

NEGOTIATING THE ETHICS OF TRUST AND ADDICTION
IN CHRONIC PAIN MANAGEMENT

Dear Participant,

Thank you for participating in our study, *Negotiating the Ethics of Trust and Addiction in Chronic Pain Management*. You may remember that we conducted this study in 2013 to understand how trust affects your relationship with your health care provider. We were also interested in your attitudes toward addiction in pain management. We would like to share the results of this work with you here.

Over a 9-month period, we interviewed 27 adults with chronic low back pain. We included adults between 35-64 years of age who have lived with pain for two years or longer and were under the care of a family doctor. In addition to learning about your experiences, we also collected information about pain severity, interference of pain in daily life, pain location, and use of medications from you.

We conducted two feedback groups after the interview phase was completed. One group involved a sample of patient-participants who we had previously interviewed, and the second group involved physicians who treat individuals with chronic pain and addictions.

Here is a summary of our results from the interviews and feedback groups:

Theme	Summary
<i>Adults with chronic pain</i>	
Loyalty and unexpected harms	When patients perceived that their health care providers did not respect what mattered to them, patients had difficulty trusting their providers.
The invisible experience of chronic pain	Patients described a lack of trust in their reports of pain by their health care providers due to the invisibility of chronic pain.
Motive, honesty, and testimony in chronic pain management	Patients perceived that their health care providers were suspicious of ulterior motives in seeking care, such as drug-seeking or double-doctoring.
Stigma, chronic pain, and addiction	Patients perceived that the stigma of chronic pain and addiction decreased trust between them and their health care providers.
<i>Physician feedback group</i>	
The patient-physician situation	When a physician felt deceived in the past by one patient, the physician became skeptical of other patients.
Moral obligations	Physicians reported that the possibilities of harm are great when they prescribe risky opioid medications.
Challenges to the therapeutic relationship	Physicians described the difficulty of trusting patient reports of pain when faced with problematic drug-related behaviours.

From our findings, we suggest that trust can be improved in chronic pain management through what we call *epistemic humility*. Epistemic humility is about the partnership between the patient and the health care provider. Patients need to be honest about their reasons for seeking treatment, recognize the potential risks to themselves or others in using prescription drugs and other substances, and respect their health care provider's clinical expertise. To promote patient well-being, health care providers should attempt to balance clinical information with the lived experiences of their patients.

If you have questions or comments, please email Dr. Daniel Buchman at daniel.buchman@uhn.ca.

Sincerely,

Dr. Daniel Buchman, Dr. Judy Illes, and Dr. Anita Ho
