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
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.

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
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

Member experience

Dr. Stephen Post
Director of the Center for Medical Humanities, Compassionate Care, & Bioethics at Stony Brook University
### Survey results

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

### Qualitative themes

<table>
<thead>
<tr>
<th>Category</th>
<th>Sub-themes</th>
</tr>
</thead>
</table>
| Perceiving suffering, awareness of judgment, offering compassion | - Humanizing, understanding the patient as a person.  
  - Social context (antecedents, impact of SUD) |
| Teamwork | - Awareness of team members’ perspectives, personal circumstances  
  - Need to seek/receive compassion from other team members  
  - Reduced isolation |
| Being more open to discussion about SUD | - Personally  
  - Within the organization |
| Self-awareness | - Understanding one’s emotions and bias  
 - Motivation to be less judgmental  
 - Understanding SUD as chronic illness over which providers have little control |
### Qualitative themes

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| Person-centered approach to patient | - Listen, elicit goals, preferences  
- Advocate  
- Hold hope  
- Establish trust  
- Perspective-taking  
- Patience  
- Honesty |
| 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 5th vital sign” towards realistic expectations |

### 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

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Thank you

theschwartzcenter.org

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

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