**MD Script #2 – GOOD Example**

*STUDY PARTICIPANT* as PROVIDER: Good morning, (*insert name*). I am Dr. (*insert name)*, a palliative care physician, and I was asked by your cancer doctor to come see you.

*RESEARCH TEAM MEMBER* as PATIENT: Hello, doctor. I have been in a lot of pain; I am so glad that you are here.

PROVIDER: Well, Mr. Brown, helping patients with their pain or any other symptoms is a big part of what palliative care is. Please tell me more about your pain.

PATIENT: My pain is mostly over my stomach area. It has been getting worse and worse even though I am taking more and more of the dilaudid pills. I don’t know what this means…..

PROVIDER: Okay, it sounds like you are wondering what this worsening pain means. What are you worried about with this pain?

PATIENT: Well, I think my cancer may be spreading.

PROVIDER: Your cancer spreading can certainly make your pain worse, but there may also be other possibilities. Are there other reasons that make you think that your cancer is spreading?

PATIENT: I don’t know, I just have a feeling….(patient sits silently)

PROVIDER: (Pause for no more than 10 seconds) You must be scared about that possibility. I will talk to your cancer doctor and see what he thinks is going on. Whether or not your cancer is spreading, it is my first priority to do my best to control your pain, no matter the cause. Can you tell me more about how you’ve been trying to manage your pain?

PATIENT: I have been taking dilaudid two tablets every 4 hours and it barely touches the pain. I have not slept for more than a couple of hours a night for weeks.

PROVIDER: So the pain is affecting your sleep. Are there any other symptoms that seem to be interfering with your sleep?

PATIENT: Honestly, doctor, I often lie in bed thinking about what I am going to do if my cancer is spreading. The pain also doesn’t help.

PROVIDER: I’m sorry that you are going through all of this. Pain can really interfere with your life, and it can be really difficult to manage. If you don’t mind me asking, have you been having any feelings of depression and/or anxiety?

PATIENT: Of course I am depressed, wouldn’t you be if you had pancreatic cancer?!

PROVIDER: I am sorry. It is understandable that you would be feeling this way considering what you are going through. Let’s see if I can help by making your pain better as a start.

PATIENT: What can you do for me?

PROVIDER: Well, what we often do is to switch to a different opioid pain medicine when one has not seemed to work. I want to try a medicine called oxycodone instead of dilaudid to see if it would work better for you. What do you think about that?

PATIENT: I trust your judgement doctor. But I am also afraid of getting addicted to these kinds of medicine. I have heard a lot of bad things about opioids.

PROVIDER: You are right that there is a risk of addiction whenever we use this type of strong pain medicine. But you have to consider your overall quality of life.

PATIENT: What do you mean?

PROVIDER: We treat pain, or any other symptom, for that matter, to maximize a patient’s quality of life. If we are successful in managing your pain, you may feel better, sleep better, function better overall, and enjoy life more. Ultimately that is what we are aiming for, and switching to a different opioid medication can help. We will provide you safe doses and check up on you often.

PATIENT: That would be nice.

PROVIDER: Speaking of quality of life, how do you feel your quality of life is now? In what ways can it be better?

PATIENT: Oh, how much time do you have?! The way things are right now, I’m miserable. Certainly, being in pain all the time does not help. So being comfortable and more rested would help tremendously. But also, now that I am thinking more about it, it would be nice to have some questions answered. I am definitely a planner; I want to make plans but I realize I need information.

PROVIDER: I understand. Thank you for mentioning that you have more questions about your future plans. It may be best to have that conversation with you, myself, your cancer doctor, and any of your loved ones that you’d like to involve. We can plan that for your next visit, if that’s OK? Is there something urgent that you want answers for today?

PATIENT: I think we can wait; I also would like my wife to be present. She could not come with me today.

PROVIDER: Sounds good. Okay, let’s come back to the pain management. I recommend that we replace your dilaudid 4mg tablets with oxycodone 5mg oral tablets – available as often as every 4 hours. This would be our first step. We can have you and your wife come back in a couple of weeks – to reassess your pain and also discuss what questions you have about your cancer and any possible treatments. Does that sound OK?

PATIENT: That sounds good. Thank you, doctor.