

Wrestling with Ethical Dilemmas in Caring for Hospitalized Patients with Addiction

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Disclosure Information

- ◆ Julie Childers, MD, FAAHPM
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- ◆ Melissa B. Weimer, DO, MCR, FASAM
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Learning Objectives

- ◆ Describe the ethical approach to patients with substance use disorders (SUD) in relation to the medical model of addiction and the principles of harm reduction.
- ◆ Differentiate between ethical dilemmas and legal or policy issues
- ◆ Weigh ethical principles such as autonomy, beneficence, nonmalificence and justice to develop a range of possible solutions to ethical dilemmas in hospitalized patients with SUD.

Case

- ◆ 40 year old woman with OUD
 - ◆ History of recent substance use
 - ◆ Restarted on methadone in the hospital
- ◆ Admitted for care of a soft tissue infection requiring six weeks of antibiotics
- ◆ Decides to leave hospital prematurely (“AMA”)
- ◆ Nurse comes in to remove PICC
 - ◆ Patient becomes agitated, refuses to let the team touch her or remove the PICC line

Ethical question:

- ◆ Is the team ethically justified in restraining the patient to remove the PICC line?
- ◆ What ethical principles are in conflict?

Difficult scenarios in Hospitalized Patients with SUDs

- ◆ Responding to drug use in the hospital or immediately outside
- ◆ Patient refuses to participate in care unless he is given a benzodiazepine
- ◆ Cardiothoracic surgeon is reluctant to replace a valve on a patient with substance use disorder – invokes “clinical futility”
- ◆ Patient admitted with recurrent respiratory failure thought to be related to her methadone dose. She refuses permission to have this information shared with methadone clinic when she is discharged

What is an ethical issue?

- ◆ Conflict between fundamental ethical principles
- ◆ Clinician discomfort “It doesn’t feel right”
- ◆ Moral distress
- ◆ These cases take a lot of time and involve a lot of discussion (formal and informal)

Four Principles

- ◆ Beneficence = do what is of benefit
- ◆ Nonmalificence = do no harm
- ◆ Autonomy = self-determination and self-rule
- ◆ Justice = fairest distribution of resources



Associated Ethical Issues

- ◆ Informed consent
- ◆ Confidentiality
- ◆ Right to refuse treatment
- ◆ Professionalism
 - ◆ Appropriate clinician-patient boundaries
 - ◆ Fairness and equity
 - ◆ Responsibility of clinicians to advocate for patients and necessary system changes

Belmont Principles

- ◆ Beneficence
- ◆ Justice
- ◆ Respect for Persons

Ethical and Legal are not the same!

Scenario: Patient is observed using heroin in his hospital room



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The legal view of addiction

- ◆ Addiction is a moral failing
- ◆ Addiction is a crime
- ◆ Stigma: people with SUDs are less “deserving” of respect and care than people without SUDs
- ◆ Solutions:
 - ◆ The penal system
 - ◆ Not offering equivalent treatment to SUDs as to physical illnesses

Medical View of Addiction

- ◆ Addiction is a disease
- ◆ People with SUDs deserve care for their addiction just as those suffering from any disease would (respect for persons)
- ◆ That care should not be contingent on abstinence (beneficence)

Legal view and solutions

- ◆ Drug use is illegal
- ◆ Drug use on hospital grounds is against hospital policy
- ◆ Solutions:
 - ◆ Restrict the patient to ensure it does not happen again
 - ◆ Room searches, no visitors, confined to room, security guard outside room
 - ◆ If the patient “violates” these restrictions -> discharge

Ethical view

- ◆ Drug use in this setting is a symptom of a disease
- ◆ Priorities:
 - ◆ Keep patient engaged in care for medical illness
 - ◆ Engage patient in SUD care
 - ◆ Avoid overdose
- ◆ Questions: Are his actions harming anyone else? Is he more in danger of overdose here versus outside the hospital? (nonmaleficence)
- ◆ How can we engage him to make the choice to stay in the hospital, treat addiction, and minimize harms?

An Ethically Supportable Plan

- ◆ Approach situation with a medical and safety frame-work
 - ◆ Discuss triggers and coping
- ◆ Develop a shared behavioral plan
- ◆ Involve peer navigator, or other non-judgmental ally , to understand patient concerns and provide support
- ◆ Intensify addiction treatment
 - ◆ including OUD and tobacco use disorder
- ◆ Allow patient selected discharge if patient has capacity

Approaching Behaviors as Symptoms

Negotiating a behavioral plan: how to do it

Patient Safety Care Plan

OHSU maintains a safe environment for all patients, staff, and visitors. Your medical team wants to partner with you to keep everyone healthy and safe. Here's what you can do:

- **Tell us your needs: especially around cravings, triggers, anxiety and/or pain.**
 - Your nurse will check in with you approximately every 2 hours and may not be able to come immediately if you call as they have other patients.
 - Keeping a list may help so when your nurse or doctors arrive you can get your needs addressed (Doctors come once a day).
- **We request you do not inject, smoke, or consume any illicit drugs or alcohol**
 - Using in the hospital can interfere with medical treatment and put you and others at risk for injury.
 - If you have a change in behavior or are off unit for an extended time, a urine drug screen (UDS) may be requested.
- **Procedure for walking off the unit if approved: We want you here for your treatments.**
 - Time off the unit is limited to between 8am – 9pm
 - Let your nurse know you are leaving the unit.
 - IV pumps need to be unhooked by nursing staff before leaving.
 - Use the **sign in/sign out book**: The Orange Binder at nurses' station.



Case 1

- ◆ 27 yo female with injection drug use related infective endocarditis s/p tricuspid valve replacement has been in the hospital for 25 days.
- ◆ She has been successfully treated with medications for OUD.
- ◆ A skilled nursing facility has not been located and she would like to leave the hospital to complete her antibiotics at home. A home infusion company is not willing to administer IV antibiotics for her.
- ◆ She has 3 weeks of IV antibiotics left for optimal treatment

Case 1

- ◆ Do you require her to sign out “AMA”?
- ◆ Do you stop all of her antibiotics?
- ◆ Do you facilitate oral antibiotics or an infusion center treatment option even though you know it may not be as effective?
- ◆ What ethical principles did you apply here?

Case 1

- ◆ Patient goes on to develop prosthetic valve infection 6 months later and is also found to have aortic valve endocarditis related to drug use.
- ◆ What do you do?
- ◆ How do you discuss the cardiothoracic surgeons' concerns about repeat operation?

Case 2

- ◆ 35 year old man with chronic pain, anxiety disorder
- ◆ Opioids and benzos tapered off due to urine positive for cocaine
- ◆ Frequent hospitalizations
- ◆ Paralyzed due to a long-ago gun shot wound
- ◆ Admitted with infected wound
- ◆ Refusing blood draws or line placement unless he receives a benzo first

Case 2

- ◆ What are the ethical arguments for providing the benzos?
- ◆ What are the arguments against?
- ◆ What do you do?

Your Cases



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Role of Clinical Ethics Consult Services

- ◆ Mediate patient (or family)/clinician disputes
- ◆ Provide coaching on thinking through ethical issues in patient care
- ◆ Make emergent decisions for patients who lack surrogate decision-makers
- ◆ Educate hospital staff about ethics and hospital policies related to ethics
- ◆ Help determine when legal or risk management assistance is needed

Final Takeaways/Summary

- ◆ Autonomy, beneficence, nonmaleficence, and justice are core ethical principles that have relevance to addiction medicine
- ◆ Respect for persons is an additional principle which is particularly applicable given stigma
- ◆ Treating SUDs as a disease fits in with an ethical model that values these principles
- ◆ Getting to know your local ethicist may be helpful

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