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Ethics Forum

Autonomy vs Paternalism in the Emergency Department: The Potential Deleterious Impact of Patient Satisfaction Surveys

ABSTRACT: Patient satisfaction surveys, such as Press Ganey, are flawed metrics for the emergency department setting and also in broader pain medicine. National experts discuss the pitfalls of applying such measures in pain care, and the potential unintended negative consequences to patients and providers alike. Evaluators, administrators, and payers are challenged to understand the limitations of Press Ganey and patient satisfactions in pain treatment, and the field is challenged to develop meaningful and valid metrics for best practices and competencies.

Patient Satisfaction Surveys and Treatment of Pain in the Emergency Department (ED) Setting

Case Study

After receiving low marks in the latest Press Ganey patient satisfaction survey, an emergency physician (EP) was counseled by the medical director of his group, who stated that patient satisfaction metrics were an important component of performance evaluation, that financial incentives were tied to these results, and that suboptimal results influence hospital decisions regarding contract renewal for the entire physician group. During the physician's next shift, a 42-year-old female presented with pelvic pain. She was visiting from a distant city, and had a long history of both chronic and recurrent pain for which she had been taking hydromorphone 6 mg capsules every 3 hours for progressively increasing pain over 3 days. She had run out of medication, and her physician was unavailable. She had normal vital signs, and her abdominal and pelvic exams were benign. Her pain improved after hydromorphone, 2 mg intravenously. She demanded to be discharged with enough hydromorphone to last her for the next 5 days and until she can see her physician. As the physician was talking with the patient, he was told by the nursing staff that the waiting room was full, and that emergency medical services would be arriving shortly with two gunshot wound victims.

This case is representative of a common conundrum for the EP surrounding management of patients with exacerbations of chronic pain in the ED [1]. EPs should adhere to the principles of beneficence and nonmaleficence, and provide effective pain management while avoiding opioid overprescribing. These responsibilities are simultaneously balanced with respecting patient autonomy [2]. The case in point introduces an additional contextual feature that may influence physician decision making: the EP had been reprimanded based on his recent patient satisfaction survey results, with ramifications potentially threatening his income and job security.

As patient satisfaction surveys are increasingly used as a quality care marker, the EP's ability to provide unbiased care becomes more difficult. As currently administered and interpreted, many feel that these surveys are statistically unsound and that they have undue influence on physician decision making [3]. Only discharged patients are typically included in Press Ganey surveys, with the potential that lower acuity patients may overly influence the results. Unrealistic or inappropriate patient expectations and perceptions of care may also be reflected as dissonance in the survey. These criticisms are perhaps most salient in cases of patients presenting to the ED with chronic pain. Press Ganey surveys may overly emphasize pain management, and tend to highlight complaints by those with chronic pain and possible aberrant drug-related behaviors who seek opioid prescriptions for nonmedical reasons. Unfortunately, these surveys are often based on small sample sizes [4], particularly for individual physicians, yet interpretation may have a negative impact on an individual physician or even on a group or hospital level.

A negative Press Ganey survey result from a patient seeking prescription opioids may result in an unfavorable job review for physicians, a problem that a physician could potentially avoid with more frequent and more generous opioid prescribing. This could easily be the choice for the EP in this case, given time constraints and the need to attend to other patients. While such choices are regrettable, they are predictable. Therefore, it is important to examine the long-term consequences of utilizing surveys based on patient satisfaction to gauge physician care competence. The negative attributes and inherent consequences may not only harm the individual patient, but also have broader ill effects on population health due to the increase in prescription opioids available for misuse and abuse.

MONICA K. WATTANA, MD, and KNOX H. TODD, MD, MPH
Department of Emergency Medicine, MD Anderson Cancer Center, Houston, Texas, USA

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Press Ganey Scores and Patient Satisfaction in the Emergency Department (ED): The Patient Perspective

Patient-centered care—considering the needs and the desires of the patient—is an important element in first-quality medical practice. But we should not confuse this principle with *patient-dictated* care, especially when it comes to the treatment of chronic pain in the ED. The gap between what we know to be sound pain management practice and consumer expectations is too great. In a 2006, the American Chronic Pain Association conducted an online survey of patients with pain treated in EDs over the past year. We found that almost half of these patients rated their pain management experience as “poor” or worse [1], indicating low levels of patient satisfaction. However, this study failed to elucidate the *specific* expectations of patients in the ED in regard to pain management.

The expectation of people with pain often is that all they need is a pill to relieve their pain. They do not fully understand the complexity of their condition and the limitations of medications or other interventions available in the emergency setting.

Yet health care providers understand that it is rare that a pill (or many pills) will provide complete relief. People with pain need to become actively engaged with their health care provider in a process for finding the *combination* of pain management strategies that will reduce the individual’s suffering, improve function, and restore quality of life.

The ED is not the place where this can occur; such care is not its charter nor is there time and staffing for this approach to pain. Ideally, multi-modal pain management centers would be available in every medical center to which people with pain could be referred so that their pain could be validated, their fears addressed, and treatment needs more comprehensively met. Increased patient education in the ED regarding alternatives to opioids (as well as to seeking ED treatment for conditions that could be treated more effectively and cost-efficiently in other medical settings) would be optimal, and would be possible if ED personnel were not extremely busy and clinically overstretched [2]. But as this is not the case, people with pain leave feeling that they have been neither well cared *for* nor cared *about*. Although patient satisfaction should not be ignored completely, it is important to note that its relationship to actual outcomes is tenuous at best [3].

The overlay of satisfaction surveys such as Press Ganey further complicates this already challenging situation. Health care providers who work in the ED are forced to choose between good medical practice and performance reports that could reflect on their pay and possibly their employment. This makes little sense for anyone. Pain treatment should be based on a number of factors, but likeability ratings should not be one of them.

PENNEY COWAN
American Chronic Pain Association (ACPA), Rocklin, California, USA

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A Call to Action and Evolution

Dr. Wattana and Dr. Todd’s case study illustrates how Press Ganey and other such surveys may influence physicians to “please” patients. Pleasing patients is rewarded with higher patient satisfaction ratings that reflect favorably upon the physician, the department, and the hospital. Ms. Cowan notes that the problem lies in the surveys themselves: the surveys promote an assumption that patient satisfaction is an index of physician *competence*. Competent doctors practicing good medicine may receive poor Press Ganey satisfaction ratings *because* they are practicing good pain medicine. In the ED and often in broader pain medicine, Press Ganey ratings are virtually meaningless because the metric is flawed and inappropriately applied in these settings. Not only is the content of many patient satisfaction measures of questionable relevance, but problems with interpretation abound [1]. As an example, excellent pain care may well entail setting boundaries and disappointing patients who had expectations of receiving opioids. In the current political and health

care climate aimed at reducing inappropriate opioid prescribing, physicians should be supported in adhering to best practices, and be rewarded for good and safe patient care.

Compassionate care must not be confused with indulging patient expectations. A physician's most compassionate act may be gently yet firmly telling a patient that he/she cares too much about his/her well-being and safety to fill the opioid prescription that he/she is requesting. Such a decision may result in the physician receiving a scathing Press Ganey satisfaction score from the patient; yet this decision may also have saved the patient's life or someone else's. At minimum, the physician would have compassionately refused to enable the patient in engaging a harmful behavior. In the case presented here, the physician is beholden by oath to do no harm and to practice in the patient's best interest. With these ethics in mind, the physician surely *must* disappoint the patient, and his/her satisfaction ratings will therefore suffer.

While the notion of patient satisfaction is important, it must be measured differently in pain medicine. It also should be noted that patient satisfaction has been empirically associated not only with higher prescription medication and overall health care costs, but with increased mortality as well [2]. The field of pain medicine must challenge evaluators to evolve beyond a widely used standard metric that generates flawed data, and promotes gross misperceptions regarding professionalism, compassionate care, and competency. Appropriate and field-specific metrics are needed for pain medicine, particularly in the ED. This raises the question of whether the practice of assessing patient satisfaction in the ED in cases in which opioids are requested should be suspended, with quality performance measured by survival rates or other objective metrics. Ethical issues associated with the utilization of inappropriate measures of physician performance have been addressed in the literature [3]. Until appropriate measures of performance are developed, routinely utilized, and interpreted in a manner appropriate to the context of the specific clinical situation, hospitals, health care organizations, and payers are challenged to understand that Press Ganey and other similar satisfaction surveys are limited and potentially harmful to patients and providers alike, particularly when they relate to patient requests for opioids.

Beth D. Darnall, PhD,* and
Michael E. Schatman, PhD, CPE†
**Division of Pain Medicine, Stanford University, Palo Alto, California, USA*
†Foundation for Ethics in Pain Care, Bellevue, Washington, USA

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