

**PainWeek**

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**Causality – You’re in Pain and It’s all Your Fault**

Kevin L. Zacharoff, MD, FACPE, FACIP, FAAP




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**Disclosure**

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- Nothing to disclose

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**Learning Objectives**

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- Illustrate how precognitive thinking may negatively impact clinical decision-making in managing chronic pain
- Describe cognitive biases
- Identify common healthcare provider and patient biases regarding chronic pain and its treatment
- Distinguish the differences between implicit and explicit biases that exist in today’s pain management environment
- Describe methods to help recognize, reflect upon, and circumvent potential stigmas to prevent compromise of patient care

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### The Blame Game

- Reacting to people with chronic pain
  - Do we wince?
  - Do we wait to respond until we know
    - Cause?
    - Diagnosis?
    - Context?
  - Do we stigmatize?
  - Does it depend on the circumstance(s)?
    - Does it have to do with responsibility?
  - Is our level of empathy directly related to responsibility?



**PainWeek**

Doualy, J., Cohen, S., Grand, J. The Blame Game: The Effect of Responsibility and Social Stigma on Empathy for Pain. Journal of Cognitive Neuroscience 22, 3, pp. 393-407, 2010

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*Or do we do it on the fly?*

### Do We Plan to Blame in Advance?



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### Precognition or Cognition?



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### Are We Taught to Think *Before* We Know?

- **Precognition** –
  - Thinking that occurs *before* knowledge acquisition takes place
    - Do we *predict* the future?
    - Do we *see* the future?
    - Do we *dictate* the future?
    - Does *empirical thinking* shape our decisions?
    - Do we use our *intuition*?
    - Do we *judge*?
    - Do we *label*??
      - If yes, *when*?
      - If yes, *why*?



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### Why We Label

- **Growing number of (sometimes) conflicting opioid prescribing guidelines**
  - Aberrant drug-related behavior(s), overdose deaths
- **Negative media attention**
  - Stigma
    - Patient
    - Healthcare provider
- **Co-morbid medical complexity**
- **State mandates**
- **Competing educational programs**
  - Educational vacuum<sup>1,2</sup>
- **FEAR OF REGULATORY SCRUTINY**



**PainWeek**

1. Meisel L, Mathison B. Pain education in North American medical schools. J Pain. 2011;12(12):1199-1208.  
2. Brodwin TE, Patel-Holicki N, Pinesco-Tamayo A, et al. Deconstructing one medical school's pain curriculum: II. partnering with medical students on an evidence-guided redesign. Pain Med. 2017;18(1):65A-69S.

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### What Happens *When* We Know?

- **Cognition** –
  - The *process* of acquiring knowledge and understanding through thought, experience, and the senses involving:
    - **Intellect:**
      - Acquiring knowledge
      - Perceiving
      - Memory access/past experience(s)
    - **Processing**
    - **Reasoning**
    - **Understanding**
    - **Transduction**
      - Language/sounds
    - **Formation of beliefs and attitudes?**
      - When???



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**Precognitive Judgments**

- Like it or not, we bring precognitive judgments and thinking into the exam room with us every time we see a patient, probably before we even meet the patient
- We read about them before we ever meet them
  - We then judge them based on what we see and how we feel

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**The End Result**

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**Potential Corruption of Assessment and Treatment**

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**Patients Judge Too...**

- Patients judge themselves
- Patients judge us

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**Consider**

- You may not have the **"whole picture"**
  - At any given time, a person is dealing with many factors of which you're unaware
- The way you think and feel about a situation may be very different from one day to the next, influenced by various elements, including ***your* current mood**
- Under emotional stress, ***you may behave very differently*** than you think you would

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*Are taught them from the beginning?*

**We are Fully Stocked with Cognitive Biases...**



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**Cognitive Biases in Pain Management**

- Attribution error
- Anchoring
- Premature closure
- Search satisfaction
- Zebra retreat
- Blind-spotting
- Clustering illusion
- Bandwagon effect
- Authority bias
- Availability heuristic
- Conservatism bias
- Ostrich effect
- Outcome bias
- Zero-risk approach
- Placebo effect
- Recency
- Search satisfaction
- Overconfidence

**PainWeek**

1. [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6911111/](#) Accessed July 16, 2019.  
 2. Smith, M. (2019). [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6911111/](#) Accessed July 16, 2019.  
 3. Smith, P., & H. (2019). *Journal of Personality and Social Psychology*, 116(4), 569-579.  
 4. Pines, A. (2019). *The New York Times*.  
 5. Pines, A. (2019). *The New York Times*.

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### Cognitive Biases


- **Attribution error**
  - Explaining a patient's condition on the basis of their disposition or character rather than seeking a valid medical explanation
- **Why?**
  - Because we stereotype
  - Because there are so many things to pick from...
    - Race
    - Gender
    - Age
    - Socioeconomic status
    - Educational level
    - Medical/substance abuse history
    - Diagnosis
    - Etc
- **What to do?**
  - Be aware

Commentary

**Prejudice in medicine**  
Our role in creating health care disparities

John Goffredo MD MSc, Luc Kelly MD MSc, Natalie St Pierre-Rivest MD

VOL 54, NOVEMBER/NOVEMBRE 2008 Canadian Family Physician - La Revue de Médecin Généraliste



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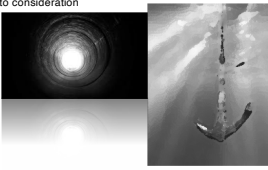
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### Cognitive Biases

- **Anchoring**
  - **Focusing on:**
    - One particular sign or symptom (usually the first... –sound familiar?)
    - One piece of information
    - Hanging onto one particular diagnosis without taking into consideration other possibilities, or discounting and/or ignoring them
  - **Why?**
    - Efficiency – we learn fast
    - We learn from experience
  - **End result – tunnel vision**
  - **What to do?**
    - Reassess
    - Reconsider diagnosis if
      - New signs or symptoms
      - Unexpected course of treatment
      - Lack of progress
      - Unexpected outcome



**PainWeek**

1. Common Cognitive Biases: The Checklist Practice Association. [https://www.checklistpractice.com/2016/07/16/common-cognitive-biases/](#). Accessed July 16, 2019.  
2. Bialik, Robert. "Error: Unrecognized parameter." [https://www.checklistpractice.com/2016/07/16/common-cognitive-biases/](#). Accessed July 16, 2019.  
3. Smith, G., & Winer, J. C. Cognitive bias in decision evaluation. *Journal of Personality and Social Psychology*, Vol 54(4), Apr 1988, 585-579.

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### Cognitive Biases

- **Premature closure**
  - **Acceptance of an initial diagnosis**
    - Failing to challenge it or look any further
  - **Why?**
    - I was always taught that if you give a patient enough time, they will tell you what's wrong with them
  - **What to do?**
    - **Always** have a differential
    - Look for "red flags"
      - Follow-up on them
    - Consider the worst-case scenario (only as a possibility to ensure you don't miss something) and then **rule it out**.
    - Consider a 2<sup>nd</sup> brain/set of eyes – consult with a colleague



**PainWeek**

1. Common Cognitive Biases: The Checklist Practice Association. [https://www.checklistpractice.com/2016/07/16/common-cognitive-biases/](#). Accessed July 16, 2019.  
2. Bialik, Robert. "Error: Unrecognized parameter." [https://www.checklistpractice.com/2016/07/16/common-cognitive-biases/](#). Accessed July 16, 2019.  
3. Smith, G., & Winer, J. C. Cognitive bias in decision evaluation. *Journal of Personality and Social Psychology*, Vol 54(4), Apr 1988, 585-579.

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### Cognitive Biases

#### ▪ Search satisfaction

– When an abnormality is found

• The search is OVER

– Why?

• So we can pin the tail on the donkey!

• How many times have you heard people mention “I have herniated discs”?

– What to do?

• Ask yourself more than once if something else might be going on



1. Common Cognitive Biases. The Canadian Psychological Association. Accessed July 16, 2019.  
2. Stan Sloman. Ethics Challenges. <https://www.cpa.ca/ethics-challenges>. Accessed July 16, 2019.  
3. Barin, Z., & Hersh, J. C. Outcome bias in decision evaluation. *Journal of Personality and Social Psychology*, Vol 54(4), Apr 1988, 559-571.  
4. Smith, C., Lin, C.Y., & Ross, L. The Bias Blind Spot: Perceptions of Bias in Self Versus Others. *Personality and Social Psychology Bulletin*, March 1, 2002.  
5. Proulx, C. Blind Our Blind Selves. *The New York Times*, JUNE 16, 2010.

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### Cognitive Biases

#### ▪ Zebra retreat

– If it's not common, it can't be the diagnosis

• Not considering the rare case

– Why?

• Because we're taught not to think of zebras, we're taught to think of ducks...

– Usually good advice

• “Go where the money is”

– What to do?

• Rule out the zebra



1. Common Cognitive Biases. The Canadian Psychological Association. Accessed July 16, 2019.  
2. Stan Sloman. Ethics Challenges. <https://www.cpa.ca/ethics-challenges>. Accessed July 16, 2019.  
3. Smith, C., Hersh, J. C., Outcome bias in decision evaluation. *Journal of Personality and Social Psychology*, Vol 54(4), Apr 1988, 559-571.  
4. Smith, C., Lin, C.Y., & Ross, L. The Bias Blind Spot: Perceptions of Bias in Self Versus Others. *Personality and Social Psychology Bulletin*, March 1, 2002.  
5. Proulx, C. Blind Our Blind Selves. *The New York Times*, JUNE 16, 2010.

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### Cognitive Biases

#### ▪ Blind-spotting

– Being less likely to detect bias in yourself than in others

– Why?

• To some degree, it's natural...

– Unrelated to

» Intelligence

» Self-esteem

• Ability to make unbiased judgments

• We tend to “do what we know” and think it's best

– What to do?

• Look in the mirror

• Self-awareness

• Identify who and what makes you feel uncomfortable

– Figure out why



1. Ross, S. Researchers Find Everyone Has a Bias Blind Spot. *Carnegie Mellon University*, News, June 8, 2010.

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### Cognitive Biases

- **Clustering illusion**
  - The tendency to see patterns in random events
  - **Why?**
    - Because we believe in streaks
    - Because we all have some kind of gambling tendency
  - **What to do?**
    - Realize it's a fallacy
    - A bad case is just a bad case



1. Common Cognitive Biases. The Canadian Protective Association. Accessed July 16, 2019.  
 2. Bias: Bandwagon Effect. Accessed July 16, 2019.  
 3. Bandwagon Effect. Accessed July 16, 2019.  
 4. Bandwagon Effect. Accessed July 16, 2019.  
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 9. Bandwagon Effect. Accessed July 16, 2019.  
 10. Bandwagon Effect. Accessed July 16, 2019.

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### Cognitive Biases

- **Bandwagon effect**
  - When a diagnosis “sticks” to a patient potentially distorting the diagnostic process
  - eg, the patient with a history of substance abuse presents with bona fide pathology and pain and is assumed to be drug-seeking
  - **Why?**
    - Because everybody has a “permanent record”...
  - **What to do?**
    - Diligent assessment
    - Consciously come to a diagnosis
    - Take a diagnostic “time out”



1. Common Cognitive Biases. The Canadian Protective Association. Accessed July 16, 2019.  
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 3. Bandwagon Effect. Accessed July 16, 2019.  
 4. Bandwagon Effect. Accessed July 16, 2019.  
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 8. Bandwagon Effect. Accessed July 16, 2019.  
 9. Bandwagon Effect. Accessed July 16, 2019.  
 10. Bandwagon Effect. Accessed July 16, 2019.

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### Cognitive Biases

- **Authority bias**
  - Consciously deciding to disagree with an “expert” or person with authority
  - **Why?**
    - Because the “White Ivory Tower” is not “Main Street”
    - Because we like to go against authority
  - **What to do?**
    - Know your limitations
    - Make sure to listen to both patient and the expert and then come to your own conclusions based on objective analysis
    - Make sure every member of the “team” has an equal voice



1. Common Cognitive Biases. The Canadian Protective Association. Accessed July 16, 2019.  
 2. Bias: Bandwagon Effect. Accessed July 16, 2019.  
 3. Bandwagon Effect. Accessed July 16, 2019.  
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 10. Bandwagon Effect. Accessed July 16, 2019.

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### Cognitive Biases

▪ **Availability heuristic**

– Recent or vivid diagnoses come to mind first and are overemphasized

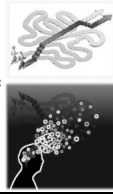
• I just had a patient with...

– **Why?**

• Think *mental shortcut*

– **What to do?**

- Remember patient individuality
- Watch for inconsistencies with common, less serious diagnoses
- Beware over-investigating because recent unexpected diagnosis in another patient



**PAINWEEK**

1. Common Cognitive Biases. The Canadian Paediatric Association. [https://www.cpaap.ca/education/continuing-education/2019/07/16/2019-07-16-13077](#). Accessed July 16, 2019.  
 2. Brain Biases: Clinical Implications. [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3889423/](#). Accessed July 16, 2019.  
 3. Smith, C., & Verhey, J. C. (2008). Bias in decision evaluation. *Journal of Personality and Social Psychology*, 94(4), 498-510.  
 4. Smith, C., Liu, D. Y., & Verhey, J. C. (2008). The Bias Blind Spot: Perceptions of Bias in Self Versus Others. *Personality and Social Psychology Bulletin*, 34(1), 1-10.  
 5. Fisher, D. Mind Over Matter Media. *The New York Times*. JUNE 16, 2010.

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### Cognitive Biases

▪ **Conservatism**

– Favoring old evidence over new information

– **Why?**

- "It's the way I was taught"
- "This has always worked before"
- "If it isn't broken, don't fix it"

– **What to do?**

- Keep an open mind
- Come to Vegas to PAINWeek every September
- Measure what the young'uns say after listening
- Understand that change is usually a good thing



**PAINWEEK**

1. Common Cognitive Biases. The Canadian Paediatric Association. [https://www.cpaap.ca/education/continuing-education/2019/07/16/2019-07-16-13077](#). Accessed July 16, 2019.  
 2. Brain Biases: Clinical Implications. [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3889423/](#). Accessed July 16, 2019.  
 3. Smith, C., & Verhey, J. C. (2008). Bias in decision evaluation. *Journal of Personality and Social Psychology*, 94(4), 498-510.  
 4. Smith, C., Liu, D. Y., & Verhey, J. C. (2008). The Bias Blind Spot: Perceptions of Bias in Self Versus Others. *Personality and Social Psychology Bulletin*, 34(1), 1-10.  
 5. Fisher, D. Mind Over Matter Media. *The New York Times*. JUNE 16, 2010.

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### Cognitive Biases

▪ **Ostrich effect**

– Pretty much self explanatory

– **Why?**

- Because we like to avoid difficult
  - Situations
  - Discussions
  - Outcomes

– **What to do?**

- Don't abandon patients
  - Filing them
    - "I don't prescribe opioids"
    - "All patients are drug seeking"
- Don't make assumptions based on the diagnosis without context
  - "There are two types of patients that just get the opioid prescription: cancer and sickle cell"



**PAINWEEK**

1. Common Cognitive Biases. The Canadian Paediatric Association. [https://www.cpaap.ca/education/continuing-education/2019/07/16/2019-07-16-13077](#). Accessed July 16, 2019.  
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 5. Fisher, D. Mind Over Matter Media. *The New York Times*. JUNE 16, 2010.

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**Cognitive Biases**

- **Outcome bias**
  - Judging the quality of a decision based on the outcome instead of the process of how the decision was made
  - **Why?**
    - Because we'd all rather be lucky than smart, right?
  - **What to do?**
    - Try to standardize the decision-making process
    - Avoid pendulums
    - Base and document decisions based on ethical principle(s)



1. [Outcome Bias](#). The Canadian Protective Association. Accessed July 16, 2019.  
 2. Stan Rensky, Ethics Connections. [Phew! Bism!](#) Accessed July 16, 2019.  
 3. Baron, J., The Wily, J. C. Outcome bias in decision evaluation. *Journal of Personality and Social Psychology*, Vol 54(4), Apr 1988, 569-575.  
 4. Patten, C. Liu, D.Y., Ross, L., The Risk Blind Spot: Perceptions of Risk in Self Versus Others. *Personality and Social Psychology Bulletin*, March 1, 2002.  
 5. Patten, C. Mind Over Matter Matters. *The New York Times*, June 16, 2010.

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**Cognitive Biases**

- **Zero-risk**
  - Avoidance of risk at all costs – even if the result is counterproductive
  - **Why?**
    - We like predictable outcomes
    - We like to avoid harm
    - Nonmaleficence is what we consider to be the most important ethical principle
    - Because risk mitigation is a very current topic
  - **What to do?**
    - Consider that risk mitigation is not risk elimination
      - Think about anti-coagulation...
    - Risk/benefit analysis and informed consent (documented)



1. [Outcome Bias](#). The Canadian Protective Association. Accessed July 16, 2019.  
 2. Stan Rensky, Ethics Connections. [Phew! Bism!](#) Accessed July 16, 2019.  
 3. Baron, J., The Wily, J. C. Outcome bias in decision evaluation. *Journal of Personality and Social Psychology*, Vol 54(4), Apr 1988, 569-575.  
 4. Patten, C. Liu, D.Y., Ross, L., The Risk Blind Spot: Perceptions of Risk in Self Versus Others. *Personality and Social Psychology Bulletin*, March 1, 2002.  
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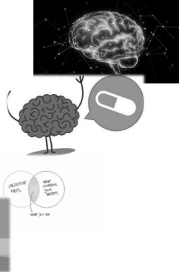
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**Cognitive Biases**

- **Honorable mention...**
  - **Placebo effect**
    - Doing something is better than doing nothing
  - **Recency**
    - "I just learned about this at a conference"
  - **Search satisfaction**
    - Once you find something, you stop looking for other things
  - **Overconfidence**
    - Who me?



1. [Outcome Bias](#). The Canadian Protective Association. Accessed July 16, 2019.  
 2. Stan Rensky, Ethics Connections. [Phew! Bism!](#) Accessed July 16, 2019.  
 3. Baron, J., The Wily, J. C. Outcome bias in decision evaluation. *Journal of Personality and Social Psychology*, Vol 54(4), Apr 1988, 569-575.  
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### Implicit or Explicit Bias?

#### ▪ Implicit bias

– *Unconscious* attitude(s) or stereotype(s) that may affect:

- Understanding
- Actions
- Decisions

– We all have them...

– May be *favorable or unfavorable*

– Activated *involuntarily*

- Usually without awareness or intentional control



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### Implicit or Explicit Bias?

#### ▪ Explicit bias

– Attitude(s) or stereotype(s) we may have about a person or group on a *conscious* level

– *Deliberate*

– Generally *unfavorable*

– When people perceive their biases to be valid, they may be more likely to justify unfair/unequitable treatment

– Can have *significant negative impact* on patients' physical and mental health



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What is the Clinical Impact?

So What Does all this Mean?

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### Bias, Stigma, and Pain



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### Pain Management Best Practices Inter-Agency Task Force



▪ ***“Established to propose updates to best practices and issue recommendations that address gaps or inconsistencies for managing chronic and acute pain”***

- The U.S. Department of Health and Human Services guided this effort along with the U.S. Department of Veterans Affairs and U.S. Department of Defense
- The Task Force consisted of representatives from relevant HHS agencies, the Departments of Veterans Affairs and Defense and the Office of National Drug Control Policy
- Non-federal representatives included from diverse disciplines and views, including experts in areas related to pain management, pain advocacy, addiction, recovery, substance use disorders, mental health, and minority health and more



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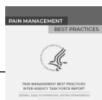
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### Stigma



- ***“Stigma can be a barrier to treatment of painful conditions”***
- **Often presents a barrier to care and is often cited as a challenge for:**
  - Patients
  - Families
  - Caregivers
  - Clinicians
  - Social dynamics
- **In the current environment, patients with chronic pain — particularly those being treated with opioids — can be stigmatized**
- **May be exacerbated when co-morbidities exist**
  - Anxiety
  - Depression
  - Substance use disorder
  - Etc



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### Treatment Approaches Informed by Four Critical Topics

Acute and Chronic Pain Management: Individualized, Multimodal, Multidisciplinary

Medication, Restorative Therapies, Interventional Procedures, Behavioral Health Approaches, Complementary & Integrative Health

Risk Assessment, Stigma, Access to Care, Education

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### The Biopsychosocial Model of Pain Management

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### Stigma

“Studies suggest that patients who are receiving or who have previously received long-term opioid therapy for nonmalignant pain face both subtle and overt stigma from:”

- Family
- Friends
- Coworkers
- The healthcare system
- Society
- Insurers

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**Stigma**

- Feelings of **guilt, shame, judgment, and embarrassment** resulting from stigma can increase the risk for behavioral health issues, such as anxiety and depression
  - Which can further contribute to **symptom chronicity**
- “The sub-population of patients with painful conditions and comorbid substance use disorder (SUD) face **additional barriers** to treatment because of stigmatization of both chronic pain and addiction.”
- “Chronic pain is common among individuals with SUD, including opioid misuse, yet **stigma remains a significant barrier** to implementation of programs and treatments for such as medication-assisted treatment and naloxone”

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**Recommendations**

*“Reducing barriers to care that exist as a consequence of stigmatization is crucial for patient engagement and treatment effectiveness”*

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**Recommendations**

*“Increase patient, physician, clinician, non-clinical staff, and societal education on the underlying disease processes of acute and chronic pain to reduce stigma”*

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**Recommendations**

*“Increase patient, physician, clinician, non-clinical staff, and societal education on the disease of addiction”*



**Painweek**

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**Recommendations**

*“Counter societal attitudes that equate pain with weakness through an awareness campaign that urges early treatment for pain that persists beyond the expected duration for that condition or injury”*



**Painweek**

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**Recommendations**

*“Identify strategies to reduce stigma in opioid use so that it is never a barrier to patients receiving appropriate treatment, with all cautions and considerations, for the management of their chronic pain conditions”*



**Painweek**

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### Does Education Make a Difference?

+ Effective, patient-centered care  
 + Optimize patient functional outcomes  
 + Appropriate medication  
 + Eliminate stigma  
 + Reduced risk through assessment

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### Final Thoughts...

- The issue of stigma and chronic pain is *not new and not ours alone*

**ETHICS**  
 Original Research Articles  
 Stigma Experienced by People with Nonspecific Chronic Low Back Pain: A Qualitative Study  
 Susan Carolyn Slade, PhD Candidate, Elizabeth Molloy, PhD, and Jennifer Lyn Keating, PhD

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### Watch for Certain "Markers"

- Malingering**
  - Be really sure
- "The patient failed a trial/course of therapy..."**
  - Who failed who?
- "The last five people I went to see for this didn't help me"**
  - What is the definition of help?
- Drug-seeking/doctor shopping**
  - Be really sure
- Lying**
- These are just a few examples...**
  - There are so many more

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**Final Thoughts...**

- **Reflect**  
– Your/our common biases
- **Recognize** what might happen before knowledge is acquired
- **Think** about when/how we formulate beliefs and what drives us to them
- **Consider** that the potential negative impact of precognitive thinking and bias
  - Depression
  - Anxiety
  - Low self-esteem
  - Social detachment
  - Suicide?
- **This *can* affect treatment outcomes**
  - Bad for the patient
  - Bad for us
  - Bad for everyone



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*"Cure sometimes, treat often, comfort always."*  
– Hippocrates

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QUESTIONS?



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