



*Negotiating a Reduction in
Opioid Dose*

NW Center -- Egener. Comp ref



**NEGOTIATING ABOUT
PRESCRIPTIONS**

NEGOTIATION STEPS

1. *Elicit The Patient's Perspective*
2. *Present Your Perspective*
3. *Arrive At Common Goals*
4. *Set Limits*

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**NEGOTIATING ABOUT
PRESCRIPTIONS**

NEGOTIATION PROCESS

- *Deal With Emotions*
- *Don't Be Defensive*
- *Share Control*
- *Focus On Function, Not Pain*

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A Request for Oxycodone

A 55 yo man presents for his first visit. Records have been forwarded. He requests a continuation of the medication for LBP that has been prescribed by his now retired physician.

He takes Oxycontin 60 mg BID and oxycodone IR 10 mg q6h prn, averaging 40 mg daily prn. (240 morphine mg.-eq/daily)

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A Request for Oxycodone

"My doctor said the the MRI shows nothing else will work besides pills. Most of the pain is in my back, but sometimes it goes down my legs, and I can't walk right.

I won't be any trouble. I just come in and see my doctor regularly. But I am out of medication today."

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A Request for Oxycodone

He is a painter, now unemployed because of his pain. His wife is a nurse.

He has no h/o illicit drug use, but used to drink alcohol. He quit after a second DUI, prior to his back injury. His prior physician refused to prescribe opioids unless he abstained, and he has had regular urine drug screens.

MRI reveals degenerative disc disease and moderate osteoarthritis throughout the spine.

He walks stiffly; no focal exam findings.

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Negotiation Step #1: Elicit the Patient's Perspective

Help the patient describe:

- The nature of the problem and how the problem has affected him/her
- Concerns about consequences of pain/ the future
- Consider the domains of thinking, feeling, and expectations
- Expectations: Exactly what help the patient wants

DON'T ASSUME YOU KNOW!

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No Assumptions



Step 1) Elicit the Patient's Perspective

"What do you know about the risks of this dose of oxycodone long-term?"

(Thinking)

"How are you feeling about switching doctors?"

(Feeling)

"Is it your expectation that you will be on this medication for the rest of your life? Would you be willing to consider a lower dosage in the interests of safety?"

(Expectations)

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*Negotiation Step #2:
Present Your Perspective*

- *Express agreement where it exists*
- *Frame difference in terms of methods*
- *Is there room for flexibility?*

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Step 2) Present Your Perspective

- *"I am open to becoming your physician."*
- *"I would consider prescribing oxycodone."*
- *"Due to the risks associated with high doses, our clinic does not prescribe over 120 (200) mg-equivalents morphine/day."*

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*Negotiation Step #3:
Agree on Common Goals*

- *Allows Collaboration Despite Disagreement*
- *First agree on goals, then methods*
- *Try to find a "win" for the patient*

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Step 3) Common Goals

"It's important to control pain as much as possible."

"Helping people with pain attain as high a quality of life as possible without causing harm/side effects is important."

"It's important for patients and doctors to trust each other. This area of pain management can be difficult for both and it can take time for that trust to develop."

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Negotiation Step #4: Set Limits

- *Boundaries can facilitate cooperation*
- *Define boundaries professionally*
- *Define what's inside those boundaries*

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Step 4) Set Limits

"I manage pain according to emerging science about the problem, and consistent with Oregon Medical Board recommendations. For example we have learned that total relief of chronic pain is not possible."

"For me to be willing to become your physician, you would have to be willing to reduce your oxycodone slightly to the 120 mg-equivalent limit, a standard which our clinic has adopted."

"What do you think? Shall we start a slow reduction?"

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DEALING WITH EMOTIONS

- Reflection
- Validation
- Support

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REFLECTION

"You seem pretty angry."

"You seem upset by my plan."

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VALIDATION

"It's upsetting to have to deal with pain 24 hrs. a day."

"I can understand that you might be angry if you thought I was going to destroy the only plan that would work for your pain."

YOU DON'T HAVE TO AGREE TO EXPRESS UNDERSTANDING!

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SUPPORT

"I'm sure you had a lot of trust in your old physician and that it's difficult to trust someone you just met with such an important issue."

*Or, for example, instead of speaking,
Hand a crying patient a tissue.*

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Don't Be Defensive

- *Defensiveness Escalates Emotion*
- *Instead, make a statement about the patient's experience*

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Share Control

- *Models Collaboration*
- *Empowers the Patient to Make Changes*

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Focus on Function

- *Permits progress despite ongoing pain*
- *What can the patient do?*
What do the symptoms prevent?

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When Doctor and Patient Can't Agree

- *Identify the impasse*
- *Clarify boundaries*
- *Manage your reactions*

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Identify the Impasse

"It seems like we have reached an impasse."

"You and I have very different views on how best to manage your pain."

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Clarify Boundaries

- **What you *will* do:**
"I'd like to be your doctor and continue to help you with your help, despite our disagreement."
- **What you *will not* do:**
"Prescribing more of this medicine is something that is not in your best long-term interest. It is something that I feel uncomfortable with and cannot do."

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Manage Your Reactions

- **When you say "No"**
 - What do you feel?
 - What thoughts do you have?

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Learn to Soothe Yourself

- **Breathe**
- **Self-talk:**
"I'm being a helpful doctor."
"I can get through this."

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