



This is a resident case log of a patient encounter in which an "Aware Medicine topic" was central.

Noncompliance and Chronic Pain

My first two years in residency have been filled with many memorable moments and lots of learning. Overall, I have enjoyed the journey and look forward to the challenges of residency and the challenging cases. However, one area I continue to struggle with is effectively managing chronic pain issues; especially the patients who essentially become completely functionally impaired by their pain. In particular, one young patient of mine has been dealing with a burning pain that goes from the right-side of her head to her right arm and then down her right leg for a number of years now without a clear reason as to why this is occurring. As part of her work-up, she received multiple imaging modalities of her head, neck and lumbrosacral region that all have come back negative. Throughout this time, this particular patient cannot work because of her pain and has limited contact with the outside world because the pain keeps her from leaving her home. I have recommended that the patient see a physical therapist, try acupuncture/chiropractic, work on her anxiety and depression, and even to see an advanced pain clinic for further assistance in her long-term care. However, the only therapy she really complies with is the oxycodone and methadone that I inherited her on and continue to write prescriptions for on a monthly basis. Every couple of months or so, this patient comes in to see me for an exacerbation of her chronic pain, and each time we discuss working on other ways of coping with the pain and she agrees that cognitive behavioral therapy, physical therapy, and an advanced pain clinic referral would be helpful. However, each time I see her back, she is still in the same place with her pain, and hasn't made any further strides forward in her healing or functionality. She is not participating in regular mental health sessions, PT and told me most recently that she never called the advanced pain clinic because it is too far to drive out to Middleton with her pain.

The last visit I had with her was about a week ago. I felt frustrated throughout the visit since it was clear we were rehashing the same things and were not moving forward. I could tell that I was transferring my frustrated emotions towards her, and that she was picking up on my agitation. Needless to say, that visit did not go very well, and we both left the encounter unsatisfied-she with the feeling that I did not want to help her anymore and me with the thought that this patient is not doing enough to help herself.

After some reflection on this visit, I realized that maybe a significant percentage of my frustration comes from not having formed a good, therapeutic partnership with her. I never sat down, put aside the usual questions of "what makes it better" and "what makes it worse", and instead got to the bottom of why she does not end up complying with the recommended treatments and finding out what her goals are for treatment and her life in the long-term. Maybe the start of healing comes from a place of understanding and sympathizing with each other's situation. Maybe we both need to readdress our therapeutic goals and be more realistic about our limitations and expectations. Through a healthy relationship, we can let down our personal walls and internal defense mechanisms that separate and isolate us from ultimately moving forward and allowing her to become a more functional person in society. This patient has a follow-up visit scheduled with me in July, and I think I am ready to effectively take on the challenge of working well with a difficult patient around chronic pain.