Mississippi Physician Health Program
2022Prescriber Summit
on Controlled Substances

Principles of Prescribing Controlled Substances

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Chair, Mississippi Physician Health Committee

Disclosures

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Objectives

- To describe addiction as a brain disease
- To review physician burnout and the impact on professionalism
- To describe professionalism and best prescribing practices

Overdose Death Crisis: 2022 Update

- >100,000 Americans died during the 12 months ending April 2021
- Increase of 28.5% from the 78,056 deaths during the same period in 2020.
- Highest overdose death rate adults aged 35-44

Physician Burnout

- US Physicians:
  - 50% US physicians personally treated patients with COVID
  - 64% intensified sense of burnout from pandemic
  - 46% increased loneliness

(https://www.medscape.com/slideshow/2020-physician-covid-experience-6013151)

Characteristics of Medical Work

- Long hours
- Intense involvement
- Emotionally charged interactions
- Requirement for complex decision making
- Ambiguous and frustrating solutions/outcomes
- Requirement for constant “giving” (e.g., time, knowledge, empathy)
- **Breeding ground for distress**

Enhancing Intrinsic Motivation

- **Three Pillars that support intrinsic motivation and psychological well-being:**

1. Autonomy
2. Competence
3. Relatedness

(Gagne' & Dcei, 2005)

Autonomy

- The right to act with a sense of volition and having the experience of choice

(Gagné & Deci, 2005)

- One of the principle determinants of ethical decision making and solid professional boundaries

Competence

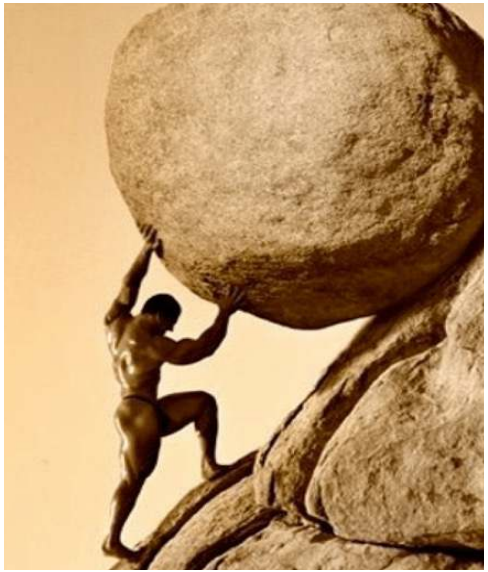
- A deep fund of medical knowledge
- Exercising clinical judgment appropriately with each patient

(Gagné & Deci, 2005)

Relatedness

- Feeling of belonging
- Strong interpersonal attachments
- Sense of connection with the social Organization (Gagné & Deci, 2005)
- “Medicine’s daily tasks have become Sisyphean…”

(Hartzband & Groopman. N Engl J Med. 2020)



Real Solutions: Flexibility in Scheduling

- “The problem of burnout will not be solved without addressing the issues of autonomy, competence, and relatedness.”
- Flexibility in scheduling: one of the few system solutions that reduced burnout

(Panagioti M, et al. *JAMA Intern Med* 2017; Hartzband & Groopman. *N Engl J Med*. 2020)

Healthcare System and COVID-19

- HCPs responding with astounding selflessness
- Unexpected catalyst for restoration of some elements of autonomy, competency and relatedness
- The entire healthcare system has rallied to support caregivers
  - Hospital administrators
  - Insurers
  - Regulatory agencies
- Evidence that the system can be reset

(Hartzband & Groopman. *N Engl J Med.* 2020)

Maintenance of Professionalism

- Best prevention of burnout is the maintenance of personal and professional boundaries
- Base as many decisions as possible on ethical premises:
  - Is autonomy increased or decreased by the decision?
  - Is the decision in the best interest of the patient?

Principles of Ethical Decisions

- Any decision concerning a professional boundary can be evaluated based on the ethical premises of:
  - Autonomy
  - Beneficence
  - Non-Malfeasance
  - Fidelity
  - Justice

Fiduciary Relationships

- A ***power relationship*** in which the fiduciary is dominant on the basis of law, status, position, or knowledge.
- The fiduciary places the interest of the ward above their own interest:
  - doctor-patient
  - priest-parishioner
  - lawyer- client
  - policeman-citizen

Asymmetric Relationship

- Physicians must abide by a professional code of ethics and regulations.
  - Patients have no such restraints
  - Represents significant asymmetry and unequal distribution of power
  - ***The professional, not the patient, is ultimately responsible for setting and maintaining the professional boundary***

What is a Boundary?

"A line in the sand that represents the edge of appropriate, professional conduct."

Gutheil and Gabbard, 1993

Boundary Crossings

- Minor deviations from traditional treatment that neither harm nor exploit the patient
- May possibly enhance the physician patient relationship and foster a treatment alliance
- Benign departures from the structures and procedures of traditional treatment
- The key point is the ***purpose*** of the crossing, e.g. self-disclosure, gifts, etc.

Boundary Violations

- Cause harm to the patient
- Typically involves some form of exploitation:
  - Psychological/emotional
  - Financial
  - Sexual
- Serve the practitioner's desires
- Not in the service of the best welfare of the patient
- May occur anytime the professional relationship becomes anything other than patient and doctor.

Why are Patients Vulnerable to Boundary Violations?

- Impulsivity
- Dependence
- Loneliness
- Childhood trauma
- Low self-esteem
- Insecurity
- Domestic issues
- Alcohol or drug use
- Psychiatric disorders
- Transference
- They are sick and needy

Why are Physicians Vulnerable to Boundary Violations?

Personal Factors:

- Excessive ambition
- Low self-esteem
- Axis I and II disorders
- Burnout
- Isolation
- Alcohol and drug use
- Rescue fantasy
- H/O childhood trauma
- Counter-transference

External Factors:

- Family problems
- Financial stresses
- Excessive professional demands
- No “boundary education”

Prescription Drug Crisis Issues

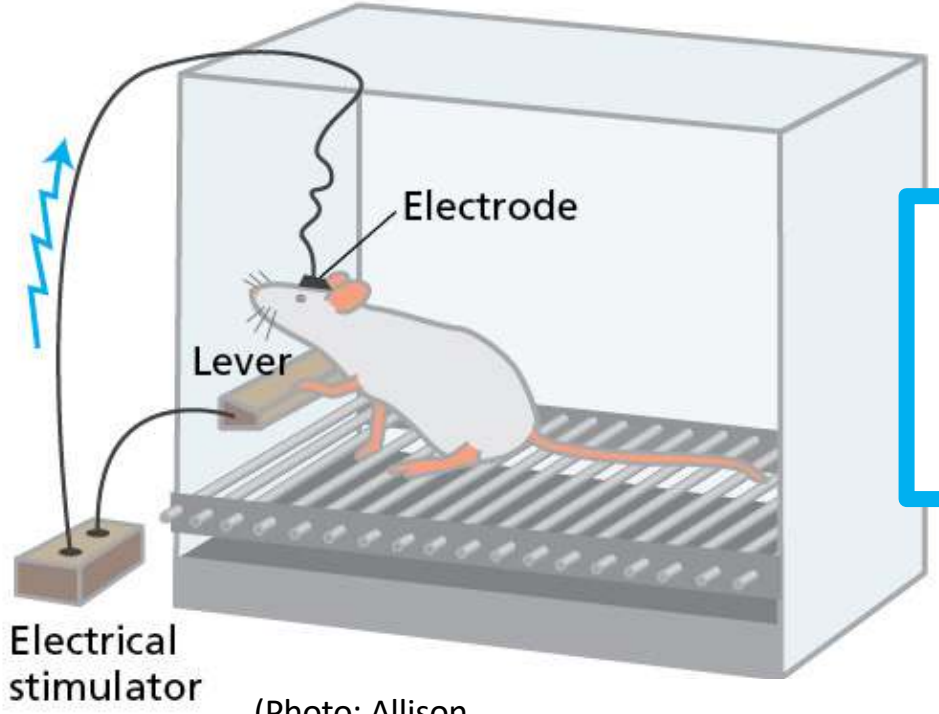
- What is high risk opioid therapy?
- Risk stratification?
- Concomitant use with other controlled substances?
- Tapering strategies?
- Use of other modalities?

Addiction: ASAM Definition

- Addiction is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual's life experiences.
- People with addiction use substances or engage in behaviors that become compulsive and often continue despite harmful consequences.

(ASAM, 2019)

Intracranial Self-Stimulation & Reward Pathway Activation



Olds & Milner, 1954

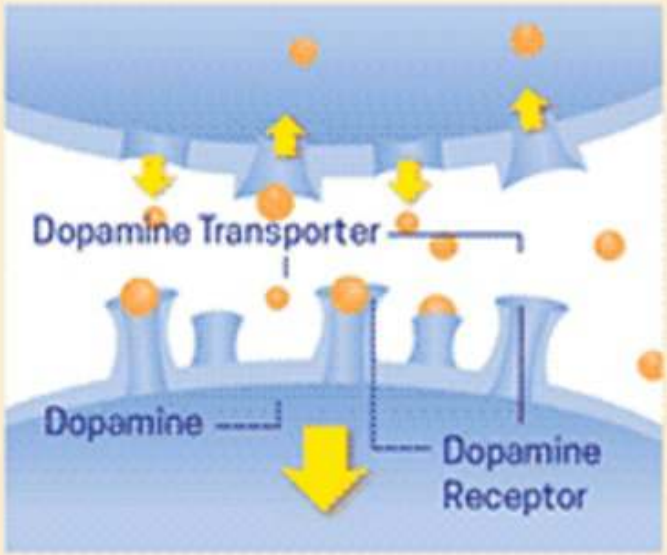
(Photo: Allison Mackey/DiscoverMagazine.com)

Reward Pathways: Vital Survival Function

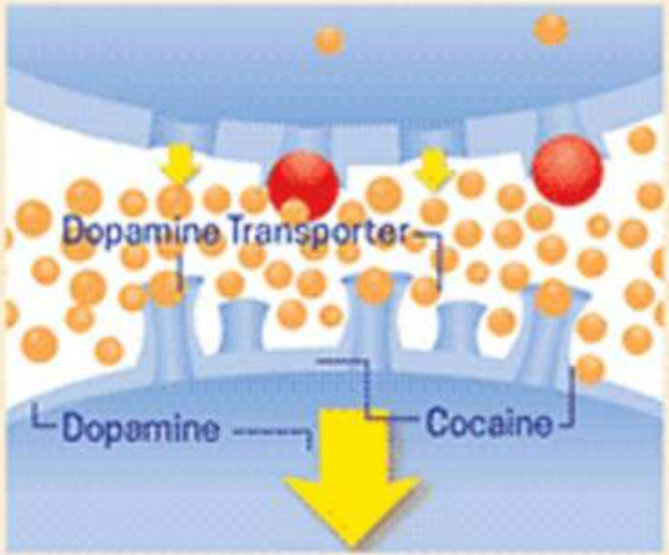
- Stimulation of midbrain dopaminergic tracts occurs when an individual engages in behavior that promotes and reinforces survival
  - Eating - Drinking
  - Fight – flight- freeze
  - Sexual activity – Reproduction

(Ries, et al., 2014)

Supernormal concentrations of dopamine are released with drugs of abuse.



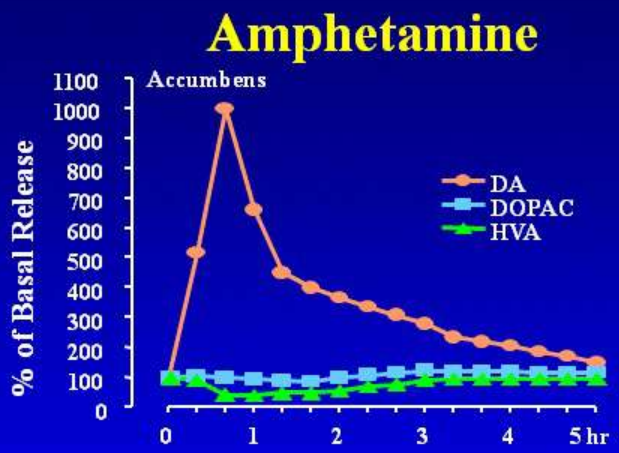
While eating food

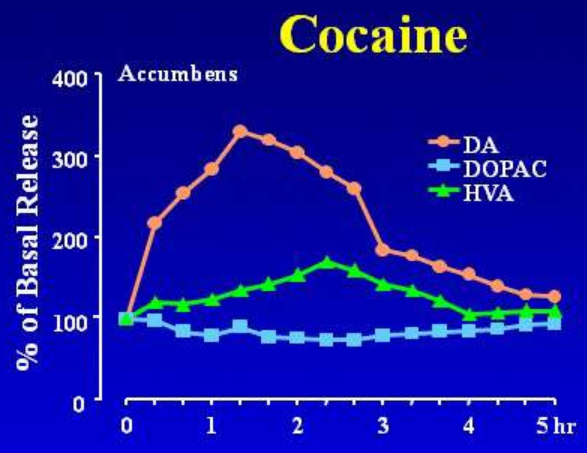


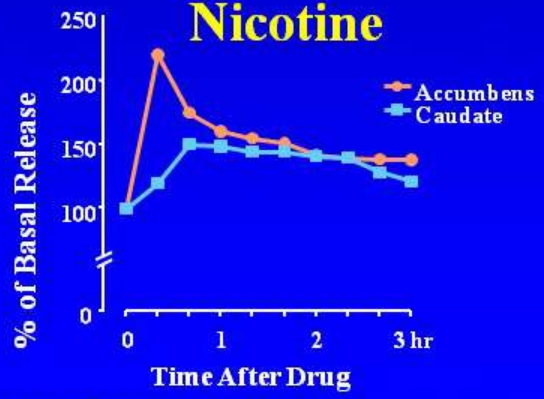
While using cocaine

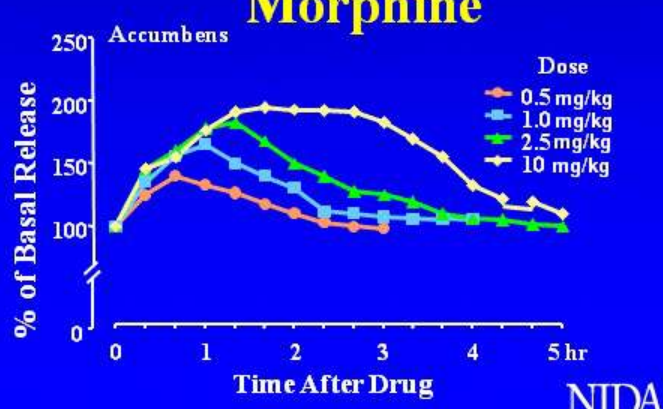
(www.drugabuse.gov)

Effects of Drugs on Dopamine Release









Di Chiara and Imperato, PNAS, 1988

NIDA

Can the cortex override the limbic system or reptilian brain?

Unequivocal Success of Physician Health Programs (PHPs)

- 5-year abstinence rates: 78%-84%
- Return to work rates: 96%
- Virtually no risk of harm to patients treated by participating physicians
- 47 States and District of Columbia have PHPs

(DuPont, et al., 2009)

Keys to Understanding the Patient with Untreated Addiction

- Recovery means brain healing
  - Less likely without total abstinence
  - Abstinence does not equal treatment
  - The brain does not heal after a few days without drugs
  - Recovery of executive function can take weeks to months
- Treatment is a lifetime process, not a single event

(Author)

Keys to Understanding the Patient with Untreated Addiction

- Expect denial and cognitive distortion
- Think survival mode
- These situations are high risk for professional boundary violations
- Be kind and have patience, but do not enable!

(Author)

ACOEM 2014 Practice Guidelines: Opioids and Safety-Sensitive Work

- **Acute or chronic opioid use is not recommended for patients who perform safety-sensitive jobs.**
- These jobs include operating motor vehicles… other modes of transportation… sharps work (eg, knives, box cutters, needles)… and tasks involving high levels of cognitive function and judgment.

(Hegmann et al., 2014)

Addictive Disorders: Management Principles

- Encourage 12 step fellowship participation
- Maximize leverage, encourage family involvement
- Longitudinal contingency management is best (Physician Health Program approach)

(Author)

Addictive Disorders: Use of Controlled Substances

- Minimum quantities + short duration
- Avoid controlled substances for chronic, non-terminal conditions
- Do not prescribe controlled substances to patients with addictive disorders, unless unavoidable

(Author)

Thank you!

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