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Psychiatry and Addictions Case Conference

UW Medicine | Psychiatry and Behavioral Sciences

ETHICAL DECISION MAKING IN OUD

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UNIVERSITY OF WASHINGTON

UW Medicine
UW SCHOOL OF MEDICINE

Integrated Care Training Program
UW Psychiatry & Behavioral Sciences

project ECHO

GENERAL DISCLOSURES

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GENERAL DISCLOSURES

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SPEAKER DISCLOSURES

- ✓ Any conflicts of interest-none

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✓ No conflicts of interest

PLANNER DISCLOSURES

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OBJECTIVES

1. Review and define the medical ethical principles
2. Identify ethical principles in common clinical conundrums in OUD treatment
3. Develop understanding around weighing ethical principles in your clinical decision making

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ETHICAL PRINCIPLES

- Autonomy
- Beneficence
- Non-maleficence
- Justice
- Fidelity
- Futility

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AUTONOMY

- Voluntary decisions
- Informed decisions
- Capacity to act intentionally
- Without controlling influences or coercion
- “To respect patient desires”

McCormick, TR https://depts.washington.edu/bhdept/ethics-medicine/bioethics-topics/articles/principles-bioethics

BENEFICENCE

- Providers have a duty to be a benefit or promote good
- Positive role to prevent and remove harm

McCormick, TR https://depts.washington.edu/bhdept/ethics-medicine/bioethics-topics/articles/principles-bioethics

NON-MALEFICENCE

- Do no harm
  - "Do not intentionally create a harm or injury to the patient, either through acts of commission or omission."
    - Act of commission-offering treatment that can be *harmful*
    - Act of omission-*not* offering effective treatment

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JUSTICE

- Fairness
  - Not discriminating against because of illness, race, gender, and many others
    - *Stigma*
  - Not discriminating against a complication based on its cause
- Resource allocation

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FIDELITY

- Being truthful with patients
- Building trust
- Maintaining confidentiality

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FUTILITY

- Physiological
- Quantitative
- Qualitative
- Is there benefit enough?
- Evidence
  - Clinical Studies & Personal Experience

Limited utility?

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1) PRESCRIBE, OR I WILL USE...

- 67yo F with h/o chronic back pain, distant history of OUD, anxiety, depression, alcohol use disorder, who works 3 days a week where she stands for most of her shift. She is on over 10 meds including Escitalopram 20mg, Trazodone 200mg, and Clonazepam 0.5mg daily prn.
- Alcohol: “1 small bottle every 2 weeks”
- Other drugs: none

“If you don’t prescribe me an opioid pain med I can just buy them off from my neighbor down the hall. But, I would prefer to keep all my meds legit.”

Question: should you prescribe the opioid pain med?

Ethical Principles to Consider?

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Ethical Principles to Consider?

Autonomy, Beneficence, Non-maleficence, Justice

2) SPECIALTY REFERRAL DECLINE

- 24yo M with OUD who regularly and knowingly uses fentanyl. Also with Cannabis Use Disorder, mild alcohol use disorder, and mild benzo use disorder. You have been prescribing Buprenorphine-Naloxone x 1 year. Patient starts and stops Buprenorphine in between sessions regularly to use opioids. He declines referral to a specialty treatment clinic.

"I am going to stick with it this time."

Question: should you keep trying to treat this pt?

Offer Extended Release Naltrexone or nothing?

What about Ricky's Law?

Ethical Principles to Consider?

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3) YOUR DOSE IS BEING LOWERED.

- 35yo M with OUD on Buprenorphine-Naloxone 24-6mg qday. Over the past 3 months he has had persistent illicit benzodiazepine use which he acknowledges, and occasional alcohol use which he denies. You have told him, if he does not stop using you are going to reduce his dose of Buprenophine to 12-3mg qday. Today you going to reduce his dose because he has continued to use.

Question: should you reduce his dose to help motivate him into recovery?

Ethical Principles to Consider?

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4) MULTIPLE BUPRENORPHINE PROVIDERS

- 28yo F with OUD on Buprenorphine-Nal 24-6mg qday. Her urine drug screens have been negative for illicit opioids. However, on the PMP you see other Buprenorphine prescriptions from a different provider. You ask her about this, and she states she still has cravings for opioids and she needed more. This is the second time this has happened. 1 month ago her urine drug screen was negative for Bup/Norbup.

Question: should you discontinue treatment with her?

Ethical Principles to Consider?

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4) MULTIPLE BUPRENORPHINE PROVIDERS

- An irritating 28yo F with OUD on Buprenorphine-Nal 24-6mg qday. Her urine drug screens have been negative for illicit opioids. However, on the PMP you see other Buprenorphine prescriptions from a different provider. You ask her about this, and she states she still has cravings for opioids and she needed more. This is the second time this has happened. 1 month ago her urine drug screen was negative for Bup/Norbup.

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5) DIFFERENT TREATMENT PHILOSOPHIES

Recently you covered for a fellow but senior Buprenorphine provider at your clinic as they were out of town. You saw 3 of his patients and noticed that all of them were dosed at 6-8mg of Buprenorphine, which made you concerned they were being undertreated.

- Pt 1: doing well at 6mg qday, had been opioid free x 3 months and going to the required NA x 5 days a week.
- Pt 2: in treatment x 2 weeks and on 8mg and having cravings on 5/7 days and using at least once a week. She was going to the required smart recovery only 3 times a week.
- Pt 3: 2nd month of treatment and his use was down to 1 time every week from daily. He brought a crumpled up sheet with some signatures to indicate he was going to groups 3 times a week. The last plan in the chart was for 5 days a week, and if there was persistent use, to give the pt 1 weeks worth of Buprenorphine and refer them to a methadone clinic.

Question: should you talk with your colleague about their treatment approach? Do you need to report this to someone?

Ethical Principles to Consider?

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