An Exploration of Emergency Physicians' Attitudes Toward Patients With Substance Use Disorder

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Objectives: Much is known about some healthcare professionals' attitudes toward patients with substance use disorders, but few studies have specifically looked at emergency department (ED) physicians. Individuals with substance use disorders are more likely to be people who chronically, frequently use the ED, and thus ED physicians are in a unique position to provide early identification and intervention for people struggling with addiction. The purpose of this study was to understand ED physicians' attitudes toward patients with substance use disorder with the aim of decreasing stigma and improving the care of ED patients with substance use disorder.

Methods: An anonymous Qualtrics survey was emailed to 115 emergency physicians in the Johns Hopkins Health System. The survey contained (1) demographics and (2) the medical condition regard scale, http://links.lww.com/JAM/A67. Participants were offered a $10 Amazon gift card to complete the survey.

Results: The response rate was 50% (n = 58) and the completion rate was 43% (n = 50). Physicians had lower regard for patients with substance use disorders than other medical conditions with behavioral components. Of note, 54% of respondents indicated that they at least ''somewhat agree'' that they ''prefer not to work with patients with substance use who have pain.''

Conclusions: A significant portion of our study population had low regard for patients with substance use. Future research is needed to determine significant contributing factors and develop interventions to mitigate negative attitudes among ED physicians toward patients with substance use disorder.

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Substance use disorder (SUD) is a major health problem in the United States. In 2015, an estimated 7.8% of people age 12 or older had either illicit drug or alcohol use disorder or both in the United States (Center for Behavioral Health Statistics and Quality, 2016). Additionally, the United States is currently facing a major opioid epidemic with provisional data from 2016 estimating 64,068 deaths due to all drug overdose in 2016: nearly 20,000 involving fentanyl or other synthetic opioids, over 14,000 involving prescription opioids, and over 15,000 involving heroin (Ahmad et al., 2017). However, research has shown that many healthcare providers have negative attitudes toward patients struggling with drugs and alcohol. A European multicenter study of 866 health professionals in different specialties showed that regard for working with people who use drugs and alcohol was lower than for other patient groups, such as patients with diabetes or depression (Gilchrist et al., 2011). Similarly, focus groups and interviews conducted with 35 health and social care professionals in Northern Ireland found that most professionals in the study had difficulty sympathizing with people who used illicit drugs (McLaughlin et al., 2006). A study in Australia demonstrated that of 1605 nurses surveyed, only 30% were motivated to work with patients with drug-related problems (Ford et al., 2008). However, not all medical specialties view patients with SUD in the same way. Unsurprisingly, research from the Netherlands found that addiction specialists had higher regard for patients with substance use problems than either general practitioners or those working in general psychiatry (van Boekel et al., 2014).

While many studies have looked at primary care professionals' attitudes toward patients with substance use disorders, few studies have looked specifically at emergency department (ED) physicians (van Boekel et al., 2013). In 2013, there were 2519 ED visits per 100,000 population involving substance use disorders in the United States, a 37% increase from 2006 (Healthcare Cost and Utilization Project [HCUP], 2016). People with substance use disorders are more likely to chronically and frequently use the ED (Mandelberg et al., 2000; Billings and Raven, 2013). Furthermore, with the current opioid epidemic, many overdoses are treated in the ED. Thus, ED physicians are in a unique position to identify and provide early intervention for people struggling with addiction. Furthermore, stigma can have

adverse effects on health outcomes for patients as physicians are more likely to make diagnostic errors when a patient is perceived as being "difficult" (Mamede et al., 2017), and physicians themselves are more likely to experience burnout and higher levels of stress when working with a patient population for which they hold negative attitudes (von Hippel et al., 2008; Peltzer-Jones, 2011).

The objective of this project was to describe ED physicians' attitudes toward patients with substance use disorder with the aim of decreasing stigma and improving the care of ED patients with substance use disorder.

METHODS

A Qualtrics survey was emailed to 115 ED residents and attendings in the Johns Hopkins Health System. Participation was voluntary and informed consent was obtained through a statement at the beginning of the survey, which read "Your completion of this survey or questionnaire will serve as your consent to be in this research study." The study was approved by the Johns Hopkins Medicine Institutional Review Board. The survey was designed to assess physicians' attitudes toward patients with substance use disorder as well as some of the underlying reasons for these attitudes. The two main sections of the survey were (1) demographics and (2) the medical condition regard scale (MCRS), http://links.lww.com/JAM/A67. Participants were informed that results were anonymous and were offered a $10 Amazon gift card as an incentive to complete the survey.

Demographic information obtained included age, gender, race, and years practicing medicine. The MCRS is an 11-item questionnaire (Christison et al., 2002) designed to gauge regard for 5 different medical conditions with a behavioral component: (1) patients with substance use who have pain, (2) trauma patients who are intoxicated, (3) obese patients with back pain, (4) patients with poorly controlled diabetes who have a poor diet, and (5) patients with chronic obstructive pulmonary disease (COPD) who smoke. Participants were asked to rank how much they agree with each of the 11 statements on a scale from 1 (strongly disagree) to 7 (strongly agree), with 4 being neutral. In our analysis, we considered answers 1 to 3 as "disagree," 4 as "neutral" and 5 to 7 as "agree." At the end of each block of questions, participants received a notice if they left any questions blank, but were not required to answer all questions before moving on to the next section. Thus, not all participants answered every question.

RESULTS

Participant Characteristics

The response rate to the survey was 50% (n = 58) and the completion rate was 43% (n = 50). Eight participants began the survey, but did not complete it. The mean age of respondents was 34 years old, with a range from 26 to 66 years old. The median length of time practicing medicine was less than 5 years, indicating that the majority of respondents were residents or new attending physicians (Table 1).

TABLE 1. Demographics

N	50
Age, y	
Mean	34
Range	26–66
Standard deviation	7.4
Sex	
Male	29
Female	20
Prefer not to answer	1
Race	
White/Caucasian	33
African American	4
Hispanic	0
Asian	8
Native American	0
Pacific Islander	0
Other	1
Prefer not to answer	4
Number of years practicing medicine	
<5	31
5–9	9
10–14	5
15–19	2
20 or more	2
Prefer not to answer	1

Regard for Medical Conditions

Physicians had lower regard for patients with substance use than other medical conditions with behavioral components. Only 8% of participants agreed that working with patients with substance use who have pain is "satisfying" and only 10% agreed that they "enjoy giving extra time to patients like this." This was lower than for any other condition with a behavioral component included in the survey. For comparison, 18% of respondents agreed that working with obese patients with back pain is "satisfying," 26% agreed that working with trauma patients who are intoxicated is "satisfying," 29% agreed that working with patients with poorly controlled diabetes who have a poor diet is "satisfying," and 50% agreed that working with patients with COPD who smoke is "satisfying." Furthermore, 72% of respondents agreed that patients with substance use who have pain "are particularly difficult for me to work with," 54% of respondents indicated that they agreed that they "prefer not to work with patients with substance use who have pain," and 54% agreed that "patients like this irritate me." This was higher than for any other medical condition included in the survey. When it came to cost of medical care, most respondents agreed that regardless of the medical condition "insurance plans should cover patients like this to the same degree that they cover patients with other conditions" (76% for patients with COPD who smoke, 76% for patients with poorly controlled diabetes who have a poor diet, 76% for patients with substance use who have pain, 80% for trauma patients who are intoxicated, and 82% for obese patients with back pain) and disagreed that "treating patients like this is a waste of medical dollars" (64% for patients with substance use who have pain, 70% for trauma patients who are intoxicated, 76% for patients with COPD who smoke, 78% for obese patients with back pain, and 80% for patients with poorly controlled diabetes who have a poor diet) (Table 2).

DISCUSSION

Although some previous studies have looked at healthcare providers' attitudes toward patients with substance use disorder,

TABLE 2. The Medical Condition Regard Scale

	Patients With COPD Who Smoke			Trauma Patients Who Are Intoxicated			Patients With Poorly Controlled Diabetes Who Have a Poor Diet			Obese Patients With Back Pain			Patients With Substance Use Who Have Pain		
	% Disagree (N)	% Neutral (N)	% Agree (N)	% Disagree (N)	% Neutral (N)	% Agree (N)	% Disagree (N)	% Neutral (N)	% Agree (N)	% Disagree (N)	% Neutral (N)	% Agree (N)	% Disagree (N)	% Neutral (N)	% Agree (N)
Working with patients like this is satisfying	26% (13)	24% (12)	50% (25)	44% (22)	30% (15)	26% (13)	43% (21)	29% (14)	29% (14)	48% (24)	34% (17)	18% (9)	70% (35)	22% (11)	8% (4)
Insurance plans should cover patients like this to the same degree that they cover patients with other conditions	18% (9)	6% (3)	76% (38)	12% (6)	8% (4)	80% (40)	12% (6)	12% (6)	76% (37)	6% (3)	12% (6)	82% (41)	8% (4)	16% (8)	76% (38)
There is little I can do to help patients like this	78% (39)	2% (1)	20% (10)	80% (40)	12% (6)	8% (4)	73% (26)	6% (3)	20% (10)	60% (30)	14% (7)	26% (13)	42% (21)	16% (8)	42% (21)
I feel especially compassionate towards patients like this	30% (15)	36% (18)	34% (17)	44% (22)	32% (16)	24% (12)	31% (15)	37% (18)	33% (16)	33% (16)	43% (21)	24% (12)	52% (26)	30% (15)	18% (9)
Patients like this irritate me	54% (27)	22% (11)	24% (12)	24% (12)	24% (12)	52% (26)	49% (24)	16% (8)	35% (17)	56% (28)	16% (8)	28% (14)	18% (9)	28% (14)	54% (27)
I wouldn't mind getting up on call nights to care for patients like this	19% (9)	19% (9)	62% (29)	31% (15)	10% (5)	58% (28)	22% (10)	35% (16)	43% (20)	39% (18)	20% (9)	41% (19)	56% (27)	17% (8)	27% (13)
Treating patients like this is a waste of medical dollars	76% (38)	12% (6)	12% (6)	70% (35)	14% (7)	16% (8)	80% (39)	6% (3)	14% (7)	78% (39)	18% (9)	4% (2)	64% (32)	22% (11)	14% (7)
Patients like this are particularly difficult for me to work with	78% (39)	12% (6)	10% (5)	52% (26)	18% (9)	30% (15)	63% (31)	14% (7)	22% (11)	47% (23)	12% (6)	41% (20)	20% (10)	8% (4)	72% (36)
I can usually find something that helps patients like this feel better	4% (2)	8% (4)	88% (43)	8% (4)	18% (9)	74% (37)	8% (4)	13% (6)	79% (38)	10% (5)	10% (5)	80% (40)	44% (22)	16% (8)	40% (20)
I enjoy giving extra time to patients like this	20% (10)	49% (24)	31% (15)	40% (20)	48% (24)	12% (6)	22% (11)	47% (23)	31% (15)	35% (17)	49% (24)	16% (8)	58% (29)	32% (16)	10% (5)
I prefer not to work with patients like this	66% (33)	26% (13)	8% (4)	48% (24)	38% (19)	14% (7)	55% (27)	35% (17)	10% (5)	50% (25)	36% (18)	14% (7)	15% (7)	31% (15)	54% (26)

COPD, chronic obstructive pulmonary disease.

few have focused on EDs, where many individuals with SUD go for care. Our study focused on ED physicians and found that a significant portion had low regard for patients with substance use. This is congruent with previous research demonstrating widespread negative attitudes toward patients with SUD among healthcare providers in other specialties (van Boekel et al., 2013).

Aside from the ethical implications of a significant portion of ED physicians having low regard for a significant portion of their patient population, there are practical implications as well. A vignette study of patients with neutral and difficult behaviors showed that internists made more diagnostic errors when patients were described as having difficult behaviors (Mamede et al., 2017). Furthermore, negative attitudes can have effects on ED physicians themselves and may contribute to the higher burnout rate among ED physicians. A survey of 418 ED physicians in the Henry Ford Health System in Detroit, MI, found that 77% of those surveyed said they held bias against people who frequently use the ED, and 82% said they feel some level of burnout from people who frequently use the ED (Peltzer-Jones, 2011). A survey in Australia found that implicit prejudice toward patients with SUD was correlated with higher self-reported stress in nurses who work with patients with SUD, which in turn was correlated with higher intention to change jobs (von Hippel et al., 2008).

One of the main limitations of this study was the modest sample size. Other limitations include the moderate response rate and possible social desirability bias, or the tendency of respondents to answer questions in a way they believed would be viewed favorably. The fact that the demographics were skewed toward younger physicians is significant because research has shown that younger age is associated with less stigmatizing attitudes toward people with drug addiction (Sattler et al., 2017). An additional limitation is that the MCRS has not been validated specifically among emergency medicine physicians. It was developed among primary care physicians and medical students and has been used among psychiatry and addiction specialists, but has not previously been used in the acute care setting (Christison et al., 2002; Gilchrist et al., 2011; van Boekel et al., 2014). Thus, it did not take into account factors specific to the ED setting such as high level of patient acuity, diagnostic uncertainty, time pressure, overcrowding, and increased workflow interruptions (Johnson et al., 2016). It also did not tease out possible confounding variables related to substance use such as homelessness, which is often associated with increased stigma (Bhui et al., 2006). Finally, the fact that the study was limited to one academic cohort of physicians in Baltimore means that the results may not be generalizable to all ED physicians.

More work needs to be done in order to understand the root causes of such perspectives among ED physicians. In a series of observations and interviews conducted at a county hospital ED in California, researchers found that ED providers valued working with vulnerable populations such as patients with SUD, but found the work challenging due to aggressive patient behavior or unpleasant patient interactions, difficulty discerning if patients were giving accurate medical histories, concern about drug-seeking behavior, and the burden of balancing limited resources (Henderson et al., 2008). Another potential cause of negative attitudes among ED physicians

toward patients with SUD is rarely seeing patients with SUD who are doing well or improving. A randomized vignette study of a US population sample from an online panel found that portrayal of people with successfully treated drug addiction significantly attenuated negative attitudes toward these individuals as compared to portrayal of persons with untreated symptomatic drug addiction (McGinty et al., 2015). Similarly, health professionals in England had more positive attitudes toward patients with substance use disorder who were described in a clinical vignette as being in remission or holding a job rather than those who were described as actively using substances (Rao et al., 2009).

CONCLUSIONS

Once again, it appears that medical providers hold biases against patients with SUD. Perhaps it is increased exposure to patients with SUD who are in recovery that may lead to improved ED interactions for both patients and physicians. Ultimately, until ED providers and medical providers in general address the underlying causes of stigma towards patients with SUD, we cannot ensure these patients will receive the best care possible, and therefore the best chance at recovery.

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