

Ethics & Pain Management CMSA Detroit Conference 10/16/19

Linda Vanni, MSN, RN-BC, ACNS-BC, NP, AP-PMN
Nurse Practitioner, Pain Management
Professional Pain Education & Consulting, LLC

Conflict of Interest Disclosure

- None

A conflict of interest is a particular financial or non-financial circumstance that might compromise, or appear to compromise, professional judgment. Anything that fits this should be included. Examples are owning stock in a company whose product is being evaluated, being a consultant or employee of a company whose product is being evaluated, etc.
Taken in part from "On Being a Scientist: Responsible Conduct in Research". National Academies Press. 1995.

Objectives

- Describe the ethical principles related to pain management
- Identify ethical principles present in caring for the pain patient with addictive disease
- Discuss the practical applications of pain management related to ethical dilemmas

A word cloud on a dark background with the words 'OPIOID CRISIS' in large, bold, white capital letters in the center. Surrounding this central text are various related terms in different sizes and orientations, including: Dependence, Heroin, Detox, Adverse, Withdrawal, Fatal, Laws, Abuse, Epidemic, Depression, Communities, Deaths, Injections, Usage, Control, Addiction, Treatment, Policing, Health, Antidote, Families, Political, Overdose, Doctors, and Usage. The words are arranged in a circular pattern around the central text.

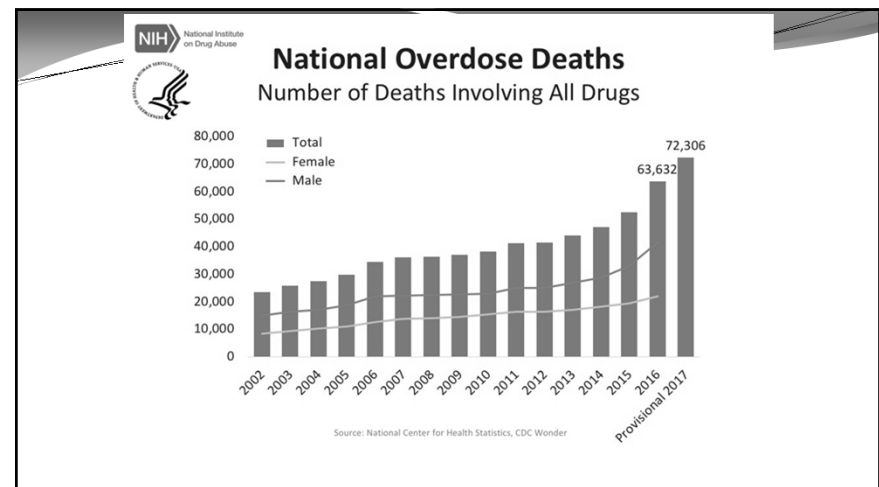
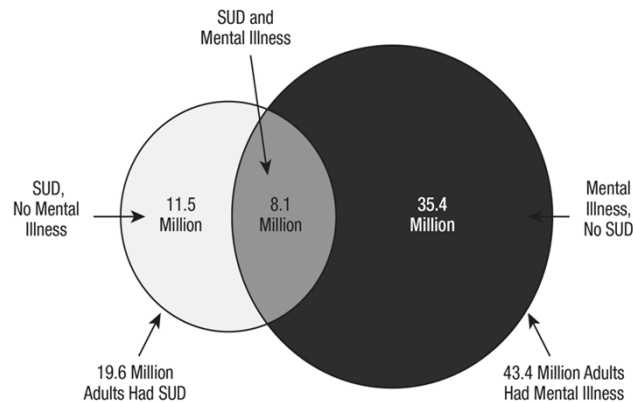
2017 National Safety Council & 2018 CDC Reports

- First time on record the odds of **accidentally** dying in the US from an opioid overdose are now greater than those of dying in an automobile accident.
 - CDC reported US life expectancy declined due to increased drug overdoses and suicides.
 - Accidental opioid overdose were 1 in 96
 - Motor vehicle accidents 1 in 103
 - Odds of suicide 1 in 88
 - 2018, unintentional injury (result of motor vehicle accidents and unintentional poisonings) leading cause of death in the US
 - >61,000 people aged 1 to 44 dying from unintentional injury in 2016
 - Twice as many as from cancer and heart disease combined.
- (US Center for Disease Control & Prevention, 2018)



Report from CDC 8/22/2018

- **State of Michigan:**
 - Drug overdoses killed more Michiganders (2,662) than traffic incidents and firearms combined (2017)
 - 82% increase over last 5 years
 - 8% increase from 2016





Addictive Disease in Healthcare Providers

- 4,011,911 professional nurses (RNs and LPNs) actively working in the United States (Henry J. Kaiser Family Foundation)
- 10% to 15% may be impaired or recovering from substance or alcohol addiction American Nurses Association (ANA)
- Ask yourself, is my colleague exhibiting unsafe or borderline unsafe behaviors or practices, or unethical behaviors that violate trust or care standards? Is he or she violating the nurse practice act?

Signs of impairment in the healthcare setting include:

- * discrepancies on the medication reconciliation report or missing medication brought in by the patient on admission
- * alterations in verbal or telephone orders
- * unexplained "wastes" in the opioid count or discrepancies where withdrawals don't match documentation
- * illegible, incomplete, or missed documentation
- * immediately going to the bathroom after accessing the medication administration system
- * patients seem to need more frequent medication, complain of ineffective pain relief, or even dispute receiving an opioid
- * requests to change to a shift with less supervision
- * inappropriate behavior or behavior that doesn't fit the situation
- * nervousness, irritability, or excessive mood swings
- * frequent absenteeism or tardiness
- * use of mouthwash, mints, or gum to disguise breath odor

ANA, 2017

gabapentin abuse

- Michigan Board of Pharmacy now reporting gabapentin on MAPS
- Gabapentin now classified as Schedule V controlled substance in Michigan
- Ohio Substance Abuse Monitoring Network issued alert, February 2017
- Fifth most prescribed drug in nation (GoodRx)
- Can enhance euphoria caused by opioids and stave off drug withdrawals
- Bypasses the blocking effects of medications used for addiction treatment, enabling patients to get "high" while in recovery (STAT, 2017)
- 1/5 of those abusing opioids misuse gabapentin (Addiction, 2016)
- 300 mg pill sells for as little as 0.75 cents on the street

Position Statement

- "Patients with substance use disorders and pain have the right to be treated with dignity, respect, and the same quality of pain assessment and management as all other patients."

American Society for Pain Management Nursing (ASPMN) and the International Nurses Society on Addictions (IntNSA), 2012

Definition of Pain

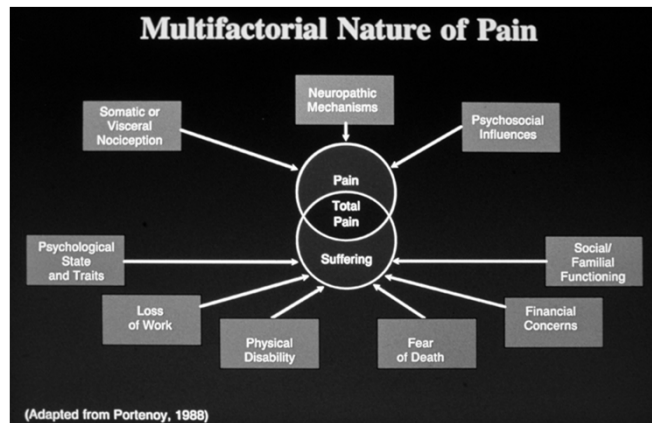
"Pain is whatever the experiencing person says it is, existing whenever he or she says it does."

- Margo McCaffery, R.N., M.S., FAAN (1968)

Who is accountable for ethical, safe, effective evidence based pain management?

- Multidisciplinary in Nature
 - *Physicians of all specialties, Residents*
 - *Advance Practice Providers*
 - *Nursing staff*
 - *Pharmacists*
 - *Addiction Specialists*
 - *Case Managers*
 - *Qualified Mental Health Professionals*
 - *Social Workers*
 - *Physical therapists*
 - *Wound care specialists*

Multifactorial Nature of Pain



- *Fundamental to nursing is a deep respect for other human beings, regardless of how these persons may be regarded by others or society*

ANA, 2015

- *The definition of professional nursing includes "alleviation of suffering"*

ANA, 2016
Epstein & Turner, 2015

Tolerance, Physical Dependence and Addiction

- **Tolerance**
 - Effects diminish over time. Tolerance is not an inevitable consequence of chronic opioid therapy
- **Physical dependence**
 - A predictable physiological response that occurs with continuous use
 - Manifest by symptoms of withdrawal if use is abruptly discontinued or an antagonist is given
 - Taper the dose to prevent withdrawal
- **Addiction**
 - A primary, chronic, neurobiological disease: impaired control over drug use, compulsive use, continued use despite harm, and craving

Addiction

- Chronic, relapsing, treatable, disease
- Characteristics
 - Impaired control over drug use
 - Compulsive use
 - Continued use despite harm
 - Craving
- Research shows strong association between stress and drug craving, and pain may contribute to increased stress
(NIDA)

An Innovative Approach to Address Serious Consequences of Substance Use Disorder

- ASPMN Webinar-PCSS Providers Clinical Support System, 12/12/18
- Sarah Arthur, MSW, LCSW Ann Quinlan-Colwell PhD, RNBC, DAAPM New Hanover Regional Medical Center
- Code Outreach Safety Team (COST)
 - One aspect of program is the ethical issues in caring for these patients, their families and the safety of the staff
 - Strict rules and promotion of a culture change
 - Drug seeker versus comfort seeker
 - Empathy – “Tell me your story”, “Tell me how this started”

CDC Guidelines Suggest Doctors Reign in Prescription of Opioids

CDC Guidelines for Prescribing Opioids



Determining when to use opioid medications:

- Physicians should look to opioids to treat chronic pain after considering non-pharmacologic therapy and non-opioid pharmacologic therapy
- Physicians and patients should establish treatment goals for opioid therapy regarding pain and function
- Patients and providers should regularly discuss the risks, benefits and management of opioid therapy as the treatment is being administered
- Providers should not prescribe opioids unless it is determined that the potential benefits outweigh the potential harms



Opioid Selection, Dosage, Duration and Continuation

- Physicians should prescribe immediate-release opioids when starting opioid therapy for chronic pain
- Patients should use the lowest effective dosage
- If prescribed for acute pain, opioids should be taken for short time periods – in these instances, three days or less is typically beneficial, while more than seven days is rarely necessary

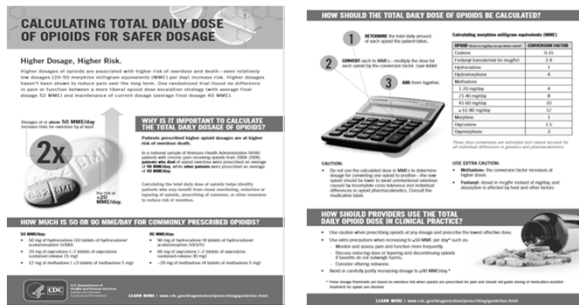


Assessing Opioid Risk & Addressing the Harms of Use

- Clinicians should review the patient's history of controlled substance prescriptions using state prescription drug monitoring program (PDMP) data
- If prescribing opioids for chronic pain, clinicians should use urine drug testing before and periodically during opioid therapy to assess for prescribed medications and other controlled substances and illicit drugs
- Clinicians should offer or arrange evidence-based treatment for patients with opioid use disorder

*These guidelines are for primary care clinicians, are nonbinding, and do not apply to cancer treatment, palliative care, or end-of-life care.

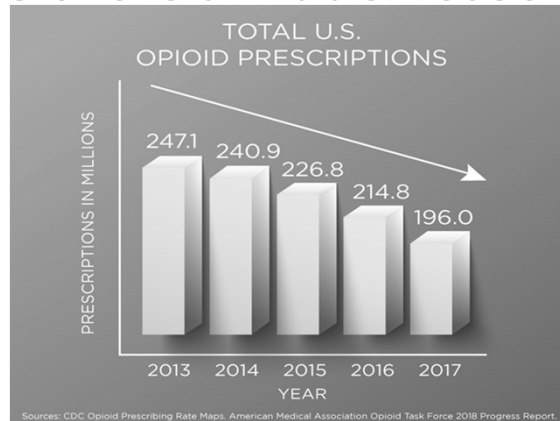
CDC Recommendations Regarding Morphine Milligram Equivalents (MMEs)



CMS tweaks opioid proposal after backlash

The agency had received pushback on a proposal that would have meant a prescription for high doses of opioids (90 milligrams of morphine per day or more) automatically wouldn't be filled and the patient would need special permission from their private insurance company in order to receive the medication.

Is there a hidden cost?



The Ethical Case Manager Making a Difference

POSTED ON AUGUST 28, 2018 BY RUSS UNDERWOOD IN FEATURES
BY KATHLEEN FRASER, MSN, MHA, RN-BC, CCM, CRRN

Case managers are routinely confronted by gray ethical areas

- deal with multiple stakeholders or points of view
- neither linear nor a one-way exercise
- assessment responsibilities occurring at all points in the process
- facilitation, coordination and collaboration

Ethical Principles of Case Management

- **Beneficence:** Always do good
- **Non-maleficence:** Do not purposefully do harm
- **Autonomy:** Treat each person as an individual. One size does not fit all!
- **Justice:** Assist clients to obtain what they deserve, in a good way
- **Fidelity:** Do not make promises you cannot keep

The Ethical Case Manager Making a Difference (cont.)

- Case Management Society of America's (CMSA) Standards of Practice for Case Management (rev. 2016), is the gold standard
- If a case manager feels uncomfortable being asked to do something he or she thinks is unethical, it probably is!
- **Trust Your Ethical Intuition!**



Ethics

- **Ethics is a branch of philosophy; it is the study of human judgment and is focused on rationally determining what actions we ought to take**

Epstein & Turner, 2015

- **The following principles provide guidance in decision-making when healthcare professionals are faced with ethical pain dilemmas**

American Pain Society's Code of Ethics 2017

- **A Healthcare Provider shall:**
 - be dedicated to providing competent medical service with compassion and respect
 - respect the law and also recognize a responsibility to seek changes in those requirements which are contrary to the best interests of the patient
 - deal honestly with patients and colleagues, and strive to expose those healthcare providers deficient in character and competence or who engage in fraud or deception.
 - respect the rights of patients, of colleagues, and of other health professionals, and shall safeguard patient confidences within the constraints of the law
 - continue to study; apply and advance scientific knowledge; make relevant information available to patients, colleagues and the public; obtain consultations; and use the talents of other health professionals when indicated.
 - in the provision of appropriate patient care, except in emergencies, shall be free to choose whom to serve, with whom to associate, and the environment in which to provide healthcare services.
 - recognize a responsibility to participate in activities contributing to an improved community.

The Ethical Responsibility to Manage Pain and the Suffering It Causes, ANA 2018

- Position Statement, ANA Center for Ethics & Human Rights
- Purpose of providing ethical guidance
- Statement of ANA Position:
 - Nurses (and all Healthcare Providers) have an ethical responsibility to relieve pain & the suffering it causes
 - Individualized interventions
 - Nursing process should guide approaches
 - Multi-modal & interprofessional approaches are necessary
 - Evidence-based modalities
 - Advocate for policies for all effective modalities
 - Leadership is essential for society to appropriately address the opioid epidemic

ANA Position Statement Continued, 2018

- Constraints on meeting Nurses' moral obligation to relieve and suffering:
 - Moral Disengagement (System Dilemma)
 - Blaming & dehumanizing patients with SUD
 - Displacement of responsibility
 - Saying, "Just following the doc's orders", displacement of autonomy----exhausting!!!
 - Diffusion of responsibility, clouds division of labor----because we are all responsible!
 - Distortion of consequences of incompetent pain management
 - Fear of addiction versus uncontrolled pain
 - Difference between tolerance, physical dependence and addictive disease
- Knowledge deficits
 - Evidence based modalities
 - Mandatory State CE's for pain/symptom management
- Biases
- Environment not conducive to optimal practice
 - Magnet status
- Economic limitations
 - No resources for integrative therapies

2017 NASW Code of Ethics Ethical Principles

- **Service** - Social workers' primary goal is to help people in need and to address social problems
- **Social Justice** – Social workers challenge social injustice
- **Dignity and Worth of the Person** – Social workers respect the inherent dignity and worth of the person
- **Importance of Human Relationships** – Social workers recognize the central importance of human relationships
- **Integrity** – Social workers behave in a trustworthy manner
- **Competence** – Social workers practice within their areas of competence and develop and enhance their professional expertise

Autonomy:

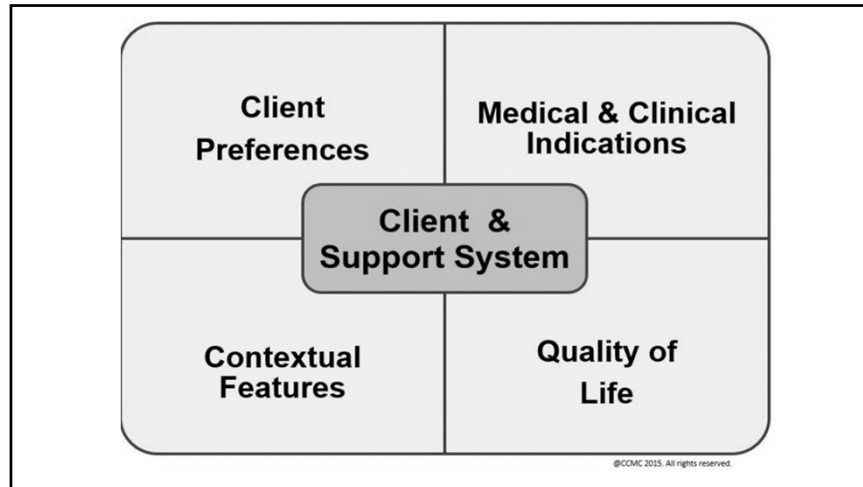
- Refers to respect for an individual and their right to make decisions that determine their care. Healthcare providers are obligated to provide enough information so that a patient or surrogate can make an informed decision. The right to self-determination. This ethical principle usually takes precedence over the other principles.
- Patient (family) refusing to take opioids for pain because of the fear of addiction

Example of infringement of this right is when a patient is not told about how much and how often they may receive pain medication (Bernhofer, 2011)

Two Key Challenges Case Managers Face in Honoring Autonomy



2012-2019 Commission for Case Manager Certification (CCMC).



Autonomy

- Environmental control
 - Distraction techniques
 - Relaxation techniques
 - Advanced complementary modalities
- Quinlan-Colwell, Ann (2013)



Medical and Recreational Marijuana Use

- Marijuana in all forms is a DEA, Scheduled C-I drug, is federally illegal and for that reason is always prohibited in the hospital setting. This applies even if the patient has a state of Michigan Medical Marijuana card.



Beneficence

- A commitment to do well and avoid harm. Health care providers must seek to relieve pain. This principle assumes that a balance between benefits of treatment and the potential for harmful effects will be weighed.

Beneficence

- A commitment to do well and avoid harm. Nurses must seek to relieve pain. This principle assumes that a balance between benefits of treatment and the potential for harmful effects will be weighed
- We are required to contribute to a patient's welfare
- Constant balance to alleviate pain & not harm the patient; giving pain medication to alleviate pain yet not causing adverse effects
- Upholding beneficence is making pain management a priority
- Given health disparities related to pain, nurses need to be aware of their implicit biases that may inadvertently affect the care they provide
- Pain management example: Nurses monitoring the amount of acetaminophen used for pain relief throughout the day so as not to exceed the limit.

The modern ethics dilemma: Opioids for pain management in drug abuser

Mak Wen Yao , 07 Nov 2017

- Travis Rieder, is a research scholar at the Berman Institute of Bioethics at Johns Hopkins University. He wrote "if opioids prevent significant suffering from pain, then the solution to the prescription opioid problem cannot simply be to stop using them. To do so would be to trade one crisis (an opioid crisis) for another (a pain crisis)."
- In the face of debilitating pain, the guiding principle for doctors and other allied health professionals is "to do good" – beneficence that takes patients best interest as the treatment priority.
- In the end, we should acknowledge that the opioid crisis has presented a sophisticated moral dilemma that could not be resolved easily.



Nonmaleficence

- Duty to do no harm
 - Recognizing that a patient may not be able to have an NSAID for pain because they have a history of GI bleed or are anti-coagulated.
- The doctrine of double effect recognizes that the use of high doses of opioids for pain relief may hasten death.

Double Effect

- When an action produces a desired primary benefit (pain relief) even while inducing unwanted secondary effects (compromised vital functions)
- Principle of Double Effect:
 - When an action is taken with the sole intent to provide an overwhelmingly necessary benefit, the unwanted secondary effects do not compromise the ethical integrity of the primary action
 - "Last Dose"

Justice

- Requires that all patients receive treatment and high quality of care
- Also applies to fair allocations of healthcare resources

Lack of Access to Pain Resources

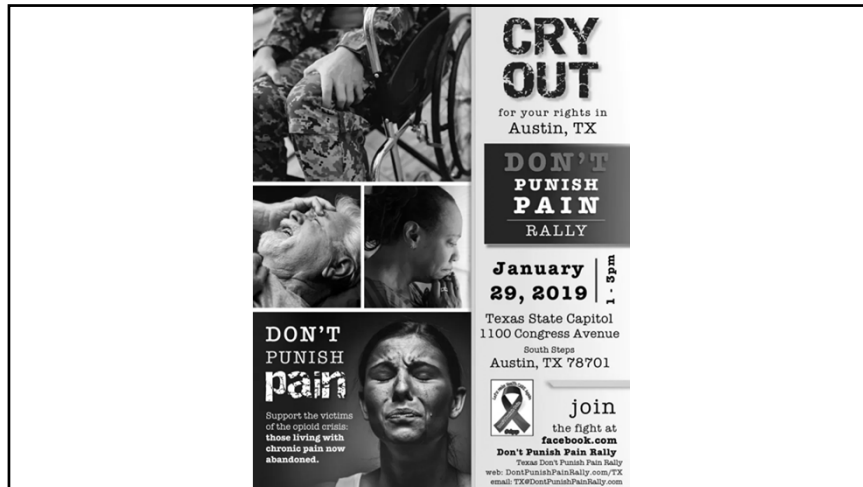
- Lack of transportation
- Lack of insurance
- Lack of Pain Specialists, Pain clinics mainly interventional
- PCPs refusing to write for controlled substances (MMEs)
- CDC recommendations ???
- Insurance companies refusing to pay for Abuse Deterrent formulations
- Overall fear of addiction
- Fear of regulatory oversight
- Public misconceptions of pain management (tolerance, physical dependence vs. addictive disease)

News Flash

- Cigna Plans to Cut Opioid Use Among U.S. Customers by 25% By Reuters Staff, May 19, 2016

North Carolina Health News, 10/16/18

- Physicians refusing to write prescriptions
- Pharmacies refusing to fill prescriptions
- Patient distraught and suicidal
- A group called Don't Punish Pain (DPP) was started by a pain patient in Rhode Island, now a support group on Facebook
- The CDC says that about 11 percent of American adults report feeling pain on a daily basis and that between 9 and 11 million U.S. adults were prescribed long-term opioid medication in 2005.
- The Institute of Medicine states that pain is a public health issue that affects more than 100 million Americans.
- "They put me down as 'drug-seeking.' That used to only happen if they couldn't find a reason for the pain"
- "Why is it the lives of those who die from overdose are being tracked, but not those who die from suicide?"



Veracity

- Duty to tell the truth through honest and open communication (unless the patient requests not to be told)
- Nurses uphold this principle in pain management when they disclose the potential cause of pain, even if the suspected cause is due to a medical procedure or treatment. Fully informing patients on the pain medications long and short term risks.
- The use of placebos violates this principle.

Placebos

- Placebo-can be defined as any medication or procedure, including surgery that produces an effect in a patient because of its implicit or explicit intent and not because of its specific physical or chemical properties.
- Placebos should never be used to determine if the patient's has "real pain"
- Placebos should never be given to a "difficult" patient as punishment or to prove a patient wrong
- Placebo response can be therapeutic, ex. The statement "this pill will really help" when administering medication, can enhance the patient's response to the pain medication
- The use of placebos violates patient's rights and the American Medical Association's Code of Medical Ethics as well as the ANA Code for nurses
- Only legitimate use is in a research study and the patient is informed

Pain Management Nursing, 2011

Placebo Effect

- Is a positive response some patients/participants experience after receiving a placebo
- When present, this response has a perceptible and measurable beneficial effect that may be subjective (e.g. pain reduction) or objective (e.g. decreased blood pressure).
- These effects are believed to be related to intrinsic factors, such as personal experience or learned responses and/or extrinsic such as environment, technology and contextual

McCaffery & Arnstein, 2006

ASPMN, 2011

Fidelity

- Addresses the obligations of both the patient and the healthcare providers in the implementation of the treatment plan
- The provision of comprehensive and compassionate end of life care, including the promotion of comfort and relief of pain, is our ethical obligation.

Pain Management: Palliative Care

- It is an ethical obligation for pain management healthcare providers to advocate and provide for effective relief and symptom management to alleviate suffering for the patient receiving end of life care.
- Alleviation of suffering caused by pain, dyspnea, agitation, and anxiety.
- Trained clinicians can achieve symptom and pain management.

- **Nurses should advocate for healthcare environment that foster humane and dignified care. ASPMN promotes ethical and effective pain and symptom management as an integral part of palliative care"**

ASPMN Supports

- Respect of the patient's values and preferences for end of life care.
- Accountability of professionals to support the patient's wishes and goals.
- Access to advanced technology for pain and symptom relief
- Appropriate methods to decrease legal, legislative, and healthcare reimbursement obstacles
- Improve access for pain management services and other reliable treatment modalities that will benefit the terminally ill.

End of Life Care

- Healthcare Providers have an obligation to provide comprehensive and compassionate end of life care, which includes the promotion of comfort and the relief of pain and at times, forgoing life-sustaining treatment.
- Ethical obligation to provide relief of pain, that is based on the pain report and mutual goals.
- When a life-limiting illness, death or intense human suffering is present, the search for meaning becomes intense
- Help each patient and family find realistic hope.

Other things to consider

- Healthcare providers who manage pain recognize the inherent value of collaboration and case management.
- The medical model is to refer to specialists for a onetime evaluation or to fragment care.
- There is no endpoint for the work of pain management. The goal is to continuously make things better.
- The challenge is to maintain interest after the initial enthusiasm has died down.
- Ongoing data collection provides teaching for continuous quality improvement.
- Nurses who manage pain are often the change agents.

Other things to consider

- Healthcare providers who manage pain must be able to collect data for outcomes, and be able to interpret the data in order to provide feedback.
- The Patient Outcome Questionnaire developed by the American Pain Society Quality Care Committee in 1995 updated in 2010 proves a tool to obtain information from the patient on the quality of their pain management throughout their hospitalization.
<https://www.ampainsoc.org/library/questionnaire/>
- Role modeling is one of the more important tools available to change inappropriate attitudes, validate the importance of providing pain relief and reinforce the facts about pain and its management.
- Communication to obtain input and feedback is an important element in the process of change.

Disparities Between Black and White Patients with Cancer Pain: The Effect of Perception of Control Over Pain

Vallerand, et.al, 2005

• Study Aim

The purpose of this study was to examine disparities in pain intensities, symptom distress, and functional status between White and Black patients with cancer pain and to examine the effect perceived control over pain had on these outcomes

Sample

- 281 adult patients, 18 years and older
- Cognitively intact
- English speaking
- Receiving treatment at a large urban cancer center
- Experienced cancer-related pain within the month prior to participation

The Effect of Perceived Control Over Pain on Ethnic Disparities

- Perceived control over pain was the *only* predictor of disparity identified
- When perceived control over pain was controlled statistically, the disparities between Black and White patients in the outcomes of pain-related distress and functional status were diminished to a level no longer significant
- These results exemplify the importance of perceived control over pain, especially in Black patients, and may provide a means of decreasing disparities and improving functional status
- Black patients had significantly higher pain intensity, more pain-related distress, and reported more pain-related interference with function than white patients. Disparities in pain-related distress and functional status were significantly reduced and only disparities in pain intensity remained when perception of control over pain was held constant.

Potential Methods for Increasing Perceived Control Over Pain

- Educating patients about pain management modalities
- Individualizing therapy to meet patient's needs including acceptable modifications of pharmacological regimen
- Providing options for patients to manage episodes of breakthrough pain
- Teaching patients how to use non-pharmacological modalities
- Educating patients about when to call the clinician if pain is not controlled