

*Good Medical Care
A solution to
suffering*

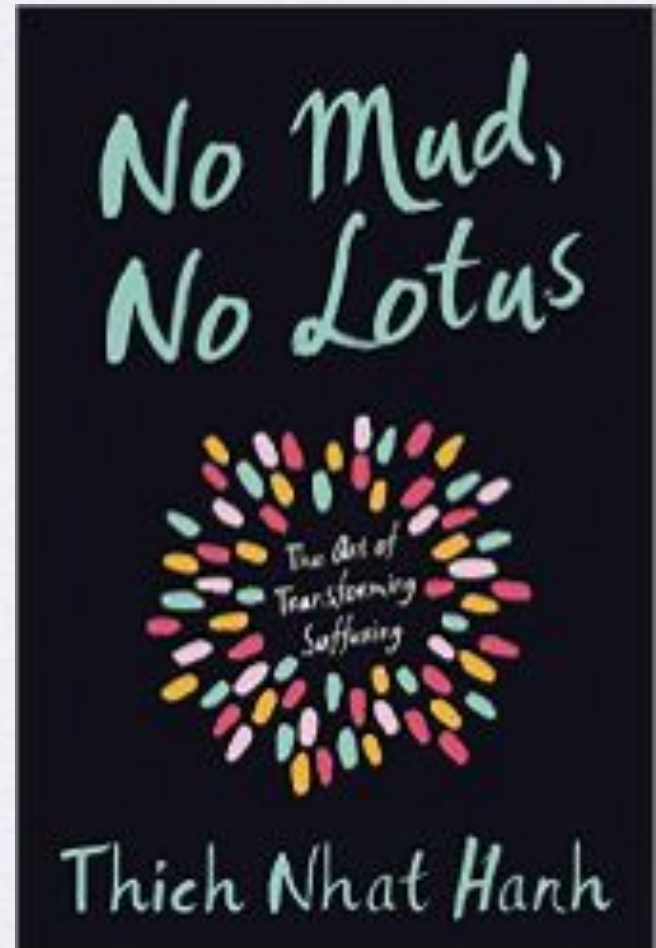
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Are you suffering?

- Are you ever asked this question?
- If you were how would you respond?
- Do you answer truthfully? Is your response different to different people? Doctor vs nurse vs family member or check out clerk?
- Suffering as a projection...

Happiness vs. suffering

- **No Mud No Lotus**
- Happiness can exist only when suffering is also present.
- Happiness is a choice and we can control our experience of happiness.
- An example...



Anticipation



Behold...





Suffering on 4 Levels

- Physical
- Psychological
- Social
- Spiritual

Physical - Primary Suffering

- Pain, Fatigue, Nausea, diarrhea etc.
- Typically we're ok with asking about symptoms of physical suffering.
- Let's talk about pain since most see them hand in glove "Pain and Suffering"
- Mrs. Jones on a scale of 1 to 10 with 10 being the worst pain ever...

Physical Suffering

- The Gold Standard - Pain is whatever the Patient says that it is.
- A *Subjective Symptom* that we still want *Objectively Quantified*.
- *What does 7 look like to you?*
- What if pain is at an acceptable level to the person? How is this pain treated?
- Are you ever asked why its an acceptable level?

Addressing Physical Suffering

- There are many avenues to address physical suffering –many medications and treatments available.
- Patients and many practitioners are sometimes hesitant to use “strong” medication.
- Fears: abuse/misuse, tolerance/addiction and negative side effects.
- Example: Morphine is a respiratory suppressant.

Pain & Suffering

- 40+ years of practice. Do we have it right?
- How often is the word addiction used by patients, families and healthcare providers?
- PRN pain medication. Who decides?
- A word on *Last Dose* fears.

Psychological Suffering

- Secondary Suffering
- Depression or is it sadness?
- Are they the same or similar?
- How is this assessed?
- Is the treatment the same or similar?
- A couple married 65 years, wife dies after a long illness – husband presents to you – says he’s depressed. Do you feel that he is sad or “suffering from clinical depression? How likely is it that they will be given medication?

Psychological Suffering

- Depression – clinical diagnosis with identifiable clinical manifestations of a chemical imbalance and often treatable with medication... many many many medications.
- Sadness is best treated by listening, understanding, reflection, reorientation, and distraction.

Psychological Suffering

- Panic, anxiety, agitation, anxiousness.
- Before requesting behavioral health assessment – have you considered that dyspnea as the root cause?
- Chicken-Egg Question.

Psychological Suffering

- Anxiety associated with an underlying medical condition is generally treated well with medication. A variety of anti-anxiety medications are available and when combined with treatment to address the dyspnea success is usually around the corner.
- At the same time, it may be of great help to be referred for a behavioral health assessment and supportive care with trained “talk” therapy.

Suffering on a Social Level

- Relationships are at the core.
- Loss or lack of intimacy
- Lost or diminished Role and function in the family unit or marital dyad.
- Family members transform into nurse/carers
- Draftees not volunteers
- Social Suffering happens slowly, insidiously

Mounting Losses

- Treatment:
 - Acknowledgement is key – identify it.
 - Talk therapy – individual, couple and group
 - Groups with similar sufferers
 - Seek ways to lesson the carer burden
 - Teach – asking for assistance from offerers

Spiritual Suffering

- The “holy” grail
- Hope is near impossible without a belief in something greater than you...
- The Dying can still have hope...
- Hope for pain-free days, hope for relationship healing etc.

Assessing Spiritual Suffering

- We recognize that most individuals that we will encounter do have some “spiritual” connection.
- Performing either simple assessment, may indicate a need for a trained chaplain or other skilled religious practitioner to be involved
- Remember Hopelessness lives here.
- Lifting the veneer – may help the clinicians address many layers of suffering

Are you suffering?

- What does suffering look like?
- Behavioral Observation:
 - face, eyes, furrowed brow, sweating, stiffness, agitation
- By the numbers
 - temperature, blood pressure, heart and respiratory rate, blood tests
- It's important to ask questions and dig deeper

Are you suffering?

- Questions
 - You appear...
 - Or Your _____ is elevated
 - If you're certain - identify it
 - And state that you appear to be suffering with...
- Ask are you suffering?
 - Then how can I help you?
 - And then help.
 - I know you know how.

Why? 1st a word about...



Why?

- Suffering is often identified as an observation by families after the death.
- Achieving the goal of an “Orchestrated Good Death”
- “Good Medical Care” under the ACA begs the inclusion of addressing suffering directly.
- Bad Medical Care is generally more expensive – and most likely misaligned with the patients goals.

And finally...

- The passage last year of the End of Life Options act – (P.A.D.) was based in large part on the absence of adequate care at end of life and the perception and observation that suffering was seen as an expected part of the dying process.
- The first question in response to a request for P.A.D. should be “Are you suffering?” With a follow-up question being “What in your condition has changed that this is now coming to light?” and then “Can I help you?”

Accessibility

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Resources

<http://www.pbs.org/wgbh/pages/frontline/being-mortal/> Being Mortal

www.capc.org Center to Advance Palliative Care

www.polst.org National POLST Paradigm

www.coalitionccc.org Coalition for Compassionate Care of California

www.theconversationproject.org Conversation Project