Can Compassion for Patients with Chronic Pain & Substance Use Disorder Be Taught to Clinicians?

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Conflict of Interest Disclosure

• Author’s conflicts of interest:
  Ann is a paid consultant and member of the speaker bureau for non-branded education for Mallinckrodt Pharmaceuticals. She also receives royalties from Springer Publishing.
At the conclusion of this activity participants should be able to:

- identify at least two barriers to clinicians being compassionate with Patients with Chronic Pain and Substance Use Disorder
- describe how compassion affects patients
- describe how compassion affects clinicians
- identify at least two ways compassion may be developed or re-kindled

What is Compassion?

What Compassion is Not?
Sympathy

“feelings of pity and sorrow for someone else’s misfortune.”

Empathy

“the ability to understand and share the feelings of another”
Cognitive Empathy

- “Identify and understand what another person is feeling.”
- Perspective talking
  - Allows someone to know what another is thinking.

  (Wright & Pendry, 2016)

Affective Empathy

- “An emotional response to the emotions of another person.”

  (Wright & Pendry, 2016)
Clinical Empathy

- “Ability to understand the patient’s inner experience and perspective and a capability to communicate this understanding.”

So, What is Compassion?

Compassion

- “sympathetic consciousness of others’ distress together with a desire to alleviate it.”
  - https://www.merriam-webster.com/dictionary/compassion

- From the old English "suffer with"

- "A feeling for the concern of others that is associated with the motivation to help!"
  - Wright & Hensley, 2016
Compassionate Empathy

- "Allows for practitioners to understand a patient’s trauma and, feel with them but, also be moved to action."

Decety & Fotopoulou, 2015

- Through evolution, the brains of mammals have developed and honed empathy as an ability to connect with others for survival.
Neuroimaging studies indicate that pain intensity can be lessened when pain relief is expected. The prefrontal cortex and mesolimbic reward circuits are activated and neurotransmitters are released.

Effect of physician interaction upon patients, fMRI results showed selective activation of the ventral striatum and ventrolateral and dorsolateral prefrontal cortices of the brain (which are involved with value and reward).

Patients treated in a particularly empathic manner by clinicians. The anterior insular part of the brain showed less pain response on functional magnetic resonance imaging (fMRI) compared to controls.
What are the barriers to clinicians being compassionate with patients with chronic pain and substance use disorder?

- Personal bias
- "Compassion fatigue"
- Lack of self care
- Other
** Clinician Cognition **
- Knowledge of Substance Use Disorder & Pain
- Comprehensive Assessment of the patient
- Know resources
- Acknowledge personal beliefs, values, & biases
- Adjust for personal biases
- Remember:
  "Everyone is doing the best they can do today"
  Bob Daly

** Power of You **
Caring Presence

Centered place
Compassion
Intention to help
Focused attention

Replace:
“drug seeking” with
“Comfort Seeking”

Loving kindness Meditation

- Type of meditation from the Buddhist tradition
- Intent is to release negative emotion and embrace a sense of love
- Begins with evolving positive feelings & love toward: loved ones
  then toward self
  then toward a person who did harm to person meditating
- Relationship between pain & anger
- Carson et al study

The Person Most Difficult to Love NEEDS love the MOST
(Marian Daly)
Lovingkindness Meditation