Difficult Conversations With Patients About Discontinuing Opioid Pain Medication: A Standardized Patient Encounter for Medical Students

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INTRODUCTION:

In West Virginia, communities are hit hard by the national opioid epidemic. West Virginia communities are known to be comparatively rural and to involve labor roles with among the highest rates of physical injury, such as mining and logging work. Many times, individuals start down the road to an opioid use disorder following a work-related injury and a prescription for opioid pain medication. For some of these people, long-term opioid use persists, under the direct supervision of a physician. Outcomes can vary substantially, with some individuals taking opioid medication for many years and others changing to other forms of narcotics.

- For some individuals, prescription medication is replaced by street heroin and other substances.
- There are many patients who continue on physician-prescribed narcotic pain medication, and it can be difficult to successfully transition patients to alternatives.
- Many health care providers find it difficult to broach this topic with a patient who is satisfied with their current regimen.

METHODS:

At the West Virginia School of Osteopathic Medicine, we created a Standardized Patient encounter for approximately 200 second-year medical students each year. The techniques practiced in the lab are:

- Empathy.
- Respect.
- Partnership in planning and a gentle approach to removing narcotic pain medication from a patient who is not currently in a state of Opioid Use Disorder, but who could be at risk for such a condition with continued pain medication use.
- IRB approval was not required, as this is not a research project but a description of an existing educational program.

A second-year WVSOM student practices empathy and respect as she discusses the value of a non-narcotic plan of treatment with a Standardized Patient.

Teaching Points:

Do's:
- Accept where the patient is in terms of their pain and pain control.
- Go gently.
- Be open about the fact that the standard of care for using some kinds of pain medication has changed in recent years based on science and evidence from other patients.
- Partner with the patient; present options.
- Give education about how narcotic pain medications can change brain processes in ways that increase pain over time.
- Avoid words like addicted, dependent, and abuse.
- After explaining new science, ask if the patient is willing to talk about some alternatives.

Don'ts:
- Judge
- Blame
- Call the patient "an addict."
- Say, "I can no longer prescribe this medication for you."
- Say, "The government says I have to stop giving you this medication."
- Insist upon immediate cessation.
- Emphasize abstinence, personal strength, and morality.

CLINICAL SCENARIO:

- Patient had an injury 2 years ago in which he/she fell off a ladder at work.
- Patient was taken to ER.
- Patient has been prescribed Oxycontin for 2 years following the injury.
- There has been some tolerance and need to increase dose. This occurred 3 months ago in the scenario's time frame.
- There is no cause to suspect diversion or deception.
- The patient has followed doctor's orders.
- The patient has had good pain control.
- On two occasions, the patient ran out and experienced severe pain and increased anxiety.

RESULTS:

Feedback from students and SPs was obtained to learn what they gained from the experience. Both students and Standardized Patient reported learning more about the many paths and conversations around prescription opioid use and the associated risks as well as the difficult scenarios in health care related to changing course when a patient is engaged in long-term medication use.

CONCLUSIONS:

Telling a patient that they must discontinue a medication that they perceive to be helpful is a difficult conversation. Skills and strategies can be practiced and employed. A Standardized Patient encounter gives learners a safe, low-risk environment to practice these skills. Changing medical practice patterns requires sufficient input at many levels, including around medical communication techniques.