Report on National Schwartz Rounds®

"What Happens to Compassion During an Opioid Epidemic?"

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"Caregivers are obligated to understand the complexities of their patients' lives, their network of relationships, and their anguish in order to truly care for them. If you're equipped to walk alongside the person who is suffering, you'll experience a profound sense of purpose and meaning. This is why people go into healthcare. Compassion is the answer."

– Beth Lown, MD, Medical Director
The Schwartz Center for Compassionate Healthcare

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INTRODUCTION

Nearly half a million people died from drug overdoses in this country from 2000 to 2015, with the majority of these deaths involving opioids. According to the U.S. Centers for Disease Control and Prevention, 91 Americans now die every day from an opioid overdose (including prescription opioids and heroin).[1] The people of the United States are suffering from an epidemic.

One doctor who has worked with heroin addicts in Ireland and HIV patients in South Africa, says of the U.S. opioid crisis, "As a doctor you sit around and you tell sort of like what are your war stories, and the worst war stories I can think of are related to opioid addiction - by far. I have never seen anything like this. I cannot overstate it enough. It is overwhelming, out of control. This is a tidal wave. This is the worst of the worst I've ever seen of anything anywhere."[2]

Sales of prescription opioids have quadrupled since 1999, closely paralleling the rise in opioid overdoses. Access to effective treatment for afflicted patients has lagged far behind the present need, as has education for healthcare professionals, who lack adequate training on the prevention of substance use disorders (SUD), safe prescribing practices, and the management and treatment of SUD.

Between 2005 and 2014, the rate of opioid-related in-patient stays increased by 64%. Related emergency room visits nearly doubled in this time, and there has been a recent surge in opioid overdoses due to illicit opioids, primarily heroin and illegally-made fentanyl.[3]

THE POWER OF LANGUAGE

Despite our scientific understanding of addiction as a chronic disease whose sufferers are prone to relapses, many health professionals and the public still believe that addiction is a choice or a moral failing.[4] Furthermore, common everyday language and slang stigmatizes individuals with SUD and creates cognitive bias towards punitive judgment rather than compassion.[5]

Many healthcare professionals and staff lack opportunities to meet SUD patients and hear their stories of recovery. Healthcare professionals primarily see patients in hospitals with multiple admissions for SUD (so-called "frequent flyers"), or in medical offices negotiating for prescription opioids. Repetitive exposure to people in the depths of their struggles with this disease reinforces negative emotions, stereotypes and implicit bias towards them, especially when reinforced by the attitudes, words and behaviors of coworkers and supervisors.

[1] Centers for Disease Control and Prevention. Understanding the Epidemic. https://www.cdc.gov/drugoverdose/epidemic/index.html.

[2] http://nhpr.org/post/how-drug-crisis-reshaping-one-busy-new-hampshire-hospital#stream/0.

[3] Weiss AJ, Bailey MK, O'Malley L, Barrett ML, Elixhauser A, Steiner CA. Patient Characteristics of Opioid-Related Inpatient Stays and Emergency Department Visits Nationally and by State, 2014. Agency for Healthcare Research and Quality. Healthcare Cost and Utilization Project. https://www.hcup-us.ahrq.gov/reports/statbriefs/sb224-Patient-Characteristics-Opioid-Hospital-Stays-ED-Visits-by-State.pdf

[4] Wakeman SE, Pham-Kanter G, Donelan K. Attitudes, practices, and preparedness to care for patients with substance use disorder. Results from a survey of general internists. Subst Abus.2016; May 10:0. [Epub ahead of print]

[5] Kelly JF, Wakeman SE, Saitz R. Stop Talking 'Dirty': Clinicians, Language and Quality of Care for the Leading Cause of Preventable Death in the United States. Am J Med.2015;128(1):8-9.

We create parallel worlds of suffering when providers, staff and trainees are left without education and supportive infrastructure, and when patients feel abandoned in their efforts to find effective treatment and support.

Knowledge about SUD prevention and treatment empowers health professionals, staff members and teams to provide high-quality care. But healthcare providers also need to address their role in perpetuating the stigma, implicit stereotypes and cognitive biases that impede care and compassion for patients who suffer from SUD. Yet caring for patients with this illness can be very challenging. The health professionals and staff who care for these patients need support to sustain their own resilience while striving to provide effective, compassionate care.

The longstanding mission of the Schwartz Center for Compassionate Healthcare has been to promote compassionate care so that patients and their caregivers relate to one another in a way that provides hope to the patient, support to caregivers and sustenance to the healing process. The Center's Schwartz Rounds program offers just such support.

The Schwartz Rounds program, now taking place in **more than 430 healthcare organizations throughout the U.S., Canada, Australia, New Zealand and more than 150 partner sites throughout the U.K. and Ireland**, offers healthcare providers a regularly scheduled time during their fast-paced work lives to openly and honestly discuss the social and emotional issues they face in caring for patients and families. In contrast to traditional medical rounds, the focus is on the human dimension of medicine. Caregivers have an opportunity to share their experiences, thoughts and feelings on thought-provoking topics drawn from actual patient cases. The premise is that caregivers are better able to make personal connections with patients and colleagues when they have greater insight into their own responses and feelings.

A hallmark of the program is interdisciplinary dialogue. Panelists from diverse disciplines participate in the sessions, including physicians, nurses, social workers, psychologists, allied health professionals and chaplains. After listening to a panel's brief presentation on an identified case or topic, caregivers in the audience are invited to share their own perspectives on the case and broader related issues.

"The Schwartz Rounds tap into the desire of healthcare professionals to talk about what it's really like to do the jobs we do. There is just not enough time, or an avenue, for us to do that otherwise."

- Thomas J. Lynch, MD
Chief Scientific Officer,
Bristol-Myers Squibb

SUPPORTING PROVIDERS. IMPROVING QUALITY OF CARE.

The Schwartz Center invited its 430 healthcare members to offer a shared-topic Schwartz Rounds on ***"What Happens to Compassion During an Opioid Epidemic?"*** The aspiration was to launch a national conversation on the impact of SUD on patients and their families, and on the healthcare workers who care for them. The goal was to foster reflection about the impact of this epidemic, to share perspectives and examine assumptions. In addition, the Center hoped that participants would emerge with renewed motivation to offer understanding and support to each other and self-compassion when empathy wanes, so that healthcare professionals may offer the full depth of compassion to those who are suffering in the wake of this epidemic.

NATIONAL SCHWARTZ ROUNDS

In preparation for this initiative, the Schwartz Center invited comments and input from an expert advisory group, including members of the American Society of Addiction Medicine, the U.S. Substance Abuse and Mental Health Services Administration, the Massachusetts Department of Public Health, and clinicians and researchers with expertise in this field. The Center sent an invitation to participate in this shared-topic Schwartz Rounds to all 430 healthcare member organizations and introduced the goals and resources for the initiative during a webinar in November 2016. The customized resources provided included a detailed Schwartz Rounds facilitation guide, a set of PowerPoint slides facilitators could use showing current statistics about the opioid epidemic, a sample case for discussion (members could use this or a local case), an evaluation form, and a resource compendium with helpful references including websites for evidence-based information, guidelines, thought-pieces, and data on the epidemic.

"The process of healing really starts by being listened to and heard."

- Physician, Newton-Wellesley Hospital

THE RESULTS

A total of 106 Schwartz Center healthcare members participated in the initiative. Of the 106 participating member organizations, 99 returned a summary of responses.

Quantitative Findings

- More than **90%** of survey respondents reported that participating in this Schwartz Rounds gave them insights into the experiences of patients with SUD and increased their awareness of the impact providers' attitudes have on patient care.
- **85%** of respondents reported that this Schwartz Rounds provided them with strategies to help sustain their compassion while also motivating them to learn more about how to improve their overall care for this population of patients.
- **81%** responded that they plan to continue to discuss strategies to improve the care of patients with SUD with other members of their practice or department.

Quantitative Evaluation Summary

Questions "As a result of this discussion, I..."	**Total Responses**	**Yes n (%)**	**No n (%)**	**Uncertain n (%)**
Have new insights into experiences of patients with SUD	3,144	2,942 (94%)	99 (3%)	103 (3%)
Reflected on my attitudes towards patients with SUD	2,959	2,853 (96%)	48 (2%)	58 (2%)
Learned about impact of providers' attitudes on care of patients with SUD	2,954	2,846 (96%)	44 (1%)	64 (2%)
Learned about strategies to sustain my compassion and resilience when working with patients with SUD	2,811	2,420 (86%)	140 (5%)	251 (9%)
Am motivated to learn how to improve my care of patients with SUD	2,839	2,493 (88%)	118 (4%)	228 (8%)
Plan to discuss strategies for improving the care of patients with SUD with other members of my practice or department.	2,808	2,264 (81%)	145 (5%)	399 (14%)

Qualitative Findings

The Center asked participants to comment on new insights gleaned from this particular session, including how it changed the ways they relate to or communicate with patients and colleagues, new strategies they had learned, and how they perceived their ongoing needs in caring for patients with SUDs.

- Many participants mentioned their new or deepened understanding of SUD as a chronic illness rather than as a moral failing. Their comments indicated heightened motivation to be aware of their own judgments, including how the language we use inadvertently reinforces implicit bias. For example, one participant said, *"I like the idea of using the term, 'comfort-seeking' rather than 'drug-seeking'."*
- The Schwartz Rounds were validating and supportive for participants who felt frustrated and alone in their struggles to care for patients who, at times, seem unable to care about themselves. They were honest in discussing their negative emotions and frustrations when caring for patients with SUDs; their sense of uncertainty about how to manage them; when to trust and how to manage their distrust; how to move beyond feeling angry and betrayed when realizing that patients were misusing or diverting their prescriptions; and the challenge of letting go of control, realizing they could not "prescribe" sobriety and expect people to comply with their advice.
- Many described relational strategies they would "take home" from the discussion and use, including attentive listening, being open and honest, advocating for the patient, and asking team members for support when feeling particularly challenged, among others.
- There were poignant examples of self-awareness and insight from participants who had a family member or friend with a SUD. One participant described her intense anxiety when caring for a patient with a SUD when she herself was worrying that, at any moment, she might learn that her own child had overdosed and died. Another described shifting from anger to realizing how sick and afraid her parent must have been as he struggled with a SUD. Others described shifting from judgment towards compassion.

One participant described her intense anxiety when caring for a patient with a SUD when she herself was worrying that, at any moment, she might learn that her own child had overdosed and died.

Qualitative Evaluation Summary

Category	Subthemes	Examples
Perceiving suffering, awareness of judgment, offering compassion	• Humanizing, understanding the patient as a person • Social context (antecedents, impact of SUD)	"Increased recognition of ways we judge patients before meeting them." "I'm going to keep in mind that patients who struggle with opioid addiction didn't plan on becoming addicted." "Be compassionate; you never know what trauma someone has experienced." "There but for the grace of God go I." "Remember that when treating SUD, you're treating the whole family, not just the patient."
Teamwork and team support	• Awareness of team members' perspectives and personal circumstances • Need to seek and receive compassion from other team members • Reduced isolation	"I will reach out to colleagues for support when I'm frustrated." "I feel stuck between the provider writing the prescription and the patient." "Weaning pain meds needs to be a team approach and physician-driven." "In listening to my colleagues, I recognized my own biases and judgments, and I want to decrease [these]."
Being more open to discussion about SUD	• Personally • Within the organization	"Discuss more openly my professional challenges in regards to this patient population with colleagues, knowing my challenges are also being felt by other professionals as well." "I plan to work with colleagues to develop clear institutional guidelines for opioid prescribing." "It's good [that] we start talking about substance use as a group."

Qualitative Evaluation Summary (continued)

Category	Subthemes	Examples
Self-awareness	• Understanding one's emotions and bias • Motivation to be less judgmental • Understanding SUD as chronic illness over which providers have little control	"I have often asked, why do we keep throwing away resources on these people who won't take care of themselves, until a close friend overdosed and died." "Sometimes listening and planting the seed can be enough."
Person-centered approach to patient	• Listen, elicit goals, preferences • Advocate • Hold hope • Establish trust • Perspective-taking • Patience • Honesty	"Listen to my patients and see their SUD as a chronic disease – a disease they didn't choose but that can be treated." "Perhaps have the courage to be more direct about the addiction as a form of showing compassion." "Be an advocate for speaking up and involving patient/pain/substance specialists in plan of care." "Always keep [the] patient engaged; [let them know] that you're not going to give up on them."
Impact of patients with SUD on staff	• Negative emotions (frustration, anger, anxiety, stress, uncertainty, helplessness, sense of failure) • Characteristics that put staff on edge (lying, manipulation) • Uncertainty about how to shift from "pain as fifth vital sign" towards realistic expectations	"Complex emotions of caring for these patients." "Ok to live in the 'gray' area." "Remember that lying and manipulation can be a symptom of addiction and not to take these things personally." "In the cancer world I was trained in, [we were told] that no one need experience pain. How do we change that offer?"

Needs Identified
• Provider skills in motivational interviewing, other counseling skills; communication skills for other staff when interacting with patients with SUD • How to sustain self-care, self-compassion when managing patients with SUD • Information about SUD and pain physiology • Evidence-based best practices for managing pain with opioids and pain in patients with SUD • Treatment options for patients with SUD (pharmacologic and others) • Community resources • Governmental policies • How to use functional pain assessments • Protocols for managing opioids in the emergency department, intensive care unit, and during care transitions • Information about family support programs

EDUCATING THE CAREGIVER COMMUNITY

Participants expressed the need for more education, skills training and resources to manage patients with SUD and to support their family members. These include more information about the science and physiology of addiction, "best practices" and protocols for opioid prescribing at different points of care (e.g. in emergency departments, ambulatory and acute care settings, and during transitions of care), functional rather than quantitative pain assessment tools, SUD prevention, management and treatment options, alternative modalities for pain management, and motivational interviewing and other counseling skills. They also expressed a need for information about local organizational and community resources for patient and family support. Based on the results, there is a clear ongoing need for support and education of caregivers to help them cope with their challenges caring for patients with this disorder and to sustain their compassion.

The American Society for Addiction Medicine and other organizations have developed resources and education for caregivers and prescribers, many of which respond to the needs expressed during this National Schwartz Rounds.

"I feel stuck between the provider writing the prescription and the patient."

REFLECTIONS

The National Schwartz Rounds, *"What Happens to Compassion During an Opioid Epidemic?"* clearly struck a chord with frontline caregivers confronting a growing surge of patients and family members suffering from the effects of SUD. The Schwartz Rounds provided a much-needed venue for caregivers and staff to express their complex emotional reactions and challenges, to reflect on their own and their coworkers' attitudes and biases, and to articulate their practical needs as they struggle to sustain their compassion and resilience during this deadly epidemic.

We welcome your support and are interested in hearing what you and your organizations are doing to continue this conversation and the important work of caring for those who suffer from this chronic illness. If you are a Schwartz Center healthcare member and would like to access our customized materials to conduct a Schwartz Rounds on this topic at your organization, please contact us at **membership@theschwartzcenter.org**.

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