Optimizing Patient Communication
The Key to a Successful Taper

Create Therapeutic Alliance

Avoid Stigmatization

- Developmental process[1]
  - Identified difference(s)--> difference(s) deemed undesirable
- Out-group is assigned a negative judgement[1]
  - Exaggerated negative cognitive-affective orientation toward pain or other symptoms
- Resulting in densely woven patterns of disadvantage[2]
- Maintained through the exercise of power[1]
  - Mediated by policy, law
- Accepted as natural and sensible, without reflection, and often invisibl[3]
- Especially tenacious regarding persons who use drugs[4]
  - Non-medical use, addiction, pain, mental health
- Caution:
  - Evidence-based medicine speaks in categories
  - Complete reliance on evidence-based medicine can be stigmatizing

Use Person-First Language

- Difficult patients"
  - Instead:
    - Difficult conversations
    - Patient in difficult circumstancese
    - Patients with ambivalence
- "Catastrophizing"[5]
  - Instead: Exaggerated negative cognitive-affective orientation toward pain
- "Psychosomatic"
  - Instead:
    - Somatoform disorder
    - Somatic symptom disorder
    - Severity may be more physiologic than psychological
- "Drug seeking"
  - Blaming conclusion that may be unwarranted
- "Relapse"
  - Instead: Return to use
  - What do we need to do that we weren't doing before?

Engage Patients

Set the Stage

- Prepare yourself beforehand
  - Scripts for difficult conversations
- Use motivational interviewing[6–9]
  - Patient identification of behavior-goal disconnect, ownership, move towards change
- Share medical decision-making process
- Make judgments ≠ judgemental
- Solutions non-linear and iterative
- Listen authentically to patients who may have the next best idea

Understand the Stages of Change[10–13]

- Precontemplation
- Contemplation
- Preparation
- Action
- Maintenance
- Relapse

Encourage Change with Motivational Interviewing[6]

- Express empathy-->validate hard feelings
- Develop discrepancy
  - What are your values/goals?
  - What are your current behaviors?
  - Are they connected?
- Roll with resistance
- Support self-efficacy

Navigate Difficult Conversations[14]

Understand Why Conversations Can Be Difficult

- Stakes are high
- Patients feel powerless
- Emotions run high
- Clashing needs
- Clashing desires
- Absence of authentic listening
- Specific patient concerns:
  - Distrusted
  - Made to feel like a drug addict
  - Made to feel like a criminal, punished
  - Made to feel stupid, talked down to

- Discredited knowledge or me as a person
- Absence of concern or attention to my symptoms
- Absence of authentic listening

Example

- One patient's experience:
  - 28-year chronic pain sufferer
  - Tried multiple treatment options
  - Explored, but ultimately avoided surgery
  - Prescribed opioids for 10 years and thankfully, never became addicted
  - Was in pursuit of living life without pain (did not fully appreciate improved function)
  - Was unknowingly afraid of what was required to find alternatives – the life change was dramatic
- Challenge of treatment plan:
  - Taking medication as prescribed created problems
  - Hyperalgesia
  - Cognitive impairment
  - Mobility challenges
  - My body did not respond positively to treatments that were investigated
  - Allergic response to iodine and materials for neurostimulator
  - Difficulty with neurotomy
  - PTSD around treatment options
  - Ultimately believed they stayed with one provider too long
- Lessons learned:
  - Opioids can be extremely effective and create immediate relief
  - What is not clear is when the opioids stopped being effective
  - There is long-term value in finding non-opioid treatments, which can be empowering
  - My pain is transitory
  - There is intermittent hope in seeing signs of improvement that you can have a better life at the other end
  - I had no idea it was possible to get better, I **CAN** live with chronic pain, and **I do not need daily medication**
  - Medical providers do not **ALWAYS** have **ALL** the answers

Tapering Suggestions

- Identify potential patients
- Create the partnership: patient can benefit if they feel supported and that they are not in it alone
- Understand their fears or concerns
- Discuss their support structure or how to shore up one
- Convey that this is a journey, not a moment
- Consider what will work for THIS patient at THIS moment
- Be mindful of the pacing of the taper
- Patient suggestions
  - I understand the fear of change and fear of the unknown
  - Look to the other side of what is possible

- The doctor can be a part of that journey
- If you have the will or desire and the medical team can be part of it, it can be powerful
- What is your best self?
- What is your best life?
- Thank you!

Conversation Trap[15]

Compassion Traps

- Patient: Do you want me to lose my job, do you want me to be on the street?
- Provider: I want you to have safe and effective pain control and it is my medical opinion that your current medicine won't give you that.
- Patient: I wish you could feel my pain.
- Provider: I know you're suffering and I'm sure that we can work together to reduce pain, so you don't have to suffer.

All-or-Nothing Traps

- Patient: You're cutting me off and I have to live with my pain?
- Provider: There are many, many things that people with chronic pain can do other than opioids to manage their pain. Would you like to hear about them?
- Patient: I've tried all that stuff, none of it works.
- Provider: I want to hear what you've tried so we can find a way for it to be more helpful this time.

Addiction Labeling Traps

- Patient: Don't label me as a druggie.
- Provider: I have no interest in labels at all; I am interested in helping people who are struggling with medical problems.
- Patient: So you're basically saying that I'm a junkie.
- Provider: I'm saying that addiction is a medical problem that responds to treatment, not a problem of bad morals or behaviors.

Desperate and Threatening Traps

- Patient: I heard it's illegal for you to let me go into withdrawal.
- Provider: Withdrawal is uncomfortable but not life threatening. I can prescribe you medicines to help with withdrawal symptoms.
- Patient: I'm getting a lawyer (the medical board, your boss, etc.)
- Provider: You do what you feel is right, of course. That's what I'm doing for you, too.

Endgame Traps

- Patient: (Behavior is angry, despondent, avoidant, etc.)
- Provider: At this point, I suggest we agree to disagree, what I have laid out is what I believe to be the safest and most effective course of action right now.
- Patient: I hate you, I am leaving, you suck, etc.
- Provider: It is understandable that you are upset, it is my job to keep you safe and I care about you. You are free to go any time. I will be having my medical assistant call you in the next couple of days to check on you and invite you to come back in to talk about next steps.

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