

# "How Do I Handle a Patient Who Divides The Healthcare Team?"

## SCOPE of Pain Colleague to Colleague Podcast #27

Welcome back to the SCOPE of Pain Podcast series. This is Dr. Daniel Alford, Professor of Medicine and Course Director for the Boston University Chobanian and Avedisian School of Medicine's SCOPE of Pain Program.

I'm Ilana Hardesty, your moderator. In this episode, I'll be speaking with Dr. Daniel Alford, a primary care physician and an addiction medicine specialist at Boston Medical Center, and on the faculty at Boston University. And with Catherine Abrams, a clinical research nurse at Emory University School of Medicine in Atlanta. They'll discuss the roles nurses in primary care practices can play in the care of patients prescribed opioids for the treatment of pain.

Let's talk a bit about some of the nuances that might present themselves. For example, what happens to the healthcare team when there's a patient who triangulates, that is, who tells the nurse one thing and the physician something completely different, or reveals something to the nurse, but asks the nurse to "keep it a secret" from the physician. Dr. Alford?

So unfortunately, this type of splitting can occur, it does occur, and it's really important to emphasize upfront with the patient or at any time during conversations with a patient that you work together, the entire team works together and we share information in order to improve the patient benefits and care and to keep them safe, and it's also important that we trust each other and respect each other on the team, and with the expectation that we're all practicing using the same agreed-upon standards of care that are outlined in the procedures, but I'm going to turn it over to Catherine and hear your comments.

Yes, I think again, it goes back to that fear of being judged, maybe, from the patient. Maybe they've had past experiences, so again, it's that nurse's responsibility to come at the conversation without judgment and without shame, and then that builds that sense of trust.

It sounds like all of this does get back to those practice policies that we've been talking about all along, but what if a team member thinks that the patient should be discharged for lying to the physician or the nurse? Dr. Alford?

Now, I've definitely heard this before as well, that the patient said they weren't using any drugs and then their urine drug test showed cocaine use, and how can I continue caring for them if I can't trust that they're giving me accurate information, and there's this distrust and for some reason, we take that personally, where when patients are not 100% truthful about their exercise or diet or medication adherence, we don't take that personally, we never think about discharging them from the practice, and so I usually tell my colleagues, "Listen, don't take it personally, patients who have substance use disorders will lie to themselves, they'll lie to their family members, and they may lie to us and just don't take it personally, just look at it as a new problem that needs to go on the problem list that needs to be addressed." It may certainly impact whether or not you want to continue or you feel that it's safe to continue prescribing an opioid, but it doesn't mean you're going to discharge the patient from your practice, you may end up discharging the opioid from the regimen because of your concerns about risk, but there shouldn't be any patient abandonment here, so I encourage folks not to take that personally and to keep their clinician hat on and take care of the patient. Catherine?

Yes, I agree with you, Dan. It's not only the providers who take it personally, but it's also nurses and other staff members that are in a primary care clinic. People who are on pain management and use other substances have high rates of co-occurring mental illness and/or post-traumatic stress disorders, lying is just one of the many maladaptive coping mechanisms.

I would just summarize in saying that safer opioid prescribing is a lot of work, but we do that in practice in general. And how do we do it? We collaborate with team members in our practice, and the best way to collaborate with team members and making sure everyone's on the same page is to create and use agreed-upon policies and procedures, especially in this area of safer opioid prescribing for pain.

Thanks for listening, you're not alone in facing these challenging issues. This topic is addressed in more detail in the SCOPE of Pain Program available in online live webinars and podcast formats where you can earn CME, CE, and ACPE credits. Visit [mycme.com/scopeofpainlearningcenter](http://mycme.com/scopeofpainlearningcenter)