

# What Prescribers Can Learn From Doctor Shoppers

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#### **ABSTRACT**

Prescription drug abuse is a growing problem worldwide. Doctor shopping is a prevalent form of prescription drug diversion in which patients visit numerous prescribers to obtain prescription drugs that are then abused. This article provides information about the tactics of people who engage in doctor shopping, the role of prescribers in this phenomenon, and recommendations for prescribers as to how to prevent or reduce the incidence of doctor shopping.

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Prescription drug abuse is a societal problem, second only to the abuse of marijuana in many countries worldwide. The financial cost of prescription drug diversion has been estimated at \$72 billion per year. The number of Americans aged 12 and over who admitted to misuse of prescription drugs in 2011 was 6.1 million. Prescription drugs with abuse potential are abused through diversion methods that include theft, forgery, and doctor shopping. Doctor shopping involves considerable risk including twice the odds of a drug-related death.

Doctor shopping is a term widely used by health care professionals, the public, media, and government to describe a method of prescription drug diversion in which patients visit numerous prescribers to obtain prescription drugs for illicit use. Attributes of doctor shopping include patients using multiple prescribers to obtain controlled drugs and not reporting to the prescriber that they have obtained similar prescriptions from other prescribers, filling the obtained prescriptions at more than 1 pharmacy, and using the medication in a way that was not intended when prescribed. Although the term doctor shopping

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#### At the conclusion of this activity, the participant will be able to:

- A. Describe the risks of doctor shopping to prescribers and patients
- B. List signs that patients may be doctor shopping or abusing prescription drugs
- C. Identify measures that prescribers can take to prevent or reduce the incidence of doctor shopping

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is universally used, health care professionals other than medical doctors prescribe medication in the United States, including nurse practitioners, physician assistants, and dentists. Therefore, the term *prescriber* is used in this article to mean the professionals who prescribe medications, some of whom are not doctors.

#### THE PRESCRIBER'S ROLE IN DOCTOR SHOPPING

Prescribers have a legal and ethical obligation to prescribe medication responsibly. Little is known about prescribers' decision making when prescribing controlled drugs. Stigma among health care providers may be a contributing factor to the apparent reluctance of prescribers to deal effectively with people who doctor shop or abuse prescription drugs. In some cases, it may be easier for the prescriber to write a prescription than deal with the fact that the patient might have a substance use disorder. In a systematic review of the literature, van Boekel et al found that negative attitudes of health care professionals toward patients with substance use disorders are common and contribute to suboptimal health care for these patients. Other findings included that health care professionals were concerned about violence in patients with substance use disorders, lacked adequate training and support to work with this group, and were less involved, resulting in less personal engagement and diminished empathy.

In general, health care providers are educated to listen to their patients and trust them and take what they say as true. In most cases, people do not present to prescribers telling lies in an effort to deceive; therefore, this is unexpected and often unrecognized. For some prescribers, it can be perceived as being unsympathetic, negative, or unkind to be suspicious of patients. Prescribers rely on their judgment and intuition when making decisions about what treatments to endorse, and, in the case of doctor shoppers, this is often ineffective. In most cases, prescribers are likely basing their decision on their patients' physical appearance, words, or actions. This is problematic when dealing with people who are doctor shopping because these patients use deception and manipulation. Prescribers often erroneously believe that they can detect a patient who is lying. This is contrary to a meta-analysis of 206 studies performed on deception

judgments. The authors of that meta-analysis determined a lie-truth discrimination rate of 54%, which is only slightly better than what could be achieved by flipping a coin.<sup>8</sup>

## RESEARCH RELATED TO TACTICS OF DOCTOR SHOPPING

Information has been available and published for years about signs of aberrant drug-seeking behavior. Signs include claiming medications were stolen or lost; requesting early refills; asking for a specific drug; claiming allergies to less potent drugs or that they are ineffective; flattering the prescriber; or eliciting guilt, sympathy, or threat. <sup>9-12</sup> It is unclear how many prescribers are aware of this information or if it is being included in their programs of study.

Although there has been a recent increase in research related to doctor shopping, few studies have examined the phenomenon from the perspective of the people who are engaging in doctor shopping. A recent in-depth qualitative phenomenological study was conducted with 14 women who selfidentified as having engaged in doctor shopping. The design study, methods, and population were reported elsewhere, along with the qualitative data of doctor shoppers' experiences. 13 The findings from the study included that the experience involved 4 themes: feeding the addiction, networking with addicts, playing the system, and baiting the doctors. 13 Findings from that study have been used to develop recommendations as to what health care providers who prescribe medication can do about doctor shopping.

## WHAT PRESCRIBERS CAN DO ABOUT DOCTOR SHOPPING

There are several measures that prescribers can take to detect and prevent doctor shopping. There is evidence that doctor shopping is increasing at an alarming rate, and, therefore, it is not clear if prescribers are taking such steps. Because the literature is lacking in studies related to decision making and practices when prescribing controlled drugs, it can only be speculated why measures may not be taken. Reasons might include lack of knowledge, lack of time, or feeling uncomfortable confronting patients.

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