

InVisible InCourage with Dr. Michael E. Schatman

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Transcription provided by Stacie Valle for Virtual VRI

**Kellie Pokrifka:** Hello everyone! Today I am excited to have Dr. Michael Schatman with me. Tell us about yourself.

**Michael Schatman:** I am trained as a clinical psychologist but I am now a full time researcher and have spent many years training physicians and am interim chief of pain research. I did my doctoral work in Texas and my attending was a pain guy and he said to come to his institute for training and I never looked back.

With chronic pain people don't know a lot about it. We have about 50 million chronic pain sufferers and 20 million of them can really only function with medicine. Strong pain medication. Pain management in the united states is terrible. I do a lot of lecturing in Europe and it is treated more effectively in many places. We have so many extraneous stake holders in the pain game, instead of it just being the pain holder and the physician. Instead we have insurance, pharmacy corporations, etc. that are in the middle of everything.

**Kellie Pokrifka:** What options are available in Europe?

**Michael Schatman:** They are patient centered. They look at the evidence basis as well. The endless injections that are done without any evidence basis and the hospitals and physicians push them because they are money makers and they are used without regard to the life of the patient.

**Kellie Pokrifka:** Tell us about the emotional burden on these patients.

**Michael Schatman:** I have evaluated thousands of chronic sufferers and they can be effected legally, financially, emotionally, sexually and spiritually. The one thing we do understand about chronic pain is that if the person suffers from it and we don't address the pain and how to restore life more broadly, they won't heal.

**Kellie Pokrifka:** Why is it not the case that this is all in their head?

**Michael Schatman:** I see a lot of distrust for pain psychologists but a lot of physicians will say "well, go see the shrink" and they dismiss the patients because they are struggling to make sense of this themselves and if they attribute the patients pain or any physical symptoms to mental issues it is seen that way. There are only a handful of pain psychologists still practicing, I don't practice because I am working in research now, but there was an article about the moral imperative of the pain psychologists because people aren't wanting to deal with people in pain. I have offered some social workers some pain training because they can do a lot of the same work that a psychologists can do with their 2 years of training. Someone has to do it and social workers can see the big picture very well in general.

**Kellie Pokrifka:** Why do doctors not want to deal with patients with chronic pain?

**Michael Schatman:** A real quick story I can tell -- I have a friend in Seattle, an interventionist, and he said my colleagues laugh at me because I actually talk to patients. But that takes time and that isn't reimbursable time. I have seen interventionist go booth to booth and do 6 injections an hour, and that pays the bills, but it doesn't help the patients. But as we move into a new administration, God willing, in 2021, I think that we will see a big change through medicine and what is going on now doesn't work other than for those interested in lots of

money.

Pay for performance -- functional outcomes, return to work outcomes, panels will be put together for guidelines on pain management and there will be validated measures such as are the patients emotional needs being address, the quality of life, etc. And does the person feel well enough to get place to place. Guidelines will be written and the level of reimbursement will be tied to that. Not just I put a needle in you and get \$1500 regardless of outcome. 20 years ago a Dr. named Richard Schapman wrote about being lost in a sea of pills and procedures but it hasn't proven to be most effective.

**Kellie Pokrifka:** You are so passionate. How did you get tied to advocacy?

**Michael Schatman:** I come from a family of social workers, and lots of advocacy there. Also I saw my patients have no one to advocate for them. And they are being discharged without a pain management doctor. We know the physicians that are good people that care are major commodities. There is no money to be made through advocacy but the right thing to do.

**Kellie Pokrifka:** That's huge. Hearing a doctor you would recommend would be huge. People just don't know where to search.

**Michael Schatman:** There is compassion fatigue. A symptom of burnout. It may be critical at times for certain physicians. The war on opioids and for patients who are reliant on them and physicians that prescribe them has taken a lot out of physicians. The fear of the DEA and now even more the state medical boards breathing down their necks for prescribing. And the more challenging patients with borderline personality disorders, only 2% of the general population, they are 30% of the chronic pain population. These are the patients

constantly thrown out of many practices because they are explosive and they misuse opioids. There is a lot of manipulation including threats of suicide and the physicians out there tell me they just don't want to treat these patients. The article is controversial and I have received a few minor death threats since I announced I was writing it with colleagues.

**Kellie Pokrifka:** Why is that overlap so large?

**Michael Schatman:** An ex student of mine and colleagues of his came up with the diathesis stress theory and there are people with a genetic predisposition to borderline personality disorder but it remains latent until the chronic pain draws it out. We coach this article in the COVID-19 crisis. Because it has everyone stressed and we are seeing behavioral manifestations rise more than they have in the past. I hope it gives some physicians reason to pause and to help some more patients in the mental health community to make sure the chronic pain patients are served.

**Kellie Pokrifka:** Do you have advice for anyone new to this community with chronic pain?

**Michael Schatman:** For new patients - 1) find a care system that cares. Find the doctor that isn't dismissive. Someone capable of trust. A lot of society thinks chronic pain patients are addicts wanting drugs. Try to find a mental health care professional to help you navigate through the emotional pieces of this. You need more support. 2) look at your own expectations. By definition chronic pain isn't curable. Looking at expectations help us to do better. Lecturing in Europe each year - they laugh at us and say "only in America do they think they have a God given right to be pain free." A colleague said, "I will do a surgery on you, and you will hurt like hell for a few days, but after a couple weeks you will be good and love me." But we don't see it

that way here in America. So pick a good doctor, look after yourself, and be reasonable. Try to focus on quality of life, function, getting back to life even if it requires some alteration.

**Kellie Pokrifka:** Do you have any recommendations if patients want to get into advocacy?

**Michael Schatman:** Frankly, I think patients are rarely great advocates. There are some great ones out there, an attorney in Denver for example, but there are a couple of big issues such as access to the big decision makers. A lot of people on social media refer to themselves as advocates but all they scream about is wanting more opioids but they are doing a gross disservice to the pain community because they are seen as being a bit unhinged and they are actually hurting the reputations of pain patients. So I encourage those with chronic pain to let those of us with the access and that have a more moderate view handle the advocacy. You know, speak softly and find people that have big sticks.

**Kellie Pokrifka:** So now I will finish off with the question we ask everyone. This can be accumulation of learning from life, or patients, but in hard times and tough hours, what gives you courage to get through one more day?

**Michael Schatman:** Dedication to my family is a big part of it. Also the sense that chronic pain patients don't have a voice and I tend to get to the media through advocacy and through interviews I think we are starting to make some progress. Like Queen Elizabeth, it turns very slowly, but eventually it turns.

**Kellie Pokrifka:** Any other messages you want to get out?

**Michael Schatman:** Yes, keep in mind that while society may not see

you largely, there are those of us yelling and screaming about the importance of you being seen.

**Kellie Pokrifka:** That means so much. Thank you so much for being on here today Dr. Schatman. Thanks everyone!

[End of show]