

What Do Vitamin Takers and Drug Addicts Have in Common?

Glenn W. Simon, DO

From the Kansas City Treatment Center in Kansas. Dr Simon is also an emergency physician in the greater Kansas City area.

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E-mail: drglennsimon@gmail.com

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My wife is a labor and delivery nurse at a county hospital. At the end of one of her long shifts, we had our usual end-of-day decompression. She told me about the compassion and connection she felt as she provided care for a postpartum mother whose drug use had cost her the custody of her newborn.

During this patient's postpartum care, she grew increasingly anxious as she realized that her child had been in the nursery for an unusually long time. "Is there anything in my chart I should know about?" she asked. "Did I test positive for cocaine?" My wife confirmed her suspicion.

The mother wept as she unfolded her story. In the past she had successfully completed a drug detox program, but she had relapsed toward the end of her most recent pregnancy. Her other children had been placed in the custody of her mother. She was up front about her recent poor decisions. She sobbed remorsefully, saying "I totally caused this."

My wife felt the deep sorrow from her patient, and as the patient wept, she in turn became misty eyed. She offered encouragement to this distressed mother: "I know this is hard right now, but you will make it through this." After discharge from the labor and delivery unit, the patient was ordered by Child Protective Services to attend another 30-day in-patient drug detox program.

When my wife discussed the circumstances of her patient's discharge with another nurse working that shift, this co-worker spoke judgmentally: "Well, she is a cocaine user, you know." I have heard similar dismissals from other health care professionals as we care for mutual patients in the emergency department where I have worked for 13 years. In that setting as well, some patients are referred to as "just drug seekers."

Earlier that year, I attended a lecture at a primary care conference on the topic of the interactions of supplements with medications. The presenter provided factual information regarding harmful medication-supplement interactions but at the same was

judgmental of the supplement-taking public—many of whom are our patients. In a belittling tone, the presenter stated that nearly 1 in 4 Americans uses a non-vitamin dietary supplement, yet more than 1 in 3 of these patients has not told their medical provider.¹

At one point, she asked the attendees, "Why do you think patients don't tell you what herbal supplements and vitamins they are taking?" Here was my chance to constructively address her arrogance. I raised my hand and with passion offered, "If I felt my doctor was going to be judgmental and 'not approve' of what herbal supplements or vitamins I was taking, I wouldn't tell my doctor either." My response to her question was unexpected, and it took her off her stump speech. Her tone shifted to contriteness, and the rest of her presentation was less edgy.

At this same conference, I attended another lecture about a website the state of Washington had established for physicians who prescribe controlled substances. Physicians can access this website to determine whether their patients may be getting controlled substances from other physicians; therefore, a physician can determine whether the patient is being forthright about his or her substance use. In the presenter's closing comments, he remarked that he was encouraged that he knew of a physician who did not use the information gathered from the website in a "punitive way," alluding to the fact that many of the physicians who visit the site use it for exactly that purpose.

Every specialty in health care is touched by substance abuse. Surgeons, internists, emergency physicians, dermatologists, gastroenterologists, family physicians, and, yes, labor and delivery providers all care for patients struggling with alcoholism, tobacco addiction, or drug addiction, whether prescribed or illicit. Our patients' addictions and lifestyles can interact poorly with their medications and affect their care in harmful ways. Yet, as with patients who take supplements, they may not disclose that information to their physicians.

What is the common feature in both settings of our patients' intentional nondisclosures? It is fear of being labeled as an alcoholic or drug addict, of being judged, of being seen as naïve, or of being treated as if they are plain stupid.

Why do sinners trust their confessions to priests? What forges the deep bond between friends? And why do alcoholics start to find their lives redeemed when they join Alcoholics Anonymous? With all of these connections, people find the treasures of compassion, trust, and unconditional love. Whether your patient is someone who takes vitamins or herbal supplements and is afraid to give you an honest list of their supplements, someone who is an ashamed

addict who gets prescriptions from all over your state, or someone who knows he abuses alcohol but doesn't know whom he can trust with his secret, there is no greater guiding principle for your patient-physician relationship than this: Patients don't care what you know once they know that you care. (doi:10.7556/jaoa.2013.055)

Reference

1. Blendon RJ, Benson, JM, Botta MD, Weldon KJ. Users' views of dietary supplements [published online November 19, 2012]. *JAMA Intern Med.* 2013;173(1):74-75. doi:10.1001/2013.jamainternmed.311.

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