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

## A Challenge in Pain Management

During an inpatient ward service, I started to become a psychiatry resident. I joked that I was running the psych service. It was my own doing though; I guess I enjoyed the challenge of trying to connect with people who were a little "odd." One patient in particular proved to be my bane. He challenged me more than any other patient, and through the challenge helped me advance as a physician.

While on call for the service, I admitted a particular patient essentially by myself. It was the middle of intern year, but I felt cavalier and tried to do the admit by myself. In the middle of the history I got completely flustered and excused myself from the room. I called the patient's admitting physician to gather more information and to calm my nerves. We had an informative talk about the patient and I regained my composure. I went back to his room and finished the history and physical. He was admitted with epigastric pain, but was also extremely cachectic and was failing to thrive. Needless to say, he was a very complicated case. One of the complications was his pain medicine regimen. He took extremely high doses of Oxycontin and Percocet for chronic back pain. I was reluctant to give him his full dose, but after discussing the case with his regular FP, I went ahead and wrote for them.

The next morning he had shallow respirations and was dozing off during exam. We gave him Narcan and he reversed immediately. The funny thing was, as soon as he reversed, he asked for more pain medication! We transferred him to the medical intensive care unit in anticipation of respiratory failure. He recovered and was eventually discharged home.

One night on call I decided to spend some quality time with this patient. We had a great talk! It turns out he is quite an interesting person. I would even venture to call him "sweet." He was a simple man, but looking past the narcotic addiction, he was quite an engaging gentleman. We talked work, his girlfriend, and even about his high school football days when he played wide receiver. I couldn't believe it! In place of my anger over the overdose incident, I started to feel quite compassionate for him. Afterall, hadn't I almost killed him just a week earlier??

The challenge in his case became pain management. After initially giving him the full dose of oxycontin, we obviously were reluctant to do that again. Predictably, he insisted on his home dose every day. He irritated the nurses, the residents, the attendings, the staff…everyone! We wouldn't budge on our stance, however. He was discharged on a lower dose, but his regular doctor put him back on his home meds soon there-after.

About 4 weeks later, the same patient was re-admitted to the hospital for failure to thrive. He didn't have a general complaint, but had the same anorexic and malnourished appearance from before. It turns out he wasn't eating at home. Long story short, he had a million dollar work-up that eventually showed MRSA in his lungs. He had a quite lengthy stay at the hospital before discharge. His pain medication situation again created a difficult situation for all involved.

I obviously knew him very well, and so was given the responsibility of deciding his narcotic dosing. I wasn't about to overdose him like before. I started him on an extremely low dose of narcotics, much to his dismay. I held my ground firm. We played the game every morning. I would skirt the issue of his pain, and he would insist on his home dose. Everyone involved in his care was agitated with him once again. We slowly but surely increased his narcotics to his home dose. His pain was finally under "acceptable" control on his home meds, what a miracle of medicine! Amidst the tug-of-war we played everyday, we continued our conversation. Indeed, by the end of his stay I was emotionally fatigued with him, but through it all I tried to connect with him on a personal level. I tried some

motivational interviewing techniques to help him understand the perils of the high dose of narcotics he was on, but it just didn't register with him. He had no appetite and was failing to thrive, yet was on extremely high doses of medicine that makes your intestines quit working.

My personal belief is that people should be on as little medication as possible, especially ones that have damaging side effects. I tried and tried to decrease this man's dose, but couldn't do it. He was eventually discharged home in stable condition. I still wonder how he is doing. Is he putting on weight yet? Will he ever understand that his pain meds, although making him functional, are indeed partly responsible for his condition? Probably not.

I learned a great lesson from this patient. He taught me that everyone has a story. Every single patient has an interesting background with a unique mind-body-spirit makeup. I saw the spirituality in my patient come through in our conversations. His eyes literally sparkled as we talked about life issues. His demeanor changed when we talked like new friends, and not like doctor and patient. I saw him in a different light, and it changed my feelings of anger and resentment for him. He helped me become a more compassionate physician. He taught me to see past the diagnosis, and see the patient as a whole person.