

DIFFICULT CONVERSATIONS— REAL LIFE EXAMPLES AND HELPFUL HINTS

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 Do you have pain?

PROVIDER I want to use every minute of our time today to talk about your pain management plan.

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 So you're going to do nothing for me then?

PROVIDER I am confident that together we will find safe and effective options.

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 opiates to manage their pain. Would you like to hear about them?

PATIENT I've tried all of 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 Are you accusing me of being an addict?

PROVIDER I have never accused anyone of diabetes but I've diagnosed him or her with it and that is what I am trying to now, diagnose.

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 behavior.

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 the withdrawal symptoms.

PATIENT I'll just go and use heroin.

PROVIDER If there is any possibility of that I would like to take a minute and explore your relationship with opioids. Do you currently use heroin, have you used it in the past, do you have access to it?

PATIENT Don't bother with any other meds, I'll just kill myself.

PROVIDER I need to ask you some more questions about your thoughts about suicide.

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.

PATIENT I am going to find out who you love most in the world, kill them and then kill myself.

PROVIDER Pick up your cell phone and call the 911, with as little emotion as possible.

Endgame

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. Now, how do you want to spend the rest of our time

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 to about next steps.

General Recommendations

- Stay in the medical expert roll
- Emphasize concern and CONDITION
- Speak to what is behind a patient's comment, not to the comment itself
- Speak to what you know to be true, trust your science

The above scripting/recommendations comes from Brad Anderson, MD, Chief, and Department of Addiction Medicine-Kaiser Permanente Northwest