The need for everyday ethics in clinical practice with people who are substance dependent

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Thank you

• Thank you to my supervisors
• This research is funded by an Australian Government Research Training Program Scholarship
Plan

• Examples of ethical challenges in alcohol and other drugs (AOD) work
• What guidance exists to help with these challenges? A systematic review.
• What kind of guidance might assist AOD practitioners in the future?
Background to study

• Prescriber of pharmacotherapy, and prior to this, complex and wide ranging clinical roles.
• Increasing experience of the limits of a purely clinical approach
• Ethical challenges are rarely spoken about as ethical challenges (in my experience)
Case studies

A 45 year old man has been stable on methadone for four years, with little or no use of other opioids during that time. Following a distressing three months in which his marriage breaks up and his pet dog dies, he commences drinking large volumes of alcohol and taking non-prescribed benzodiazepines. Both are contraindicated in people taking methadone. The client remains abstinent from other opioids, despite their easy availability to him. Relapsing to heroin use if methadone is reduced and ceased would be potentially disastrous, however the current using pattern is also extremely hazardous. It is challenging to know which action available to the practitioner is the most ethically correct.
Case studies

A homeless and highly distressed client wants to access an expensive unregulated service run by a fringe religious group. The group makes unsubstantiated promises of great success. The client is investing enormous hope in this, and her mother will borrow money to pay for it. Their AOD practitioner is antagonistic to this plan. She believes, on good grounds, that it will do much more harm than good. The client requires the practitioner to write a health clearance letter and to rapidly withdraw her from all opioid replacement therapy in order so that she can access this service. The clinician is troubled by what actions to take.

A client is accessing opioid analgesia from a GP. This is for pain, however there is good evidence of addiction. The GP is working outside of recommended guidelines for this medication. On frequent occasions, when the client runs out of this medication, he deliberately takes hazardous overdoses of multiple medications. He does not want to address addiction pharmacologically, although will engage in counselling. The counsellor believes that encouraging the GP to adhere with prescribing guidelines may lead to the client’s suicide. Any answer that the counsellor can think of appears ethically problematic to him.
What is ethics?

- Needing to take moral responsibility in a decision, in which another person’s interests is potentially at stake.
- Something serious, where discussion
What resources are available for AOD practitioners to assist in their work within complex situations? What are recommendations for further useful work?
Systematic review: Inclusion criteria

- Papers must discuss clinical practice in AOD
- Practical relevance to practitioners.
- They also need to explicitly discuss ethical challenges.
- Published in English from 1985 onwards - introduction of current harm reduction paradigm in UK and Europe (and to a lesser extent in the USA.)
Databases

• Use of controlled vocabulary
  • Medline
  • EBSCOhost (Academic Search Complete, Philosopher’s Index, SOCindex)

• Targeted searching through journals
  • Web of Science
  • One search for substance use within high ranking bioethics journals (Bioethics research library)
  • One search for ethics within substance use journals (Sciencewatch)
### Search and Review Process

<table>
<thead>
<tr>
<th>Source</th>
<th>Titles/Abstracts</th>
<th>Potentially Relevant Papers</th>
<th>Full Text Examination</th>
<th>Final Inclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Web of Science</td>
<td>233</td>
<td>2 papers</td>
<td>23</td>
<td>16</td>
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<tr>
<td>OVID Medline search</td>
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<td>EBSCOhost review</td>
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<td>4 papers (including 1 Medline duplicate)</td>
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<td>16</td>
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<td>Table of contents search</td>
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<td>No relevant papers</td>
<td>23</td>
<td>16</td>
</tr>
</tbody>
</table>

*Full text examination of 23 potentially relevant papers resulted in a final inclusion of 16 relevant papers.*
# Additional searches

<table>
<thead>
<tr>
<th>Search engine</th>
<th>Search target</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Search engine – Google</td>
<td>Codes of ethics</td>
<td>Six codes of ethics.</td>
</tr>
<tr>
<td>National Drug and Alcohol Research Centre (NDARC)</td>
<td>Papers explicitly discussing ethics</td>
<td>None</td>
</tr>
<tr>
<td>The National Centre for Education and Training on Addiction (NCETA)</td>
<td>Papers explicitly discussing ethics</td>
<td>None</td>
</tr>
<tr>
<td>Victorian Department of Health</td>
<td>Documents with focus on ethics and substance dependence</td>
<td>None</td>
</tr>
<tr>
<td>ProQuest Dissertations &amp; Theses Global</td>
<td>PhD theses relating to ethics and substance dependence work</td>
<td>None</td>
</tr>
<tr>
<td>Drug and Alcohol Clinical Advisory Service (DACAS)</td>
<td>Guidelines discussing ethics</td>
<td>None</td>
</tr>
</tbody>
</table>
Results

• Emergence of two forms of guidance, each with two subcategories
• Codes of Ethics: the vast majority (14/18)
  • Rule based codes
  • Principle based codes
• Empirical ethics or Everyday ethics (4/18)
  • Consultative processes
  • Dialogical processes
Example of rule based code

• Association for Addiction Professionals (1)
• ‘Standards’ requiring interpretation – similar to principles.
  • Autonomy, client self-determination obedience, competence, gratitude, diligence.
  • Very extensive. Thirty standards.
• Each standard is supported by rules.
• Emphasis is on finding a clear solution as to what to do ethical challenges from within the code of ethics.
• Some, such as client welfare, have a little more freedom of interpretation than others e.g. dual relationships
Problems of rule based codes

• How to answer the questions at the beginning of this? Using NAADC.
  • Find the correct standard. Then find the appropriate rule.
  • Several possible standards (Preventing harm? Self determination?)
  • No rules matching what to do.
• Not recognising as ethical problems: ethics is a skill (5)
• Not encouraging creativity
• Ossification, and not taking into account details (8)
• It is understandable why people want answers
Example of principle-based codes

• Code of Ethics: Addiction Practitioners Association Aotearoa-New Zealand (2)
• Ethical decision making framework, using principles
  • Respect for human dignity, beneficence
• Seen through values
  • Self-responsibility
  • Responding to clients
  • Professional practice
• Use of study, reflection, group and peer discussion
• Elsewhere many principles drawn from broader work in bioethics.
• AOD specific values challenging stigma, social justice (3)
  • Less emphasis on such principles in other areas of healthcare
Use of principles

• Specific AOD principles (3)
• Encourage novel invention of ethical solutions
• Think about what is important in work within AOD – social stigma, social justice as pre-eminent principles informing decisions
• However –
• Dependent on recognition of ethical problems
• Dependent of clear structures to consider
• Ethical decisions occur, often without explicit reference to principles. Does not mean that practice is amoral or unethical
• Suggests ethics is an area of expertise, which may be true, however people still need to make ethical decisions in the midst of practice and chaos!
Empirical ethics

• Importance of contextual information, no clear separation between the clinical issue and the ethical concern
• Concerns not always recognised as ethical (4)
• Consultative: An ethicist collects and analyses empirical data, reaching conclusions using their expertise
  • One paper (7)
  • Dialogical: The practitioners are integral to any ethical decision, discussing and reflecting on issues. The ethicist acts as a facilitator
    • Two papers (8-9)
• One paper with aspects of both (10)
Examples of consultative empirical ethics (Miller et al, 2008)

- Groin injecting as a boundary for harm reduction practices (6)
- Provision of information from authors experience and knowledge on groin injecting.
- Process of analysis by authors, using an ethical decision making process. Includes use of principles.
- Provision of ethical recommendations regarding this issue (‘convenience’ and ‘last resort’ to determine who should receive such information is ethically acceptable)
- Recognise a need for rules, and simple guidelines – as opposed to case by case basis – however nuanced process of obtaining specific rules for a service
Example of dialogue (Solai et al, 2006)

- Geneva injecting room (7)
- Clear rules, policies and philosophy of working
- Ongoing problems and conflict amongst staff.
- Issues included:
  - First time injectors
  - Minors accessing the service
  - Pregnant clients
  - Non-engagement with services
- Everyday problems causing significant consternation
- Dialogue between researcher and practitioners enabled development of solutions to many of these challenges.
- Some remained unsolved, however there was explicit recognition of challenges.
Empirical ethics and everyday ethics

• Ethics is lived experience. Research explores what is done
• Banks: “ethics in professional life” (9)
• There is implicit normativity (11)
• Clinical and ethical decisions cannot be cleanly separated (12)
• Principles can add to implicit knowledge, however problems may not be solvable through principles
• Rich research and dialogue can tease out what occurs, what is thought and provide nuanced guidance and answers. Ethical answers may not always pull in the same direction (13)
• Ethics part of practice – not separate to practice
Possible approaches

• Grounded moral analysis
• Moral participation
• Moral conversation (14)
• Moral case deliberation (13)
• May include use of principles
• Pragmatic hermeneutics (15)
• Aim to identify issues and resolution which has meaning and is of practical relevance to practitioners
Conclusion

• Limited amount of work in AOD
• Complex ethical field and little focus on the everyday
• Empirical ethics work has the opportunity to guide practitioners, to increase ethical skills and to improve client care
• Useful to use language of ethics, and to articulate principles of healthcare specific to AOD – however researchers can work in collaboration with practitioners towards practical ends
References


References


