**Channeling the Spirit of Dame Cicely Saunders for the "Stably Bad" Patient**

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**BACKGROUND:**
In the age of the opioid epidemic, patients with substance use disorders (SUD) often experience stigma in healthcare systems, adding medical barriers on already complex social situations.1 This population with concurrent chronic pain are subject to undertreated symptoms, which may impact their likelihood of engaging in maintenance therapy and risk for overall harm.2,3,4

**CASE DESCRIPTION:** The case is presented in the format of an infographic timeline with chronological panel numbers at the top left corner.

**PMH:**
Lumbar Fusion
GAD
Poly-SUD
Chronic Pain

**Week 0:**
First Hospitalization

**Week 3:**
Repeated

**Week 9:**
Pain service signed off case: "A [PC] consult is more appropriate to [ ] opioids [PRN] while they simultaneously [get the] patient opioid abuse therapy..."

**Week 9.5:**

**Week 10:**
PC RPh coordinated initial meeting with:
- Chemical Dependency NP
- SUD Social Worker
- Hospitlist NP
- Palliative Care RPh
- Palliative Care MD

**Week 16:**
Discharge

**DISCUSSION:**
- Interprofessional teams are the embodiment of Dame Cicely Saunders’ philosophy through providing holistic approaches to patient care.
- For patients with SUD, suffering is amplified by stigma. Effective symptom management and holistic care is quintessential in the management of total pain, especially for “stably bad” patients.
- HAPC pharmacist are integral team members with specialized training and practice experiences capable of implementing multifaceted palliative care skills.
- HAPC pharmacists can effectively provide holistic patient care in the spirit of Dame Cicely Saunders to support and expand palliative care services, especially in settings of high workload (i.e. COVID).

**REFERENCES:** Available on web link above. Images by FlatIcon.