Treating Chronic Pain Patients—The Cost of Caring

Work-related stress is an acknowledged issue studied in relation to various occupations. Medical practitioners, who are constantly exposed to the physical and/or psychological suffering of their patients, are not exempt. Various terms have been used to describe the effect of the suffering of others on their caregivers, including burnout, compassion fatigue, emotional contagion, secondary traumatic stress, and vicarious traumatization.

Vicarious traumatization, a special form of caregiver burnout, was originally presented as a concept to mark the changes that occur in mental health professionals, specifically in trauma workers, as a result of working with trauma survivors. The term is attributed to McCann and Pearlman,[1] who identified that working with trauma victims may cause severe and lasting psychological effects. In the context of patient-doctor interactions, vicarious traumatization was observed as a secondary influence among physicians who work in challenging contexts and was used to address the secondary vicarious influences of patients' pain and discomfort, which influence clinicians. It has mainly been studied with regard to health professionals treating oncology patients[2] and victims of violence[3] and sexual abuse.[4]

In their study regarding empathic concern, burnout, and emotional distress in physicians, Gleichgerrcht and Decety[5] showed that secondary traumatic stress is closely related to burnout on the one hand and to personal distress and alexithymia (a difficulty to describe or identify emotions and the tendency to ignore one's own emotions and personal distress) on the other. The authors discussed the associations between individual dispositions and professional quality of life and concluded that negative self-oriented emotions elicited by someone in pain and distress with a diminished ability to take perspective by the physician can lead to compassion fatigue.

In a continuing study,[6] physicians were asked to watch a series of video clips of patients experiencing different levels of pain and provide ratings of pain intensity and induced personal distress. Watching the video clips elicited relatively high personal distress among physicians in highly emotionally demanding specialty fields. The authors concluded that while professional experience may desensitize physicians to the pain of others, it does not necessarily help them to downregulate their own personal distress.

Treating chronic pain patients is a challenging and often frustrating experience. In many cases, it is associated with patients' impaired quality of life, distress, and a negative impact on personal, social, and work relationships. Patients who suffer prolonged chronic pain can sometimes be irritated, impatient, unappreciative, or even resentful. The inability to provide an ultimate cure is undoubtedly disheartening to the empathic caregiver.

Empathy, one of the most important attributes of professionalism, is a key element in a successful treatment outcome. It improves patient satisfaction, increases adherence to treatment, reduces recovery time, and decreases pain[7–11]; yet, it is empathy that is often negatively affected by vicarious traumatization caused by exposure to the patients' suffering. As reported by Gleichgerrcht and Decety,[5] practicing medicine for a longer time does not seem to give physicians a direct advantage in learning how to downregulate the costs of empathy (ie, compassion fatigue).

It is therefore our responsibility to be aware that treatment of chronic pain patients can take its toll not only on the patients but also on their caregivers. Expanding the studies in the fields of empathy and vicarious traumatization among health professionals involved in the treatment of chronic pain and creating a culture of mutual support through meetings and discussions that refer not only to the patients, but also to the well-being of their caregivers, can be positive moves in this direction.

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