

# Words Can Harm As Well As Heal:

## The Iatrogenic Potential of Physician's Words

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- **Training:** MD, MPH U of WA; Board certified in occupational & environmental medicine.
- **Expertise:** Leadership, working across silos, focus on outcomes improvement for workers and employers (health & function, work disability), pilot programs.
- **Consulting:** Employers, healthcare providers, disability and workers' compensation insurers, managed care companies, government agencies,
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# Conflict of Interest

- Jennifer Christian, MD, MPH is an officer and majority stockholder in Webility Corporation which is a consulting and training company.
- Among other things, Webility has developed and sells continuing professional education courses for clinicians, case managers, claims adjusters and workplace supervisors.



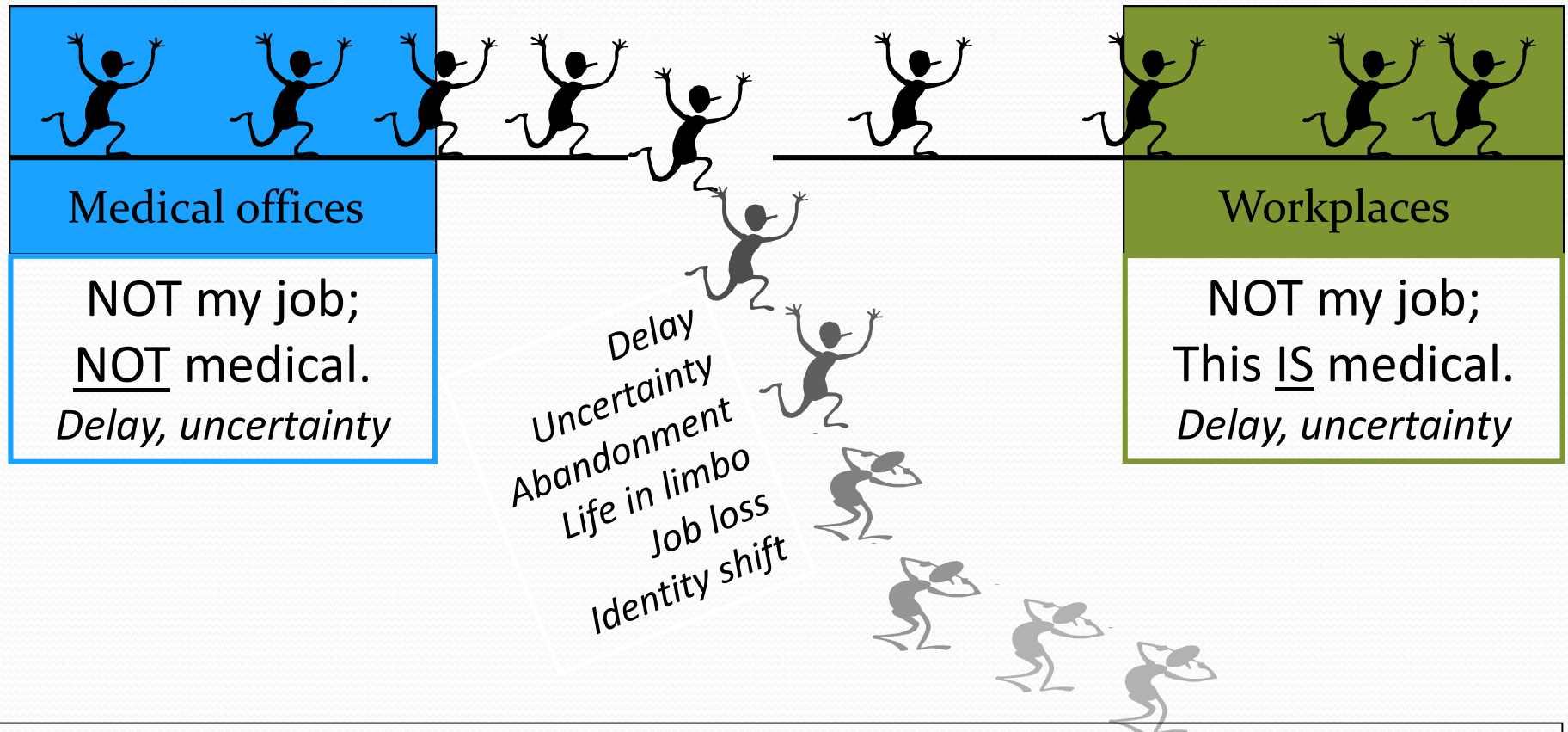
# My goal: a quiet **DEEPENING** of

- Respect for the power of:
  - Our language (choice of words)
  - Our interactions / behaviors
  - The tone we set in our relationships
- Our view of:
  - The workers we deal with
  - Our role in the matters at hand
  - Our personal purpose in our work
  - The underlying purpose of every interaction with workers-patients

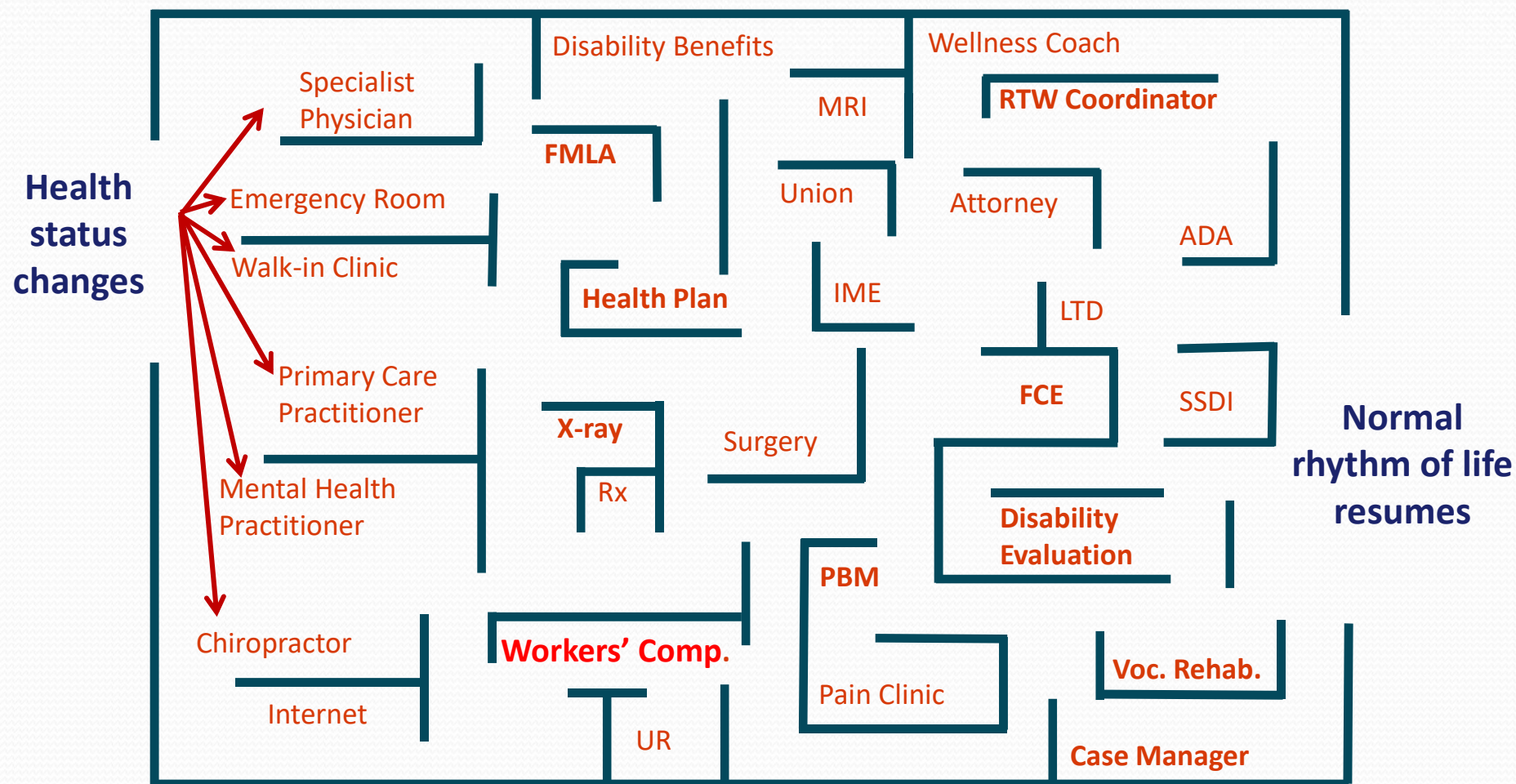
# Big Picture: Why Are We All Here Today?



# Poor Outcomes Are Too Common in WC



# Workers Thrust into a Maze by Injury







## People naturally wonder about impact of new medical conditions on life

- How long am I going to be out of commission?
- How long do I have to take it easy?
- What can I still do? What shouldn't I do?
- What should I do to speed my recovery?
- When will life be back to normal? ...if ever?
- What does this mean about me? My future?
- What's my role in this situation?
- Who will really help me with this?
- Whom can I trust?





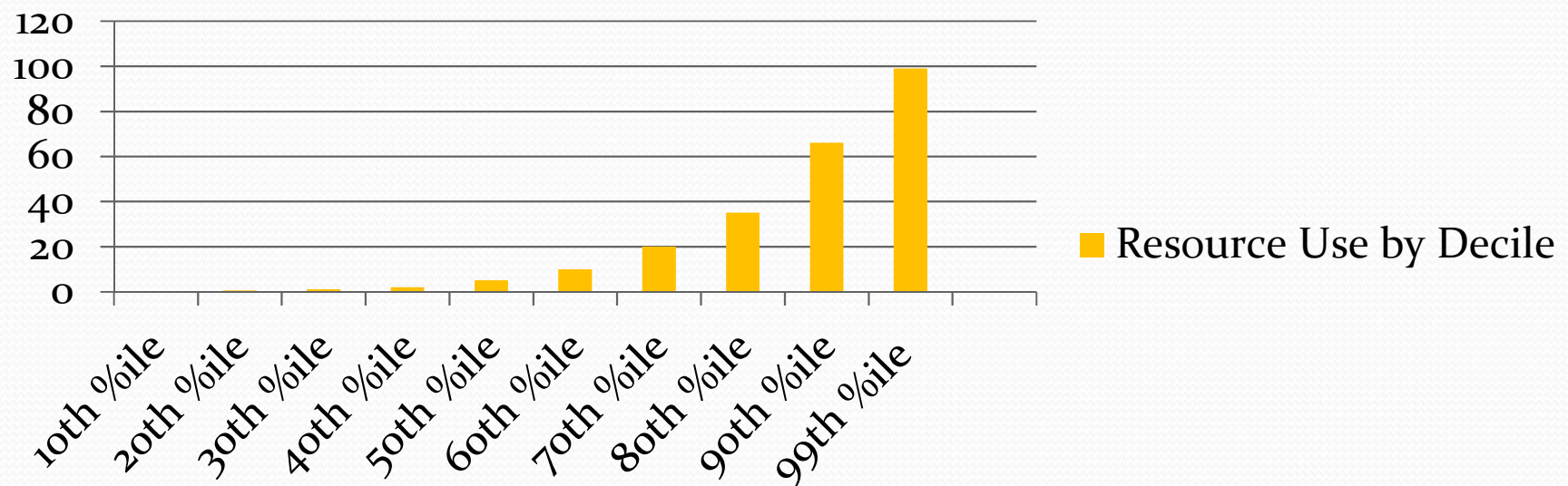
# It may look really big to them

- They are dealing with:
  - (a) An injury & the medical care process
  - (b) A workplace issue & workers' comp claim process
  - (c) Practical predicaments: disrupted life & livelihood
  - (d) Adjusting to upset/loss & coping with it all
- They are naïve, vulnerable, listening for advice – and you have power. First do no harm.
- Ask yourself: How can I help this person have the best possible future in the long run? How can I keep this person a productive member of society?

# The big money and saddest stories are in small sub-groups

10-20% of Cases Account for 80-90% of Costs

**Hypothetical  
Total Resource Utilization by Percentile**





# Small sub-groups of interest

## “Classic” Catastrophes

- Look serious from day 1
- Obvious immediate or imminent anatomical or functional destruction or multi-system insult -- often irreversible loss.
- Can be congenital issue, devastating illness, major trauma, etc.
- More likely to receive outpouring of support and encouragement for fullest possible recovery.

## “Creeping Catastrophes”

- Start out looking like common health problems
- Recovery stalls; nothing works; Illness > disease
- Desperation drives search for expensive / destructive measures
- Go downhill over time
- Life has been ruined
- “Lost causes” leave the workforce, stay on disability
- **PREVENTABLE** over-impairment and worklessness



# Four key facts & concepts will help us prevent Creeping Catastrophes

1. Illness  $\neq$  Disease in most of these cases.
2. ALL human experience is mediated by the brain; consider the body as the carrying case for the brain.
3. More medical care is often not the answer; resolving obstacles to recovery in other dimensions of life usually is.
4. ACEs are a major unaddressed root cause of BOTH subjective illness & organic disease.





# Illness is DISTINCT from disease

- Illness = symptoms / distress / life impact
  - Symptoms occur in the absence of demonstrable disease
- Disease = tissue pathology / anatomical change
  - “Silent” disease occurs without noticeable symptoms
- Symptoms associated with IDENTICAL pathology or pathophysiology vary A LOT.

# ALL HUMAN BEINGS have MUPS: benign bodily sensations and reactions

- When embarrassed, scared, tense, nervous, overtired, sleep-deprived, angry, worried, sad, heartbroken, grieving – or infatuated, joyous, exhilarated, excited, or surprised.
- Blushing, flushing, sweating, trembling, fainting, “butterflies” in chest or stomach, stomach ache, nausea, vomiting, diarrhea, constipation, shortness of breath, chest pain, dizziness, ringing in ears, loss of balance, weakness, fatigue, etc.
- Sharp sudden pains in ribs, abdomen, head; muscle spasms and aches, arms/legs “going to sleep”; aches in hands, feet, elbows, knees, hips, pelvis, back, neck, head.



# MUPS Prevalence – Primary Care

- 16-53% of new complaints in multiple studies in developed countries (Burton 2003; Creed 2011; Kroenke 2014)
- ICD-9 780-789 “Symptoms, signs, and ill-defined conditions”
  - 4<sup>th</sup> most common cause of visit in the UK
  - 5<sup>th</sup> most common cause of visit in the US after respiratory, nervous, circulatory, and musculoskeletal conditions (Cherry 2005)
- Patients with chronic MUPS accounted for 3% of all primary care visits in a recent Norway study
  - Equivalent in volume to COPD, CHF, diabetes visits

# MUPS Prevalence – Secondary Care

- Several studies (thousands of patients, some studies with chart reviews) between 1996 and 2011
- Symptoms without /poorly corresponding to objective pathology (MUS) were the presenting problem for **26-52%** of new outpatients at cardiology, GI, neurology, rheumatology and orthopedics clinics in US and UK.
- **For low back pain, MUPS prevalence in orthopedic specialty clinics was 67%**
- Examples: (Creed 2011) (Reid 2001) (Maiden 2003) (Stone 2009)





# A hidden cause of variability: Adverse Childhood Experiences

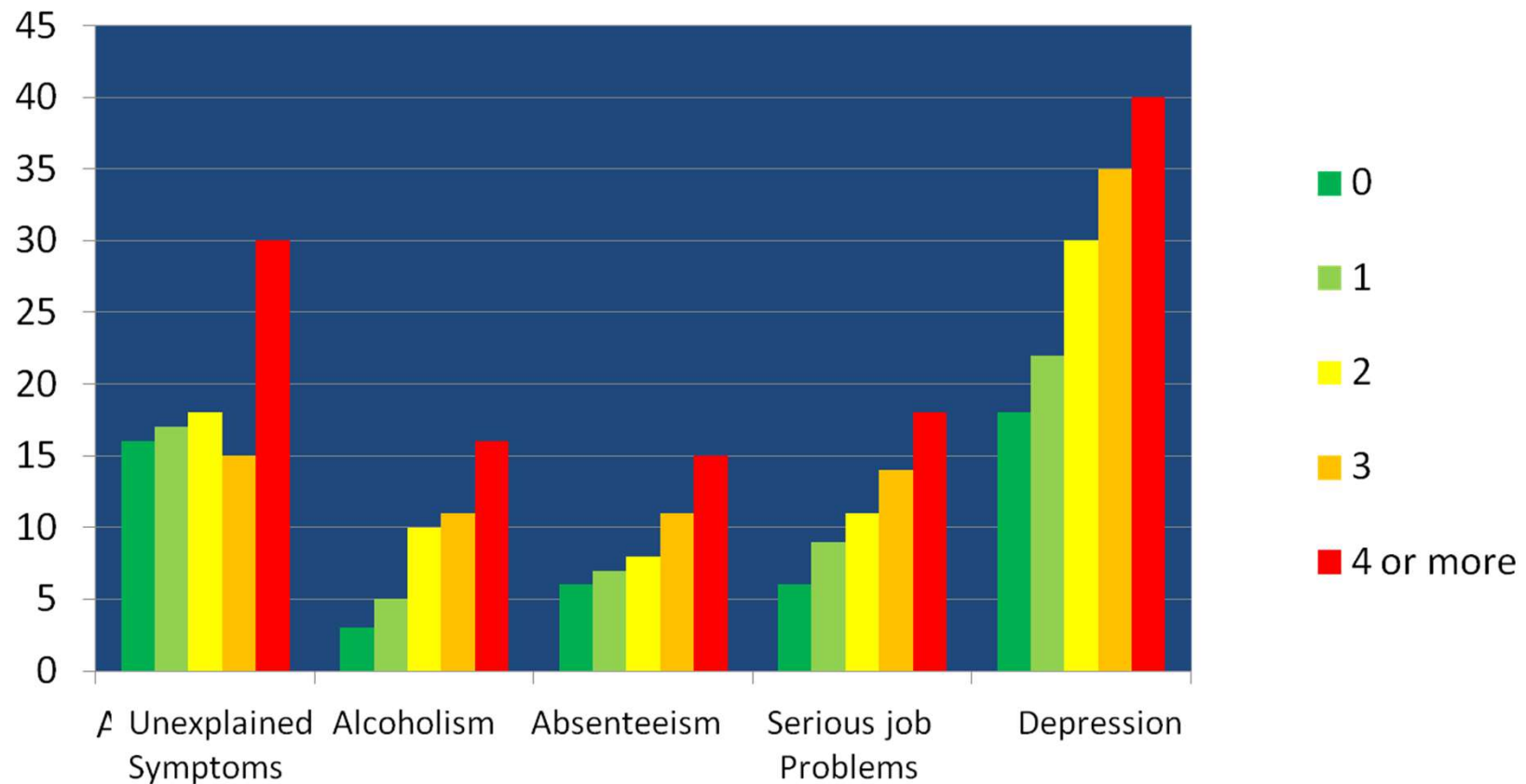
- The ACE score is the strongest known predictor of adult health status -- per the US CDC

## 10 point ACE Score

- 1 Raised by single parent
- 2 Witnessed physical abuse of mother
- Someone in household
  - 3 In jail
  - 4 Drug addict / alcoholic
  - 5 Mentally ill / suicide
- Neglect, whether 6 Emotional or 7 physical
- Repeated abuse, whether 8 emotional, 9 physical or 10 sexual.



# ACEs: Dose-response relationships



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# Where do these known risk factors for poor outcomes live?

- Past experiences, especially history of ACEs
- Health illiteracy / ignorance
- Expectations
- Catastrophic thinking (fatalism)
- Fear avoidance behavior
- Perceived injustice (anger)
- Passivity
- Low self-confidence / self-efficacy
- Lack of coping skills / resiliency
- Lack of life skills
- Distrust



# Dr. J's Super Simplified Summary: Effect of Words on the Brain

**Brain: Areas have different functions; some more primitive than others.**





# When we don't feel safe, we get stupid



# Rider = Frontal Lobe Elephant = Limbic System







# Words

- Educate (transfer factual information)
- Reassure – or frighten
- Signal interest / empathy – or not
- Build trust / confidence – or distrust/insecurity
- Create expectations – positive or negative
- Grow relationships – or alienation
- Empower – or undermine
- Heal – or harm

# A New Way to Look at Words:

A powerful tool / technique

that changes brains

which improves outcomes





# Your words will have a more powerful & positive IMPACT when:

A. The worker believes you are a “credible authority”:

- benevolent
- trustworthy
- expert in the matter at hand

B. The worker believes that you **see** them and are familiar with their **specific situation**:

- who they are as a person
- what has happened so far
- what they are wondering and worrying about
- what they want to accomplish.



# Key Moments

- Explaining their problem; giving a diagnosis
- **Forecasting the course and prognosis**
- Starting /modifying a medication regimen
- Reviewing an informed consent document
- Ordering tests or imaging
- Explaining results of lab tests or imaging
- Making a referral to another clinician
- Preparing a patient for a painful procedure (diagnostic or surgical)



# Nocebo → “Viscerosomatic Amplification” of Sensations and Symptoms

## NOT THIS ☹️

- Enumerate most common side effects of a med
  - 38% ED with info; 13% no info ( $\beta$  blockers for HTN)
- Order imaging to reassure
  - Worse status at 90 days w/ imaging (RCT in acute LBP)
- Predict future pain or describe existing pain in dramatic terms
  - Many placebo studies

## THIS 😊

- Predict no problems; mention only serious side effects
- Order imaging sparingly for clear clinical indications
- “Maybe a bit of discomfort but most likely you will be quite comfortable and able to manage.”

# Avoid NOCEBO effect:

## Words can **make things better** – or worse

### SAY THIS

- Your recovery process
- Getting life back to normal
- What progress have you made? What can you do now that you couldn't do last time we talked?
- Back ache / shoulder trouble
- Many people your age -- who don't have any symptoms at all -- have abnormal MRI's.
- Stay active; movement has been proven to be good. Walking will reduce your pain and improve your mood.
- Try not to let this get in the way of your life; you can probably find a way to do the things you care about.

### NOT THIS

- Your injury, illness, diagnosis, condition
- Getting you back to work
- How's your pain-- from 1 to 10?
- Back injury / shoulder injury
- The findings on your MRI: bulging disc, disc protrusion; loss of cartilage; bone on bone.
- Avoid activity; get plenty of rest.
- You must follow your doctor's restrictions.





# Offer a positive interpretation

- Challenges, difficulties and imperfections are part of every human life -- maybe even the design!
- ALL of us can find a pathway to wholeness, no matter what has happened.
  - Including those with medical problems
  - Including those with incurable chronic conditions, fixed disabilities and aging
- Find the opportunity to grow & develop yourself:
  - Cope successfully with whatever challenges life delivers
  - Keep participating as fully as possible in human life
  - People who stay engaged in purposeful and productive activity, whether paid or unpaid, are happier, live longer.

“Information is an important mediator of  
the variability in the relationship  
between disease and symptoms.”

from “The Iatrogenic Potential of the Physician’s  
Words”

Arthur Barsky, MD NEJM 2017



# Make sure workers get these questions answered

- How long am I going to be out of commission?
- How long do I have to take it easy?
- What can I still do? What shouldn't I do?
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# Start here to learn more!

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# Thank you for listening!

Comments?

Questions?

Please come find me and chat!