ETHICAL CONSIDERATIONS IN CARING FOR PEOPLE WHO USE DRUGS

ETHICS ISSUE QUICK REFERENCE GUIDE

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Quick summary

- Care for people who use drugs can be complex
- Ethical conflict can arise when we feel our care is not helping the patient
- Addressing these conflicts requires respect and balancing obligations

The Issue

Substance use disorders (SUD), also called addictions or drug abuse, are chronic, relapsing illnesses often (but not always) co-occurring with other physical and mental health conditions, and complex social and medical histories. Some patients, especially people using crystal meth, present with acute intoxication which may cause psychotic symptoms and extreme violence. This creates risks to staff, the patient, and others in the vicinity. The withdrawal period can also last several weeks, requiring intensive intervention, and creating a resource issue. Another challenge is treating the serious skin and heart infections that can result from unsafe injection practices. These infections are generally treated with intravenous antibiotics, which often require a central line. Central lines provide easy access for the injection of illicit drugs and the ever-present risk of overdose, and which, if done unsafely, can cause or exacerbate the infection.

Clinicians can feel morally conflicted when

- They feel their care is not helping
- Their interventions cause other risks
- They are unable to meet a standard of care due to violence

Questions that may arise when caring for people who use drugs

For more information, see the reference list on page 5.

- What are the obligations of health care providers in the care of people who use drugs?
- How might a harm reduction approach be employed with people who use drugs?
- How should we manage the violence associated with crystal meth use?
- How aggressively should we treat the sequelae (e.g. infections) of problematic drug use?
- Should we require people with SUD to abstain from using while in treatment?
- Should central lines be given to people who inject drugs and if so, should we teach them to inject safely (i.e. use a harm reduction approach)?
- How can the system best accommodate the resource demands of providing appropriate care for people withdrawing from substance use?

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General Suggestions

Drug use needs to be considered in context. Many factors that give rise to problematic drug use are beyond the control of the individual patient and abstinence may not be the patient's goal when seeking health services. Generally speaking, we tend to prioritize a patient's autonomy, even at the expense of their own safety, but when there is an imminent threat of harm to self or others, the priority shifts.

- Approach patients with curiosity, respect and non-judgment
- Evidence informed practice tools including nurse-initiated protocols can help address the immediate clinical issues of people who use drugs.
- Acute intoxication and uncontrolled violence justify a response proportional to the patient's clinical status and expected benefit of the intervention.
- Restraints should only be used as a last resort, according to policy, and with constant monitoring.
- A security protocol should be part of all ED orientation programs and implemented when needed with consideration of the safety and dignity of the patient and staff.
- Be prepared and alert for escalation, and monitor friends/family as well as the patient.
- Report incidents for tracking and trending.
- Administration, managers, and security must be committed to mitigating risks and to making sure staff feel safe, valued and respected.
- Consider training in mental health, trauma informed care and crisis intervention for staff.
- Debriefing after incidents can also be helpful.

Avoid using stigmatizing terms like "noncompliant" and "addict" and use person-centered language such as "person who uses drugs" and "substance use disorder".

Relational Ethics

Transparency and fairness, openness, non-judgment and patient participation in the decision-making process demonstrates respect and caring. If the patient feels unheard and is powerless, stigmatized, ashamed and disrespected, they are not experiencing care. Health care providers have the ability to demonstrate respect, preserve dignity, and improve safety. A trauma-informed approach can help.

Stigma excludes people. Monitor language. Words like "drug abuser", "non-compliant", and "frequent flyer" demonstrate judgment. Talking about the person as their illness ("the addict in Bed 4") dehumanizes and reduces the perceived moral obligation to provide care. It creates a moralized distinction between us and them. When we highlight the connections between people rather than the differences through the use of person-centered language and inclusive non-judgmental care, we minimize the effects of the vulnerabilities created by drug use.

Risks to the relationships among stakeholders are critical. People who seek health care are already in a vulnerable position by virtue of their health condition. Health care providers must neutralize power differentials by demonstrating respect and engaging the patient as much as possible in decisions about their care.

For more information, see the reference list on page 5.

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Values

Biases are the values and assumptions of the stakeholders in a situation. Drug use is highly stigmatized, and the marginalization that both contributes to and results from drug use complicates treatment. Violence and aggression is directly related to the illness, the associated vulnerability, and the lived experience of the patient. There is a need to be responsive to the patient by understanding (without assuming) their lived experience and reasons for the behaviour, and responding as needed, regardless of the emotional response they or their behaviour provokes.

Consider:

- What is important to the patient? How can we best meet their immediate needs?
- What are you assuming about the patient and their condition, needs and values? How does your choice of language reflect your values?
- How can our approach to the individual preserve their humanity, regardless of the state in which they present?
- How can we recognize the patient's right to self-determination and their inherent worth?

Clinical Considerations

There are ethically significant clinical considerations in treatment of people who use drugs.

- Addressing the immediate health need non-judgmentally may open the door to the patient considering addictions treatment when the crisis is resolved.
- Is the patient able to make decisions about their health care? If experiencing acute intoxication or withdrawal, maybe not. However it is important to check assumptions and provide opportunities for the patient to participate in health care decisions where they are capable.
- Addictions cause neurological changes that make the behaviour harder to stop – at some point, SU is no longer a choice but a survival mechanism. Recognizing this can help with connection.
- Is the proposed treatment is likely to benefit the individual? Is the infection sensitive to the antibiotic? Do they have neurological changes which will make treatment impossible? This may change the plan.
- What are the burdens of the proposed treatment? Will the treatment cause discomfort and how can this be managed? Do the proposed anti-infective medications have side effects that need to be considered?

Moral Obligations

All health professions' codes of ethics specify a duty to care and an obligation not to abandon a person in need. Staff must engage in practice that is consistent with the standards of their professions. Ideally, legal, organizational and professional obligations should match, if there is evidence to support it, in order to prevent moral distress among health care providers.

Risks and Consequences

An important ethical consideration in any decision is the potential outcomes of the decision.

Acute intoxication can be a medical emergency. Treating the medical condition could save the patient's life, and denying treatment, or providing it disrespectfully, could mean they do not receive care at all. Teaching them to inject safely could prevent future infections.

Public relations implications should also be considered. It is important to acknowledge that narratives around the patient's interactions with the health system can affect public trust.

The likelihood and strength of all risks and benefits, long term and short term, should be weighed, and principles balanced through careful deliberation.

There could be liability issues that need to be discussed with Risk Management professionals. There will be tradeoffs. Decision-makers will need to consider how to balance the risks and benefits to the various stakeholders, including equity-affected populations, staff, and the WRHA as a whole.

Ethical Principles

Among the most important factors affecting an ethical decision is the application of ethical principles to the issue. For example:

Respect for autonomy: How capable is the patient of understanding their situation at this moment? Do they want treatment? How can we respect their preferences? How can we validate their humanity and give them some control? What is required for a fully informed consent?

Beneficence: What will benefit the patient? This needs to be considered objectively, excluding judgments about the value of the person's life, and assumptions about the likelihood of relapse. What is best for the person, considering their condition, wishes and preferences, context and circumstances, and the medical knowledge of risks and benefits?

For more information, see the reference list on page 5.

Non-maleficence: Denial of treatment will intensify structural disadvantage and leave the patient worse off. How might a harm reduction approach to respect the patient's choices and circumstances?

Justice: Defining fair treatment as treatment according to need recognizes the disadvantage of equity affected populations. There will be tensions between the need to treat people fairly and effectively, and to steward resources. The clinician's obligation in the moment is to treat the person in front of them, considering what the individual in question needs at the time.

Questions for Consideration

1. What moral dilemma am I facing? Who can help me work through it?
2. What are the patient's needs? What is the priority? What is required to address it?
3. What assumptions am I making about this patient? How might those assumptions be affecting my actions?
4. What is required in order to keep the patient, staff and others safe? How can we best balance safety with dignity and meet the patient's clinical needs?
5. How are my personal values and feelings reflected in the language I use?
6. How can I demonstrate respect, even if it is not reciprocated?
7. What resources do I have for managing the moral distress that may come from my work?

For more information on any of the points in this document, please contact us, or talk with your library about the resources on this list.

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