

University of Vermont

UVM ScholarWorks

Family Medicine Clerkship Student Projects

Family Medicine Community

2020

Narrative Medicine: Perspectives on Opioid Maintenance

Noorin Damji

University of Vermont

Follow this and additional works at: <https://scholarworks.uvm.edu/fmclerk>



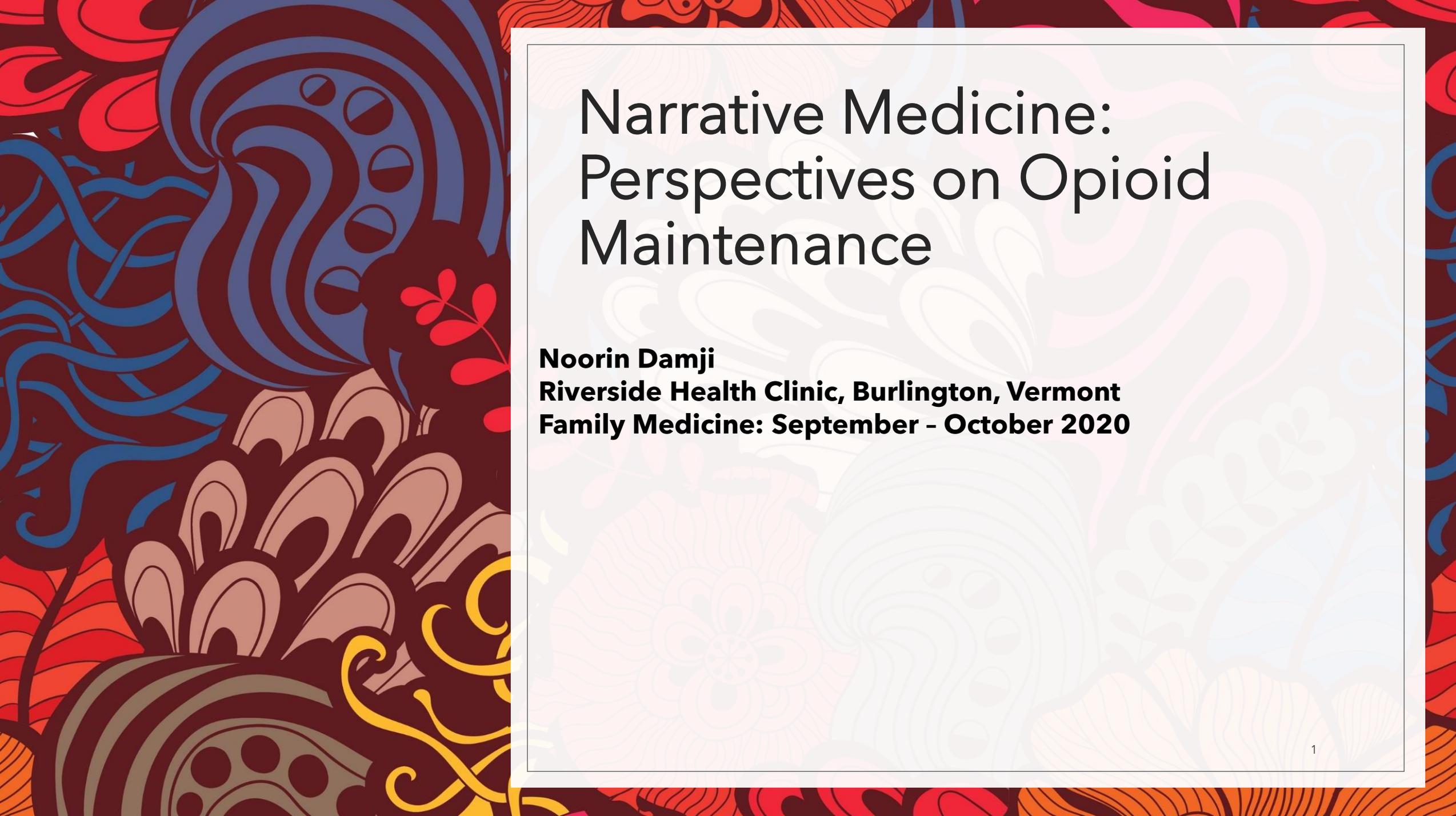
Part of the [Medical Education Commons](#), [Medical Humanities Commons](#), [Medicine and Health Commons](#), [Other Psychiatry and Psychology Commons](#), [Primary Care Commons](#), [Psychiatric and Mental Health Commons](#), and the [Substance Abuse and Addiction Commons](#)

Recommended Citation

Damji, Noorin, "Narrative Medicine: Perspectives on Opioid Maintenance" (2020). *Family Medicine Clerkship Student Projects*. 745.

<https://scholarworks.uvm.edu/fmclerk/745>

This Book is brought to you for free and open access by the Family Medicine Community at UVM ScholarWorks. It has been accepted for inclusion in Family Medicine Clerkship Student Projects by an authorized administrator of UVM ScholarWorks. For more information, please contact scholarworks@uvm.edu.



Narrative Medicine: Perspectives on Opioid Maintenance

Noorin Damji

Riverside Health Clinic, Burlington, Vermont

Family Medicine: September - October 2020

Problem Identification, 2 Key Issues

- Opioid use has boomed in rural states throughout the country, including Vermont
- There are effective opioid maintenance treatments available to mitigate harms related to unregulated opioid use (infection, overdose, and psychosocial stressors)
- **People who experience opioid addiction often feel marginalized by healthcare workers, or stigmatized by the medical system.**
- **There are currently not enough medical providers to meet the needs of people who struggle with opioid addiction**
- These factors create barriers that prevent the medical establishment from effectively meeting the needs of people who experience addiction

“I had a surgery and they totally botched it. I don’t believe I would have been treated this way if I was- you know, if they saw me as just a normal person I think they would have cared more.”

“I’ve been in situations where I’m going to get my blood drawn at the hospital and the person will talk about how its so hard to find a good vein on me and call five people over, as if I’m not even there. It’s humiliating..”

Public Health Costs, Considerations in Vermont

The Centers for Disease Control and Prevention estimates that the total "economic burden" of prescription opioid misuse alone in the United States is **\$78.5 billion a year**, including the costs of healthcare, lost productivity, addiction treatment, and criminal justice involvement.



- It has been shown that the **healthcare costs for Vermonters with addiction do not increase when those patients begin opioid maintenance treatment.**



- Healthcare dollars that are spent are more likely to be spent in **primary care settings and on addiction management** than **Emergency Department or Inpatient** hospital care

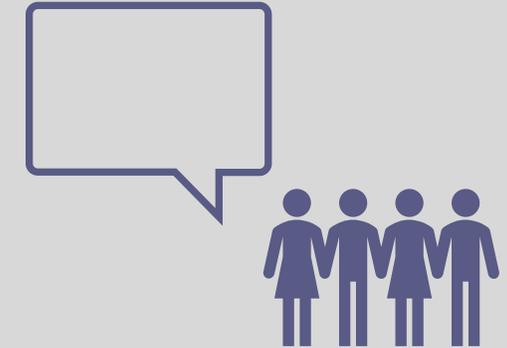


- The workforce in Vermont is trending older as current workers age, and fewer young Vermonters are available to replace them in retirement. This poses threats to the stability of the state.



- Between 1999-2015, opioids were responsible for a loss of **44 million labor hours**, and **\$2.6 billion in economic growth**

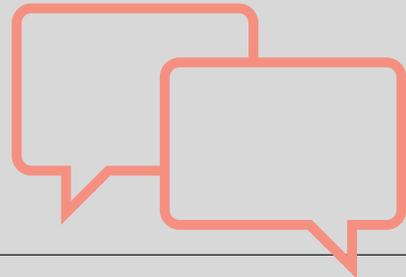
Community Perspective & Support for Project



Not enough patients on opioid agonist therapy

“The biggest problem I see is that MAT really helps people, but **it's hard to get in at first** and a lot of people don't want it. A lot of people **feel like they're just trading one addiction for the other, and that it doesn't count as being sober** if they're on MAT.”

(Program Coordinator, Howard Center Safe Recovery)



People feel marginalized by healthcare workers

When asked about how he has fostered particularly successful treatment relationships, reported by his patients:

“The irony is that all I do is treat [my patients] with the same respect that everybody deserves.”

(Provider at Riverside Community Health Center with ~200 patients on opioid agonist therapy)

Intervention: Share patient perspectives with medical students

- Sharing patient narratives has been shown to increase provider empathy
 - This intervention is intended to help medical students develop a holistic view of the experience of addiction treatment before, during, and after their clinical rotations
- There is a lack of humanistic exposure to addiction treatment in medical school
 - Often medical education materials that include substance use focus on learning **drug mechanisms** of action, **test questions** in which a patient's substance use history is provided only as a clue to a **mental illness or an infectious disease**, and in clinical rotations patients with addiction are have been described as '**uninteresting**', '**challenging**', or suspected to be **malinger**



- Including humanistic experiences in medical training is important for developing positive attitudes toward managing substance abuse among medical trainees

Methodology

Gather Patient Narratives

- Identify patients on the treatment panel who were enthusiastic about receiving a small payment in exchange for their time and perspective.
 - It was important to us that this was framed in such a way that patients were not “study participants” but instead were **providing a valuable educational service.**
- Meet with patients, sign consent form, conduct semiformal interview, transcribe interview to text, and upload de-identified audio to podcast hosting website.



Disseminate this information

- Contacted PCR course director to include materials as optional content for PCR sessions in Addiction week and in future bridge weeks.
- Contacted student interest group to disseminate materials for optional individual enrichment
- Contacted Family Medicine clerkship director to disseminate materials to students

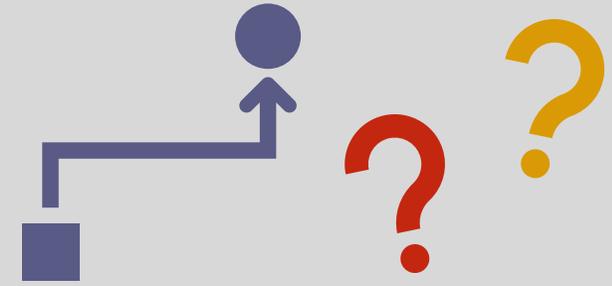


Results/Response

- Met with 6 participants for longform interviews
- Major themes surfaced:
 - Significant trauma history or **poor psychosocial support**
 - **Children** as a driving factor in sobriety
 - Negative experiences with **waiting lists**
 - Spending so much time with **other people fighting addiction** when first getting started added a layer of difficulty
 - Fear of having opioid agonist medication **taken away from patients by providers**
 - Strong **desire to “get off of” agonist therapy** in the next few years
 - Not feeling like taking opioid agonist **counts as sobriety**
 - Feeling othered, **being treated as less than human** by medical establishment
- PCR course director agrees to plan to distribute these as optional educational materials for first year curriculum and future bridge weeks.
- Brainstorming ways to include these as optional educational materials for Family Medicine clerkship students

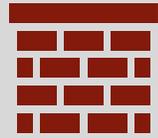


Evaluation of Effectiveness



- Encourage participants that read the materials or listen to podcast episodes to fill out a brief pre-test and post test survey.
- Topics to consider:
 - How would you rate **your level of comfort** listening to and responding to patients' stories of addiction?
 - What do you see as *the down sides* of treating addiction as a physician? How heavily does this factor into **your decision to treat addiction** in your medical practice?
 - What do you see as *the positive parts* of treating addiction as a physician? How heavily does this factor into **your decision to treat addiction** in your medical practice?
 - From clinical and non-clinical **experiences in medical school**, what has been your **takeaway impression** of working with patients who experience addiction?
 - From **this module**, what has been your **takeaway impression** of working with patients who experience addiction?

Limitations



- Small number of patients contributed to this work 
- Subjective nature of information gathering 
- Privacy concerns prohibits use of original recordings, inflection and emotion are difficult to recreate when anonymized
- Limited amount of time to develop and disseminate materials 
- Limited amount of time to evaluate effectiveness 

Recommendations for future interventions/projections



- Increase breadth of perspectives: continue collecting narratives from a variety of patients
- Increase breadth of dissemination: find realistic ways to disseminate materials to other allied health care professionals and students, and to community members
- Disseminate pre/post test survey concurrently with materials
- Invite patients to medical curricula to speak as educators



References

- Vermont Hub-and-Spoke Model of Care For Opioid Use Disorder: Development, Implementation, and Impact
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5537005/>
- National Institute on Drug Abuse, Opioid Overdose Crisis
<https://www.drugabuse.gov/drug-topics/opioids/opioid-overdose-crisis#:~:text=The%20Centers%20for%20Disease%20Control,treatment%2C%20and%20criminal%20justice%20involvement.>
- Impact of Medication-Assisted Treatment for Opioid Addiction on Medicaid Expenditures and Health Services Utilization Rates in Vermont
[https://www.journalofsubstanceabusetreatment.com/article/S0740-5472\(15\)30065-9/pdf](https://www.journalofsubstanceabusetreatment.com/article/S0740-5472(15)30065-9/pdf)
- The Vermont Futures Project, Changing Workforce
<https://vtfuturesproject.org/our-workforce/changing-workforce/#tabs|3>
- American Action Forum, Vermont
<https://www.americanactionforum.org/project/opioid-state-summary/vermont/>
- Does narrative medicine education improve nursing students' empathic abilities and academic achievement? A randomised controlled trial
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6134671/>
- Training Physicians to Treat Substance Use Disorders
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2741399/>

Interview Consent Form

Thank you for agreeing to be interviewed. This project is a requirement for the Family Medicine clerkship. It will be stored on the Dana Library ScholarWorks website. Your name will be attached to your interview and you may be cited directly or indirectly in subsequent unpublished or published work. The interviewer affirms that he/she has explained the nature and purpose of this project. The interviewee affirms that he/she has consented to this interview.

Consented X

Name: Noorin Damji