearful
- ▶ Dependent
- ▶ Unhappy
- ▶ 'Anger'
- ▶ Have not responded to or are made worse by pharmacotherapy
- ▶ Attempted rescue by MD makes it worse

Patient with Complex 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.



Caring too much?

We go into the health care professions so that we can care for people

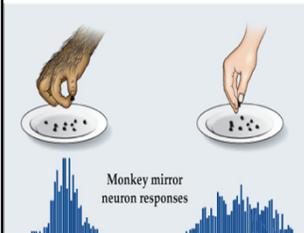
We don't like pain

Physicians who over-identify with patients and who have unresolved rescue fantasies are especially vulnerable

Mirror Neurons



'I feel your pain'



- Mirror neurons connect us to one another
- They make us feel like we know what the other person is feeling

Empathy? Sympathy?

- Both involve sharing
- Empathy – Share understanding... 'as if'
- Sympathy – Share emotion, feelings
- Sympathy – if excessive could interfere with objectivity in diagnosis & treatment
- An abundance of Empathy should not impede patient care?
- Empathy-for-pain experiments with functional MRIs

Prescribing & 'Adverse Selection'?

Physicians want to help patients in pain but have few tools other than Rx pad

Patients with Mental Health & SUDs and multiple pain problems are more distressed (pain & psychological symptoms) and more persistent in demanding opioid initiation and dose increases

Physicians use opioid prescriptions as a 'ticket out of the exam room'

Sullivan

A Country Doctor

- "To write prescriptions is easy, but to come to an understanding with people is hard"
- - Franz Kafka



Codependent relationships?

- Are a type of dysfunctional helping relationship where one person supports or enables another person's addiction, poor mental health, immaturity, irresponsibility, or under-achievement
- Characterized by a need to meet the needs of, to fix or to control others.

'I have pain, Doctor'

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



Codependent Physicians Might...

- be overcontrolling, overresponsible
- 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

Codependence: emotional status

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

Physician at Risk?

Strong relationship with patients – 'Special'
Need to please
Pharmacological overconfidence
Rescue Fantasies
Inability to set limits
Denial about possibility of boundary issues
Burnt out
Doesn't like 'Pain'

Avoiding Enabling

- Failing to confront with feedback
- Writing sick notes (stress leave)
- Prescribing to treat emotional consequences
- Failing to report (WCB, Motor vehicles)
- Taking excessive responsibility
- Not enforcing contracts
- Continuing to supply drugs when they are doing more harm than good

'Universal Precautions'

Establishing defined boundaries from the outset
Treatment within a structural & conceptual place defined by certain parameters
Boundaries doesn't mean being defensively inflexible
Boundaries exist to prevent harm to the patient
Boundaries 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'

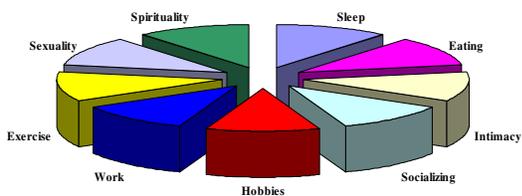
How to Stop Acting and Feeling Codependent

- Read some literature: eg. Woititz, Cermak, Beattie
- Go to some meetings: Al-Anon, CODA, ACOA
- Study and practice health boundary setting
(Boundaries, Cloud & Townsend)
- Take a prescribers course

Some more things that will help:

- Get some good Cognitive Behavioural Therapy
- Learn and practice meditation/mindfulness
- Get a mentor
- Schedule fun into your life

The PIE of LIFE

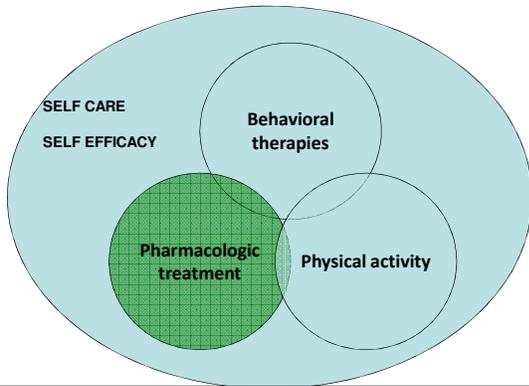


If you find that you have
a constant need to help others.....

Notice how you must keep them
helpless

R. Anthony '86

Employ multi-modal approach



Codependency....

- Is not about a pathological relationship with an addict chronic pain patient, it is the absence of a healthy relationship with self

Codependency..

- Is not about a pathological relationship with an addict chronic pain patient, it is the absence of a healthy relationship with self



▶ **'If I work hard(er), I will be loved'**

*Roots of Physician Stress Explored
Lynne Lamberg
JAMA
1999;282:13-14*

Summary:

- Tough patient population
- Qualities can become Vulnerabilities
- Empathy, Sympathy, Compassion
- We all have codependent traits
- 'Codependence': the syndrome
- Interferes with boundaries, relationships
- Causes Enabling rather than Empowerment
- Sets up patient for somatization, and MD for burnout
- If identified codependency is remediable
- With help, we can make change
