



Pain, Drugs, and Ethics

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Disclosure

- Nothing to Disclose



Learning Objectives

- Distinguish similarities of chronic pain with other chronic medical conditions
- Differentiate the unique aspects of chronic pain from those of other chronic medical conditions
- Summarize basic ethical principles as they apply to the assessment and management of patients with chronic pain
- Illustrate a clinically relevant framework for incorporation of core ethical principles into the development of a medication-based pain treatment plan that helps achieve positive patient outcomes



Other Key Differences

- Cure unlikely
- Goals and expectations may be unrealistic
 - Patient
 - Healthcare provider
- Frustration from the beginning
- Likelihood of multiple healthcare providers
- Comorbid conditions likely
 - Depression
- Polypharmacy



One MAJOR Difference

- Pharmacological component(s) of the treatment plan pretty much universal
 - Often over-the-counter medications employed prior to visit in many cases when pain persists
 - Acetaminophen
 - Non-steroidal anti-inflammatory drugs
 - Other people's prescription pain medications...
 - Whatever else may be in the medicine cabinet
 - Endpoint of pharmacological therapy may be unclear
 - Endpoint of pharmacological therapy may be non-existent
 - Where is the data about outcomes?



Chronic Pain – A Different Kind of Negotiation

- Quality of life vs.
 - Functional capacity
 - Pain rating
- The patient gets to have a say in what determines success or failure of a treatment plan
- Objective markers of success hard to identify or absent
- Is it easier to be paternalistic when managing pain?
 - “Just tell me what to do”
 - “Just do what I say”



End Result

- The long-standing dynamic of paternalistic care may difficult to abandon in situations involving chronic pain
- Leading to:
 - ↓ Communication
 - ↓ Comprehension
 - Confusion
 - Lack of informed consent
 - Violation of patient rights to ethical delivery of care

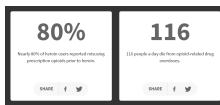


Drugs Always Seem to be the Missing Piece



Drugs and Chronic Pain

- Pharmacologic approaches are used to treat chronic pain more often than not
 - In many cases a trial of opioid analgesics may be considered
 - Especially when other treatment modalities have failed
- Over the past 20 years, the simple and often paternalistic approach to default to opioid utilization in chronic pain treatment has been challenged by many for a variety of reasons — none more prominently than the national "opioid epidemic"¹



The opioid epidemic: by the numbers. Department of Health and Human Services, 2016. Available at <https://www.hhs.gov/opa/odds/the-opioid-epidemic/>. Accessed July 13, 2018.

Dilemmas Surrounding Opioid Use

- Growing number of (sometimes) conflicting opioid prescribing guidelines
 - Aberrant Drug-related behavior(s)
- Negative media attention
 - Stigma
 - Patient
 - Healthcare provider
- Co-morbid medical complexity
- State mandates
- Competing educational programs
 - Educational vacuum^{1,2}
- **FEAR OF REGULATORY SCRUTINY**



1. Mezei L, Muirson B. Pain education in North American medical schools. J Pain. 2011;12(12):1199-1208.
 2. Bradshaw YS, Patel Wade N, Perez-Tamayo A, et al. Deconstructing one medical school's pain curriculum: i, partnering with medical students on an evidence-informed redesign. Pain Med. 2017;18(3):694-703.



Who is the most important stakeholder?

The Big Question



Typical Thought Processes

- Prescription pain medications and chronic pain typically trigger concerns including:
 - Regimentation across a practice – difficult
 - Monitoring – difficult and confusing? (i.e., Urine Toxicology)
 - DOCUMENTATION
 - Cannabis
 - Etc.
- Typical areas of focus include:
 - Guidelines
 - Treatment recommendations
 - Mandates
 - Etc.



The Need for Individuality and Choice

- Self-reported pain ratings are subjective
- Patient needs and treatment should be highly individualized
 - Context **ALWAYS** varies – no matter what
- Highly valuable contributory information should not be ignored – BUT AVOID:
 - Gut checks
 - Over-reliance on prior experience
 - Superimposition of anecdotal experience



What Might be Missing?


- Ways to implement clinically-reproducible approaches and methodologies that don't lost sight of the need for individuality in assessment and care
- Basis of care on core ethical principles that do not deviate from those utilized when faced with assessment and treatment of other medical conditions



No Deficit of Challenges

- Pharmacologic treatment considerations based on recommendations and guidelines
 - Safety
 - Efficacy
 - Potential negative behaviors
 - Misuse
 - Abuse
 - Diversion
 - Addiction
- Everything else going on with the patient
- Everything going on with you
 - Regulatory scrutiny
 - Pressure
 - Confidence
 - Whatever else






Rule #1
Do No Harm

A Healthy Dose of Ethics

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Drivers of Ethical Decision-Making

- Conscious or subconscious
 - Do no harm
 - Limitations of knowledge base
 - We typically do what we know
 - Previous clinical experience(s)
 - Precognitive biases
 - Core ethical principles
 - Autonomy
 - Justice
 - Nonmaleficence
 - Beneficence




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Implementing Ethical Decisions May not be so Simple

- May seem straightforward and simplistic – but may not be
- Trying to figure out how to utilize ethical principles to guide our decisions when managing chronic pain can be challenging
 - Especially when prescription pain medications are a component of the treatment plan
- Ethical principles may often overlap **and** conflict
 - Obvious mechanism for weighing and balancing ethical conflict may be **unclear**

▪ BUT IT IS WORTH THE EFFORT



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Autonomy and Respect

- Acknowledging and respecting that a competent person has the right to make decisions regarding treatment based on:
 - Their own value system
 - Beliefs
 - Comprehension of risk vs. benefit
- **Impact on practice:**
 - No imposition of interventions
 - Shared decision-making
 - Offering broad choices to the degree possible
- **Does not mean:**
 - Conceding to patient desires that may not coincide with sound medical judgment



Laura Bishop, Ph.D. Kennedy Institute of Ethics, Georgetown University, <https://www.kennedyinstitute.georgetown.edu/> Accessed July 18, 2018.

Autonomy

- **Requirements:**
 - Education
 - Communication
 - Participation
 - Understanding
 - **Competence**
 - Legal term – Having mental ability and cognitive capability – ***being able to understand***
 - Refers to a characteristic or property
 - **Capacity**
 - Functional term – Psychological abilities to form rational decisions, specifically the ability to understand, appreciate, and manipulate information and form rational decisions about treatment – ***the degree to which one is able to understand***
 - Refers to an ability



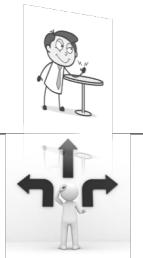
DOI:10.1097/JCP.0b013e3181991041
 Competency and the Capacity to Make Treatment Decisions: A Primer for Primary Care Physicians
 Richard L. McNair



Laura Bishop, Ph.D. Kennedy Institute of Ethics, Georgetown University, <https://www.kennedyinstitute.georgetown.edu/> Accessed July 18, 2018.

Autonomy wins **every** time
 You should know where you stand

In My Opinion



Justice

- Not as simple as it seems – **NO JUDGMENT or INFLUENCED DECISIONS**
 - May be the most complicated principle
- The legal duty to provide fair and equitable treatment for all patients
 - Regardless of who they are
 - Regardless of our personal feelings about them
- For example:
 - The idea that opioid analgesics should ALWAYS be considered and offered to patients when appropriate
 - In cases when aberrant drug-related behavior or substance abuse exists, expert consult or referral
 - Every time, for every patient – across the practice



Laura Bishop, Ph.D. Kennedy Institute of Ethics, Georgetown University [https://www.kennedyinstitute.org/](https://www.kennedyinstitute.org/ethics/) Accessed July 18, 2018.

Nonmaleficence

- Minimize or avoid harm – Remember the "new math"
 - Patient
 - Caregiver
 - Other household members
 - Community – Remember the village
- In today's prescription pain medication (opioid) climate
 - Avoid or minimize:
 - Misuse
 - Abuse
 - Diversion
 - Risk of addiction
 - Overdose
 - Etc.



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Beneficence

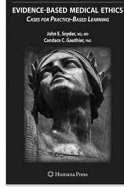
- Decisions made on the basis of **what will benefit the patient**
- Avoiding the paternalistic pitfall
- Relying on:
 - Literature
 - Guidelines
 - Mandates
 - Media attention
 - Empathy
 - Keeping an open mind to patient concerns and perceptions
 - Individual context of patient's life



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Ethics and Dignity

- Respect and dignity
 - For everyone
 - Irrespective of capacity
- Inclusive of:
 - Emotions
 - Relationships
 - Reasonable goals (and expectations)
 - Privacy and confidentiality
 - Bodily integrity



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Key Ingredient to Ethical Decision-Making

- Communication
 - Beyond the history and physical
 - Inquiring about needs and desires that inform context
 - Patient
 - Beliefs/Spirituality
 - Culture
 - Desires
 - Fears
 - Professional goals
 - Family
 - Social circle
 - Community



Garrett et al., Health Care Ethics, Prentice Hall, 2nd Edition, 1993.

Ethics and Opioids

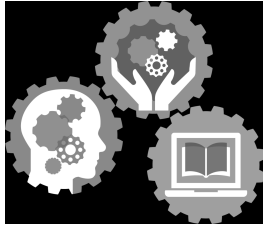
- Judicious prescribing
- Thoughtful prescribing
- Responsibility
 - Dose limitation?
 - Storage
 - Disposal
- Balancing the conflict - indications to prescribe vs. mitigating (potential) harm(s)
 - Just don't say no before you think
- Documentation
 - Including ethical rationale



Kozlik, J. Controlling and reducing misuse of opioids: ethical considerations. Can Fam Physician. 2012;58(4):361-365, e190-195.

Ethical Decision-Making and Opioid Therapy

- Development of a narrative
- Figure out what's going on
- Manage goal setting and expectations
- Measure progress
- Goal re-analysis
- Keep up to date



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Ethical Decision-Making and Opioid Therapy

- Development of a valuable patient narrative
 - Deny the desire to just make pain as the chief complaint enough information
 - Pain is more than just:
 - Quality
 - Intensity
 - Location
 - Duration
 - Identify relevant and problematic aspects of patient behavior
 - **MOTIVATION and motivational interviewing**



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Cohen MJ, Jangro WC. A Clinical Ethics Approach to Opioid Treatment of Chronic Noncancer Pain. *AMA J Ethics*. 2015 Jun 1;17(6):521-9.

Figure Out What's Going On

- Identify pathophysiology and exacerbating factors to the best degree possible
- Avoid treating a symptom without a diagnosis within reason
 - Will likely help guide ethical balance
 - Aim for clarity about:
 - Potential interventions
 - Potential benefit
 - Potential risk
 - Context



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Goal Setting and Expectations

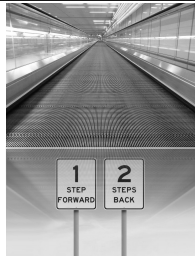
- Most critical and related to the narrative
- Reductionist approach is too narrow of a goal
- Just looking at pain rating will not likely coincide with quality of life focus
- Individualized and collaborative
 - Meaningful
 - Highly personal
 - Go to see a movie/concert
 - Go to house of worship
 - Drive to see aging parents
 - Care for child/drop them off at school
- Timely



Cohen MJ, Jorgo WC. A Clinical Ethics Approach to Opioid Treatment of Chronic Noncancer Pain. *AMA J Ethics*. 2015 Jun 1;17(6):521-9.

Measure Progress

- The need to reassess chronic pain and treatment will unlikely end
 - Progress
 - Regress
- All parties need to be willing to modify
- All parties should understand that modification is part of the process
 - Including trial, exit strategy, monitoring and everything in between



Cohen MJ, Jorgo WC. A Clinical Ethics Approach to Opioid Treatment of Chronic Noncancer Pain. *AMA J Ethics*. 2015 Jun 1;17(6):521-9.

Goals Accomplished – Goals Remaining

- Goals accomplished are replaced with goals remaining
- Remaining goals broken into sub-goals
- Recheck for goal changes
 - Based on:
 - Life circumstances
 - Work
 - Home
 - Social
 - Travel
 - Etc.
 - Pathology change



Cohen MJ, Jorgo WC. A Clinical Ethics Approach to Opioid Treatment of Chronic Noncancer Pain. *AMA J Ethics*. 2015 Jun 1;17(6):521-9.

Stay Up to Date

- Hunt for new data and information
 - Regulatory requirements
 - Outcome studies
- Patient experience with current plan
 - Adverse effects
- Psychosocial and other contextual factors that could potentially impact treatment plan
 - Changes in preference



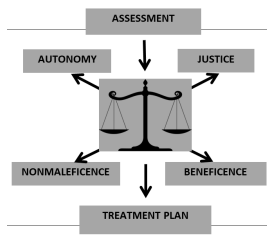
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Practical Points

- Comprehensive assessment leading to diagnosis
- Informed, autonomous patient (or caregiver/proxy/surrogate) involvement
 - Consideration of personal beliefs
 - Comprehension of risks and benefits
- Care delivered with:
 - Fairness
 - Equity
 - Compassion
 - Empathy
- Minimization of potential harm
 - Including aberrant drug-related behaviors
- Maximizing patient benefit
- Willingness on your part



It's All About a Reproducible Framework



Kozlik, J. Contending and reducing misuse of opioids: ethical considerations. *Can Fam Physician*. 2012;58(4):361-365, e190-195.

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"Cure sometimes, treat often, comfort always."
— Hippocrates

QUESTIONS?

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