

## **FEEDBACK 1/06**

### **Substance Abuse Experience (Make-up):**

--, it is obvious to me you got a great deal out of your substance abuse rotation. I think I mentioned I went through a very similar intensive program as part of my own training almost 30 years ago. Like you, I learned an enormous amount about patients with addictions, about their families, and about myself and my own family. For example, I learned that I had many ACA characteristics which initially puzzled me since neither of my parents abused alcohol; but my mother was chronically ill, which produced similar attitudes and behaviors in me, the oldest, “parental” child.

From my observations of family medicine residents, I know how difficult it can be to refuse a patient with an addiction the narcotic they are demanding. It must have been reassuring to hear from recovering addicts that, in fact, although they might grumble and take off, this is really a helpful approach that sends an important message of limit-setting – and true caring. I also thought you made an excellent point about the workplace. I’m sure you know that one workplace it makes sense to look for addiction is the hospital, where professionals with alcohol or drug problems are often ignored, or intentionally overlooked until their situation is egregious. It is much better to raise concerns either through direct discussion with colleagues with whom you have a close relationship, or by making use of anonymous reporting mechanisms. The right thing is not always the easy thing, right?

### **Difficult Patient**

--, I like what you said about the “difficult” ob patient. You probably know better than I how frustrating and challenging such patients can be. I think Rafael Campo, the physician-poet who wrote *Maria*, agrees with you. His poem conveys both the frustration and helplessness that such a patient engenders in a resident or attending, as well as the dangers of the physician’s descending into indifference, annoyance, and dismissive contempt. Sometimes we have to reach deep to find compassion and caring. It’s easy to think how, if “*Maria*” had only made different choices, she would have made our lives so much simpler. Yet, as you rightly point out, we know nothing about the pressures and constraints of her life, the influences of her culture, the limitations of the lack of a shared language. It’s hard to see beyond what seems like unnecessary difficulty. But it is essential, to be a truly good doctor. Most of all I liked that you would continue to bring “passion” into the encounter, rather than simply going through the motions. It is the desire, the “passion,” to heal in *all* situations, with *all* patients that, as you rightly point out, makes for a truly authentic, meaningful doctor-patient encounter.

### **“The Difficult Patient”**

--, I thought you wrote a thoughtful and insightful essay. Many years ago, as part of my own training, I participated in an intensive substance abuse rehab program, so I know first hand just how valuable that experience can be. And I agree that the poem manages to convey the dissimulation, the denial, the bargaining, the deception that addiction brings both with others and with oneself. As you point out, it is difficult to confront patients, but as you also observe, it is the optimal intervention. I’m glad you had a chance

to hear that many patients battling addictions (eventually) are grateful to physicians and others who challenged their using. It's important to remember that you can be very honest, you can "tell the truth," in a way that is not judgmental or punishing, but loving.

The second point you raise is complex, and I think in your reflection you go through a couple of permutations. Initially, you make the distinction between "deserved" and "undeserved" suffering. I think this is a dichotomy that is easy to make and is a familiar way of thinking to most of us. But in your next iteration, you realize that denial and self-abuse may be parts of the "disease"; or products of this person's very difficult past; or both. And with this awareness, your patience and empathy start to flow again. For myself, I've come to the conclusion after many years of pondering this issue, that it is both a more complex and more specious question than we might initially think. Apportioning blame and determining innocence in the end might best be left to others. Perhaps our job is smaller – just to alleviate suffering wherever we find it. Best, Dr. Shapiro