#### DIGITALCOMMONS —@WAYNESTATE— Clinical Research in Practice: The Journal of Team Hippocrates

Volume 8 | Issue 2

Article 14

2022

## Stigma is a very real part of clinical practice

Aaron Rivkin rivkin@iha.org

Follow this and additional works at: https://digitalcommons.wayne.edu/crp

Part of the Medical Education Commons, and the Translational Medical Research Commons

#### **Recommended Citation**

RIVKIN A. Reflection on Clinical Decision Science: Stigma is a very real part of clinical practice . Clin. Res. Prac. Mar 14 2023;8(2):eP3279 https://doi.org/10.22237/crp/1678752060

This Reflection on Clinical Decision Science is brought to you for free and open access by the Open Access Journals at DigitalCommons@WayneState. It has been accepted for inclusion in Clinical Research in Practice: The Journal of Team Hippocrates by an authorized editor of DigitalCommons@WayneState.

# REFLECTION ON CLINICAL DECISION SCIENCE: Stigma is a very real part of clinical practice

AARON RIVKIN, MD, St. Joseph Ann Arbor Addiction Medicine Faculty, IHA Recovery Medicine, Ann Arbor, MI

Sometimes I hear patients say things like:

"Being an addict is hard."

"I only get high on the weekends."

"Yeah, I'm a crackhead."

Although these words are colloquial, they perpetuate the stigma associated with chemical use disorders and create roadblocks to effective treatment of these chronic health conditions. Garcia, et al., quote Ervin Goffman's Theory of Stigma which recognizes three sources or domains of "spoiled identity".<sup>1</sup> As a physician that specializes in substance use disorders, I am constantly dealing with the second major domain of Stigma:

"Character perceived as weak will..." [mental illness, addiction, imprisonment, etc.] (p. 4)<sup>2</sup>

Our language perpetuates stigma in our culture and my patients have internalized the perceived weaknesses of the cultural message: "it is a choice," and somehow they are too mentally weak or immoral to make healthier choices. I tell patients (and doctors) that using such words contributes to patients' shame and guilt which can be a barrier to effective recovery and treatment.

I start by re-educating patients and I am very careful to avoid stigmatizing language. I say things like:

"Having a substance use disorder is difficult."

"You seem to have more episodes of intoxication on weekends."

"You use cocaine by inhalation."

During new patient encounters I try to spend five to ten minutes reviewing the pathophysiology and neurobiology of addiction, so patients understand that they have a chronic disease.

Doctors also need to learn about the role stigma plays in treating patients. Only when we start thinking about chemical use disorders as chronic diseases will we be able to tell our patients, "Your disease can become well controlled."

### References

 Garcia R, Bartkowiak C, Nesbitt A. The importance of stigma theory for clinical decisions related to diabetic foot amputations. *Clin Res Prac.* Dec 6 2022;8(2):eP3047. <u>https://doi.org/10.22237/crp/1667260800</u>

AARON RIVKIN, MD practices at St. Joseph Ann Arbor Addiction Medicine Faculty, IHA Recovery Medicine, Ann Arbor, MI.

RIVKIN A. Reflection on Clinical Decision Science: Stigma is a very real part of clinical practice . *Clin. Res. Prac.* Mar 14 2023;8(2):eP####. <u>https://doi.org/10.22237/crp/1678752060</u>

2. Goffman E. Stigma: Notes on the Management of Spoiled Identity. Simon & Schuster; 1963.