

## Pain & Codependency in Patients & Doctors

The Assessment and Management of  
Complex  
Chronic Pain Patients  
Dr. Paul Farnan  
Vancouver  
February 20 2016

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## Disclosure

### Disclosure

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

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## Learning Objectives

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

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**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

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**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

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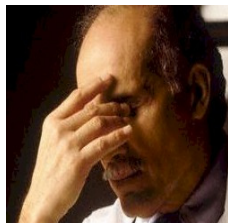
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**Patient with Complex Chronic Pain is psychologically vulnerable and subject to strong emotions....**

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



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### 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

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### Mirror Neurons



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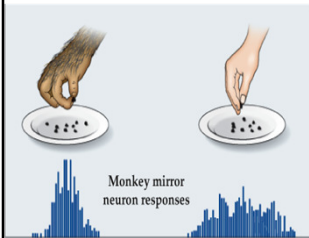
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### 'I feel your pain'



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

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**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

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**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*

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**A Country Doctor**

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



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### 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.

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### 'I have pain, Doctor'

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



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### 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

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**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

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**Codependence: emotional status**

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

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**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'

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### 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

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### '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

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### 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'*

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### 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

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### 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

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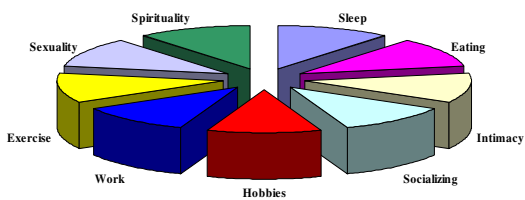
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The PIE of LIFE



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

Notice how you must keep them helpless

R. Anthony '86

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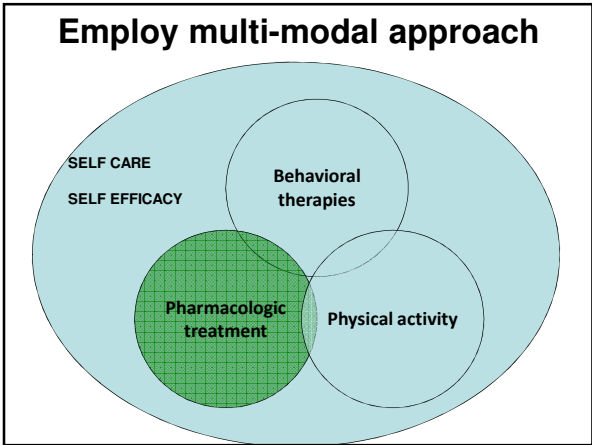
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### Codependency....

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

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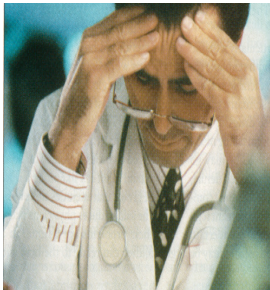
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▶ **'If I work hard(er), I will be loved'**

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

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### 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

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