UNIL | Université de Lausanne
Institut de psychologie

Faculté des sciences sociales et politiques
Journée de la recherche
17 novembre 2011

# IN SEARCH OF GENERAL PRACTITIONER'S PROTECTIVE PRACTICES IN CONSULTATIONS WITH UNEXPLAINED CHRONIC PAIN SUFFERERS

**Anne Gonin Nicole, PhD Student**
**Marie Santiago, Professor**

**Centre de recherche en psychologie de la santé (CerPsa)**
**Contact: Anne.GoninNicole@unil.ch**

## BACKGROUND

Unexplained chronic pain (UCP) can be defined as an experienced pain that is either not explained by an identifiable pathology or not related to the extent of the biological findings. This category includes pain in different localizations.

UCP Patients express dissatisfaction with the medical consultation (Verbeek, 2004), while General Practitioners (GPs) are faced with professional limitations. Consultations have been described as a contest between the patient's authority, based on his experience of suffering, and the GP's professional authority (Salmon 2007), which may lead to a mutual lack of understanding and threaten the doctor-patient relationship.

Some pathways are proposed to overcome this: (1) work in multidisciplinary networks (Allaz et al., 1998); (2) teach communication abilities (Morris et al., 2006); (3) use alternative sources of knowledge in addition to the medical model (Chew-Graham et al., 2008).

## METHOD

The present research is grounded in a constructivist and qualitative paradigm. A first range of semi-structured interviews was conducted with 7 GPs selected from the GPs list of the Federation of Swiss Doctors. They were solicited to take part in the research by letter and then by phone to know their decision.

GPs were asked to describe the actual follow-up of a chosen patient who suffers from UCP. In order to avoid obtaining a theoretically oriented talk, they were first led to speak about concrete facts and then about their perceptions of this type of consultation. The interviews were recorded and verbatim transcribed. A thematic analysis (Paillé & Mucchielli, 2003) was conducted on the data.

## OBJECTIVES

Examine the way in which Swiss GPs manage the consultations with UCP patients

Identify
- the potential difficulties they face
- the supports they can rely on

## RESULTS - EMERGING THEMES

### 1. Concern about missing a serious disease

"*With this patient there is always an interrogation: did I miss something?*" (woman, 56 yrs); "*I always have the fear to miss the point*" (woman, 40 yrs); "*first I have to do some investigations, and I see if it's serious or not*" (man, 59 yrs); "*Investigations become toxic in the long term" […] at one moment you have to stop and say: we can't go further*" (man, 60 yrs).

### 2. Opposite individual Perceptions

- **Negative perception of UCP consultations**

Exhaustion: "*These are patients who destroy yourself*" (man, 62 yrs);
Feeling of helplessness: "*I find it hard to have nothing to propose to the patient*" (woman, 56 yrs);
Self-deprecation: "*Sometimes I find myself incompetent*" (woman 40 yrs).

- **Pleasure in working with UCP patients**

"*I like the diversity […] and I like the psychological dimension within the follow-up*" (woman, 50 yrs**);** "*Pleasure at work is located at another level: it isn't healing anymore, but a matter of relation*" (woman, 44 yrs).

### 3. Variability of protective practices

- **Liaising with other professionals**

*"My only help comes from an anesthesiologist of the Pain Clinic, sometimes we talk on the phone"* (woman, 56 yrs); *"[Supervision Groups] enable us to see the thing somehow from outside […] and discover ways we hadn't thought about*" (woman, 50 yrs).

- **Avoiding over-commitment**

"*If you take on a commitment beyond the limits, it's not easy*" (man, 62 yrs); "*One need to have realistic objectives*" (woman, 44 yrs); "*Actually as I identify too easily with the suffering of others, it is costly in energy*" (woman, 40 yrs).

- **Recourse to the field of psychosomatic medicine**

GPs give explanations about nerve transmission: "*Normal sensations are perceived as pain*" (woman, 40 yrs). In addition, some GPs use psychosomatic theory: "*I explain to the patient that she hasn't the words to express her suffering and that her body express it*" (woman, 44 yrs).

## CONCLUSION

All participant GPs share a fear of missing a severe pathology and agree to find the follow-up of UCP patients a challenging and difficult task. However an important variability can be highlighted in the perception of consultations. While some of them express negative feelings, others feel satisfaction at work. Likewise the recourse to protective practices varies considerably from nothing reported to a mix of the three types underlined in the results.

Some GPs feel really at ease. The way they manage their interaction with patients (regular appointments with planned time to talk) is coherent with their reference to psychosomatic medicine. They seem to cumulate different types of protective practices that contribute to help them to improve the condition of UCP patients and their own satisfaction at work.

The subjects of collaboration of different types (formal, informal, supervision groups) and the use of psychosomatic framework seem to be worth being investigated further in order to complete the conclusions, before using them as leads for the future.

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