Drug Addict to Drug Dealer in the Last Weeks of Life

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Overview

- **Brief patient history**
- **Look at the case using consequentialism and virtue ethics**
- **Ways we can reduce the risk of harm associated with patients with a substance misuse disorder**

Patient History

- Ca pancreas (Dx 4 years prior)
  - Liver mets
  - lymph involvement
- Somatic, visceral and neuropathic pain.
- Celiac Plexus Block X
- Intrathecal X
- Poor oral absorption
- Some response to ketamine pulses
- Methadone, Gabapentin and Morphine
- Wanting more control over sedation and pain management

Truths

- Substance Misuse disorder is a psychological illness.
- ¼ of NZ Europeans suffer from SMD
- 1/3 of Maori and Pacifica suffer from SMD
- Pharmacological research tells us patients with SMD require higher doses of analgesia than those who do not.
- Patients with SMD receive unequable palliative care.

SMD doesn't just affect those who wear hoodies and 'gangsta' caps

Ethical Exploration

- Nurses face ethical dilemmas regularly
- Consequentialism and Virtue Ethics
- Steps to reduce the risk of drugs falling into the wrong hands
- Bell curve

Consequentialism

"Of all the things a person might do at any given moment, the morally right action is the one with the best overall consequences"

(Hursthouse, 2012)

Virtue Ethics

- Virtues
- Being not doing
- What type of person should I be?

Foreseeing consequences

- Dexamethasone for man with GBM- anxiety heightened? ICH symptoms relieved? Angry? Anaphylaxis? Diabetes? Cushingoid? Proximal muscle weakness?
- Removing coffee and emergency lollies on a Friday afternoon- Nurses on strike.
- Euthanasia- cheaper? Patient autonomy? Less family distress? More health care professional distress? Vulnerable people being killed?
- Methadone titration- pain relieved? Pain continues? Toxicity?
- Course of fluconazole with patient taking Methadone or fentanyl- ? Severe oral thrush resolved? Significant increase in methadone and fentanyl concentrations? Opioid toxicity? Due to long half life naloxone infusion required?

Patient as a moral agent

- What motivated his decision?
  - To trade for what he desired more than morphine
  - I deserve to treat my symptoms how I find fit.
  - Autonomy
  - Control
  - A father who appeared loving and caring
  - ? For money- greed or desperation.

Nurse as a Moral Agent

- Quality of life is my role
- Zero suspicion that he would give or trade his medication- naieve.
- Patients with substance misuse disorders are often undertreated; therefore I must do my best to ensure this doesn't happen.
- Equality
- Empathy
- Autonomy
- It is right that he should want to be as alert as possible for his daughter

Consequences

- One Woman dead due to overdose? How many others overdosed? **BIG NEGATIVE**
- One persons symptoms may have been improved from cannabis **POSITIVE**
- ? Other drugs were being taken by my patient **NEGATIVE**
- Woman's family greatly affected **NEGATIVE**
- Cost and time to Police and taxpayers **NEGATIVE**
- Morphine on the street ? Midazolam and Nozinan™ also being sold **NEGATIVE**
- Patient ran a risk of overdose of analgesia should his methadone have been increased **NEGATIVE**
- Impact on family of "raid" **NEGATIVE**
- Impact on daughter at a vulnerable age of 15- no longer associated with hospice? Grief counselling - **NEGATIVE**
- Impact upon care team, many involved- nurses, Drs, counsellors and social worker. **NEGATIVE**
- Cost for extra supervision of nurses **NEGATIVE**
- Effect upon me- anxiety, fear, nervous around other patients who used cannabis - **NEGATIVE**
- ? Impact for future patients who have a substance misuse disorder **? ?**

Ethical Findings

- The patient was ethically wrong because the consequence was another's death.
- The health care teams actions resulted overall in many negative consequences. The intent however was good and this must be balanced.
- The outcome was a change in policy but this only really took the onus of the syringes off the nurse and onto the pharmacy and patient. A patient can still sell syringes obtained from the pharmacy just as easily as it can from those from a nurse.

How do we care for patients with SMD?

- Need to learn from this case
  - Morally right
- Prevent this from occurring again as much as possible.
- No national guidelines
- 5 concepts derived from research

Learning is not child's play. We cannot learn without pain.
Aristotle

1. In-depth Substance Use History

- Distinguish between those have an active SMD and those who are at risk or in recovery.
- Explain to your patient why your knowledge of their use of drugs and alcohol can help you to better manage their care.
- Be empathetic and Non Judgmental.

2. Involve mental health professionals and support groups.

- Encourage involvement with the mental health team
  - ACTIVE involvement not just review.
- Encourage 12 step programs if found helpful
- Encourage involvement with CADs if indicated

3. Co-ordinate with all other involved health professionals

- GP
- Palliative Care Doctors
- Community and IPU Palliative Care Nurses.
- Wider Hospice Team
  - Spiritual care
  - Family support
  - Social workers
  - Counselors
  - psychologist
- Mental Health Team
- Oncologist, cardiac or respiratory specialists etc.
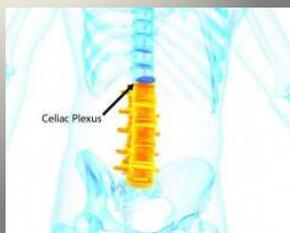- Pharmacist
- CADs
- OT

Nurses stethoscope ☺

4. Consider use of a written opioid agreement with carefully defined patient and provider expectations.

- Single prescriber
- Single pharmacy
- Use of Testsafe™
- Possibility of pill counts and illicit drug tests.
- Alert on hospital records to contact prescriber during hospitalization and prior to discharge.
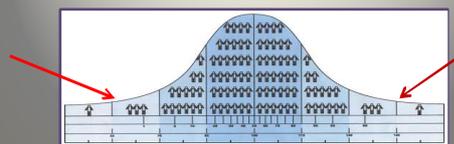- Early reporting of changes in pain to team.

5. Treat pain aggressively

- Remember patients with SMD will generally require greater analgesic needs than the general population.
- Look at all the options
  - Blocks
  - Surgery
  - Radiotherapy
  - Adjuvants
  - Complimentary therapies

Celiac Plexus

Bell Curve

Conclusion

- Need for a National Directive/Plan
- Further Research-
  - specifically palliative care.
- Partnership between Palliative Care Specialists and Substance Abuse Disorder Specialists.
- Empathy, love, care and compassion.

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