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# What Happens to Compassion During an Opioid Epidemic?

*National Schwartz Rounds™ on Substance Use Disorders in  
Partnership with American Society of Addiction Medicine (ASAM)*

## Moderator



**Stephanie Adler Yuan, MS**  
Director, Training & Education  
The Schwartz Center for Compassionate Healthcare



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## Audience Reminders

- You may submit a question by typing it into the “Question and Answer” pane at the right of your screen at any time.
- We value your feedback. Please complete our electronic survey following this webinar.



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## Speakers



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



**Stephen Post, PhD**  
Founder & Director  
The Center for Medical Humanities,  
Compassionate  
Care & Bioethics  
Stony Brook University School of  
Medicine



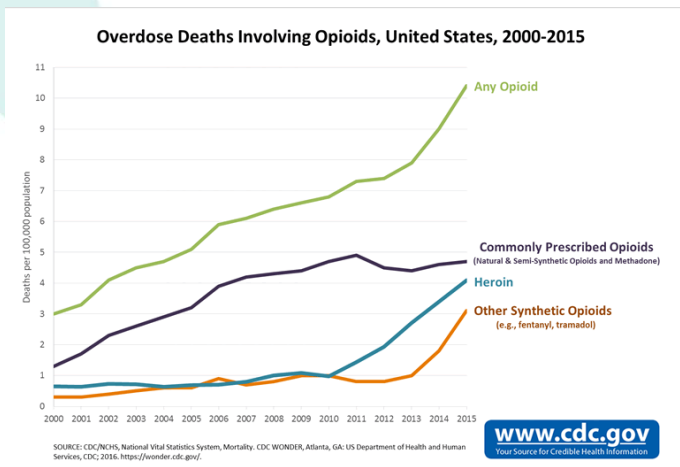
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## Goals

### Participants will:

- Learn about the experiences of members who offered Schwartz Rounds® on the opioid epidemic
- Hear results and insights from our evaluation of the National Schwartz Rounds on *“What happens to compassion in an opioid epidemic?”*

## The opioid epidemic continues



- Drug overdose death rates continue to rise significantly, driven by synthetic opioids other than methadone (e.g. illicitly-manufactured fentanyl and heroin)
- It's estimated that 59,000-65,000 people died in 2016 from opioid-related overdoses

## Goals of the National Schwartz Rounds®

1

Provide a safe forum to discuss the emotional and psychological impact of caring for patients with substance use disorders (SUDs)

2

Discuss the impact of stigma and stereotypes on the care we provide

3

Discuss strategies to help caregivers sustain their compassion and resilience when caring for patients with this illness

4

Initiate organizational discussions about how to improve care for patients suffering from SUDs



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Member  
experience

**Dr. Stephen Post**

Director of the Center for Medical Humanities,  
Compassionate Care, & Bioethics at Stony Brook University

## Survey results


Questions	Total responses	Yes n (%)	No n (%)	Uncertain n (%)
<b>"As a result of this discussion, I..."</b>				
Have new insights into experiences of patients with SUD	3,144	2,942 (94%)	99 (3%)	103 (3%)
Reflected on my attitudes towards patients w/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 w/SUD	2,811	2,420 (86%)	140 (5%)	251 (9%)
Am motivated to learn how to improve my care of patients w/SUD	2,839	2,493 (88%)	118 (4%)	228 (8%)
Plan to discuss strategies for improving the care of patients w/SUD with other members of my practice or department.	2,808	2,264 (81%)	145 (5%)	399 (14%)



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## Qualitative themes

Category	Sub-themes
Perceiving suffering, awareness of judgment, offering compassion	<ul style="list-style-type: none"> <li>- Humanizing, understanding the patient as a person.</li> <li>- Social context (antecedents, impact of SUD)</li> </ul>
Teamwork	<ul style="list-style-type: none"> <li>- Awareness of team members' perspectives, personal circumstances</li> <li>- Need to seek/receive compassion from other team members</li> <li>- Reduced isolation</li> </ul>
Being more open to discussion about SUD	<ul style="list-style-type: none"> <li>- Personally</li> <li>- Within the organization</li> </ul>
Self-awareness	<ul style="list-style-type: none"> <li>- Understanding one's emotions and bias</li> <li>- Motivation to be less judgmental</li> <li>- Understanding SUD as chronic illness over which providers have little control</li> </ul>



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## Qualitative themes

Category	Sub-themes
Person-centered approach to patient	<ul style="list-style-type: none"><li>- Listen, elicit goals, preferences</li><li>- Advocate</li><li>- Hold hope</li><li>- Establish trust</li><li>- Perspective-taking</li><li>- Patience</li><li>- Honesty</li></ul>
Impact of patients with SUD on staff	<ul style="list-style-type: none"><li>- Negative emotions (frustration, anger, anxiety, stress, uncertainty, helplessness, sense of failure)</li><li>- Characteristics that put staff on edge (lying, manipulation)</li><li>- Uncertainty about how to shift from “pain as 5<sup>th</sup> vital sign” towards realistic expectations</li></ul>

## Identified needs

- Provider skills in motivational interviewing, other counseling skills; communication skills for other staff when interacting with patients w/SUD
- How to sustain self-care, self-compassion when managing patients with SUD
- Information about SUD, pain physiology
- Evidence-based best practices for managing pain with opioids
- Best practices for managing 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 ED, ICU, care transitions
- Information about family support programs



## What can we do to sustain ourselves and our compassion?

- Understand substance use disorders as chronic, relapsing diseases
- Learn about long-term recovery and the recovery advocacy movement
- Study the impact of bias and social stigma on health outcomes
- Talk with experienced practitioners about how to move from frustration and mistrust to realistic engagement
- Learn effective counseling skills (e.g. motivational interviewing, SBIRT)
- Do not worry alone – find support to help you manage yourself and your patients
- Seek help if you or a loved one is in trouble

## Acknowledgements

The Schwartz Center is grateful to our supporters, the American Society of Addiction Medicine, and Indivior, all of whom helped make the National Schwartz Rounds possible.

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# Thank you

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## Questions & Answers



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For further information about the Schwartz Center and Schwartz Rounds, please contact Stephanie Adler Yuan at [sadleryuan@theschwartzcenter.org](mailto:sadleryuan@theschwartzcenter.org)


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