Finding the Moral Frameworks of Pain Management

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Target Audience

• The overarching goal of PCSS is to train a diverse range of healthcare professionals in the safe and effective prescribing of opioid medications for the treatment of pain, as well as the treatment of substance use disorders, particularly opioid use disorders, with medication-assisted treatments.

• This session will benefit all healthcare professionals interested in understanding how applying moral/ethical frameworks to the management of pain will provide for more just, safe, and effective individual treatment and pain management policies.
Educational Objectives

At the conclusion of this activity participants will be able to:

1. Discuss what makes pain management an ethical endeavor.
2. Describe at least one moral theory/framework that informs pain management policy/practice.
3. Discuss practical applications of moral/ethical theories that could improve pain management practice and policies.
Managing Pain Today

How do I know if I am doing the right thing for my patient with pain?

Why are we asking this question?

Medical?

Legal?

Ethical?
The Crises... a little while ago

**Chronic Pain**
- 20.4% (50.0 million) of U.S. adults with chronic pain
- 7.4% of U.S. adults (19 million) with high-impact chronic pain
- Distress
- Disability
- Depression
- Suffer stigma/blame for the opioid crisis, addictions, and deaths

**Opioid Use Disorder**
- Three million people in the US suffer from OUD
- 91.8 million in US use prescription opioids
- Prescription overdose deaths in 2019 = 14,139 (but includes illegal fentanyl)
- Crisis blamed on overprescribing opioids for pain

(Zelaya, Dahlhamer, Lucas & Connor, 2020)
Chronic Pain

Figure 1. Percentage of adults aged 18 and over with chronic pain and high-impact chronic pain in the past 3 months, overall and by sex: United States, 2019

NOTES: Chronic pain is based on responses of "most days" or "every day" to the survey question, "In the past 3 months, how often did you have pain? Would you say never, some days, most days, or every day?" High-impact chronic pain is defined as adults who have chronic pain and who responded "most days" or "every day" to the survey question, "Over the past 3 months, how often did your pain limit your life or work activities? Would you say never, some days, most days, or every day?" Estimates are based on household interviews of a sample of the civilian noninstitutionalized population. Access data table for Figure 1 at https://www.cdc.gov/nchs/data/databriefs/db300-tables-508.pdf#1.
Totals of drug-involved overdose deaths

Figure 1. National Drug-Involved Overdose Deaths*
Number Among All Ages, by Gender, 1999-2019

*Includes deaths with underlying causes of unintentional drug poisoning (X40–X44), suicide drug poisoning (X60–X64), homicide drug poisoning (X85), or drug poisoning of undetermined intent (Y10–Y14), as coded in the International Classification of Diseases, 10th Revision. Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2019 on CDC WONDER Online Database, released 12/2020.
All drug-involved overdose deaths

Figure 2. National Drug-Involved Overdose Deaths*, Number Among All Ages, 1999-2019

*Includes deaths with underlying causes of unintentional drug poisoning (X40–X44), suicide drug poisoning (X60–X64), homicide drug poisoning (X85), or drug poisoning of undetermined intent (Y10–Y14), as coded in the International Classification of Diseases, 10th Revision. Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2019 on CDC WONDER Online Database, released 12/2020.
Prescription opioid overdose deaths

Figure 4. National Drug Overdose Deaths Involving Prescription Opioids*, Number Among All Ages, 1999-2019

*Among deaths with drug overdose as the underlying cause, the prescription opioid subcategory was determined by the following ICD-10 multiple cause-of-death codes: natural and semi-synthetic opioids (T40.2) or methadone (T40.3). Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2019 on CDC WONDER Online Database, released 12/2020.
The Crises... during COVID 2020

**Chronic Pain**
*(likely much the same)*

- 20.4% (50.0 million) of U.S. adults with chronic pain
- 7.4% of U.S. adults (19 million) with high-impact chronic pain
- Distress - worse
- Disability - worse
- Depression - worse
- Limits to treatment options
- Temporary waivers increased opioid prescribing - mixed


**Opioid Use Disorder**

- 81,000 overdose deaths May 2019-2020 – highest number recorded in 12-mo period
- Synthetic opioids – primarily illegal fentanyl, meth, cocaine, heroin
- Changes to treatment of OUD – expanded telehealth, ‘take-home’ treatment, etc.
- Challenges to treatment mounting
- No mention of blaming pain management at this time

*(CDC., 2020; Sun 35 al., 2020)*
The Conundrum of Treating Pain

Pain is subjective, quantifiably unmeasurable, involves epistemic trust, depends on patient and provider values, and requires a moral agent for assessment and treatment.

Pain management may be the most regulated of all specialties due to addictive treatments (opioids).

Is there a moral obligation to treat pain? – or prevent addiction? – or both?
If there is still a Moral Obligation to Treat Pain...

What is ‘moral’?

To whom do these obligations apply?

Are these definitions and obligations changing?
MORAL aspect of pain management

- The 2011 *Relieving Pain in America* IOM report emphasized the epidemic proportions of chronic pain – declared that pain management is a ‘moral imperative’

- Subjectivity - there is no acceptable objective measure of pain

- Epistemic trust: “I’m not making this up!”

- Stigma – “I’m not an addict!” “I want to work!”

- Moral agency required to treat pain
We often look to...

- A *medical model* to solve pain management issues

- The *bio-psycho-social model*
The problem is ....

We don’t consider using a *moral framework approach* to the management of pain.

PLUS - There are *competing moral approaches* to the management of pain.
Examples of ethical/moral questions

- Is it ever ethically permissible to allow pain to continue untreated?

- Are people who complain that pain is ongoing manipulative or lazy?

- Do individuals with decision-making capacity have a right to treat their own pain as they choose?

- If a choice has to be made, is it more morally acceptable to treat pain or prevent addiction?

- How do I know that someone is telling the truth about their pain?
The management of pain is an ethical undertaking that requires a moral framework.
Without a moral framework
Choosing a moral framework

• Principlism
• Utilitarianism
• Deontology
• Ethics of Care
• Virtue Ethics
• Narrative Ethics
Choosing a moral framework

- Principlism
- Utilitarianism
- Deontology
- Ethics of Care
- Virtue Ethics
- Narrative Ethics
We usually go to Principlism.

- Autonomy
- Beneficence
- Non-maleficence
- Justice
We usually go to Principlism…. 

- Autonomy 
- Beneficence 
- Non-maleficence 
- Justice 

• Optimal Pain Care 
• Useful Pain Policy
Pain Management: A Fundamental Human Right

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This article surveys worldwide medical, ethical, and legal trends and initiatives related to the concept of pain management as a human right. This concept recently gained momentum with the 2004 European Federation of International Associations for the Study of Pain (EFA) Chapters International for the Study of Pain- and World Health Organization-sponsored “Global Day Against Pain,” where it was adopted as a central theme. We survey the scope of the problem of unrelieved pain in three areas: acute pain, chronic noncancer pain, and cancer pain, and outline the adverse physical and psychological effects and social and economic costs of untreated pain. Reasons for deficiencies in pain management include cultural, societal, religious, and political attitudes, including acceptance of torture. The biomedical model of disease, focused on pathophysiology rather than quality of life, reinforces entrenched attitudes that marginalize pain management as a priority. Strategies currently applied for improvement include framing pain management as an ethical issue; promoting pain management as a legal right, providing constitutional guarantees and statutory regulations that span negligence law, criminal law, and elder abuse; defining pain management as a fundamental human right; categorizing failure to provide pain management as misconduct, and issuing guidelines and standards of care.

PAIN AND THE ETHICS OF PAIN MANAGEMENT

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Abstract—In this article I clarify the concepts of ‘pain’, ‘suffering’, ‘the relevance of an ethic to the clinical setting which gives patients a right to refuse treatment, and which places upon medical personnel an obligation to patients. First, there is the duty to refrain from inflicting unnecessary suffering, treatment, and research. Next, there is the duty to relieve all pain and suffering which can be alleviated. Then, there is the duty to respect the patient’s right to refuse treatment. Finally, there is the duty to respect the patient’s right to refuse treatment if the patient is competent and has given informed consent.

In the clinical setting, medical personnel must constantly act upon these ethical considerations: (1) is the patient in pain? and (2) “What can and should we do about it?” cannot be evaded by doctors, nurses and other support personnel who must daily face the face with the bitter reality of human suffering and their attendant pains. What does a moral philosopher have to say to the one hand the other hand the ethical perspective? those derive from those derive from the patient’s own perspective? the scientific perspective? the one hand the other hand the psychological perspective? those derive from those derive from the patient’s own perspective? the scientific perspective?

Professionals care and comfort, and they do so in a worthwhile fashion. Pain specialists encounter some special issues as they seek to fulfill their professional mandate. Some key ethical issues that arise are described situations involving end-of-life care needs, physician-assisted suicide requests, terminal sedation, do not resuscitate orders, and chronic conditions. Policy issues are also discussed, including those related to controlled substances and access to pain treatment. This overview is an introduction to the issues; it is supplemented by additional cases, each with an analysis applying some of the ethical considerations described.

Key Words: Professionalism; Comfort; Truthfulness; Pain; End-of-Life Care; Opioids; Physician-assisted Suicide; Terminal Sedation; Do Not Resuscitate Order; Controlled Substance; Access; Chronic Conditions

Satisfaction in pain management are guided by the ethical issues that are appropriate to the profession in various clinical settings. These features are evident in major codes of ethics and clinic guidelines that are written for more or less general professional settings.

Ethics: Ethics and Pain Management in Hospitalized Patients

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Optimal pain control for hospitalized patients continues to remain elusive. Results of the Hospital Consumer Assessment of Healthcare Providers and Systems Survey (HCAPS) show that only 53-74% of hospitalized patients nationwide reported that their pain was well controlled (Summary of HCAPS Survey Results, 2011). Although pain research has resulted in a better understanding of pain modalities and the development of new treatments, patients report little increase in satisfaction with the management of their pain while hospitalized (Department of Health and Human Services, 2011). This column will examine how the deliberate use of ethical strategies and clinical pain management interventions for hospitalized patients may enhance satisfaction.
But others may be more useful

- Principlism
- Utilitarianism
- Deontology
  - Ethics of Care
  - Virtue Ethics
  - Narrative Ethics
Ethics of Care

Relationship based

Considers potential inequalities among healthcare provider, patient

Focus is on ‘care’ and ‘comfort’ of the patient – often emotionally based with few boundaries

“…reflect the circumstances and contingencies of “healing-oriented” healthcare fields, including chronic pain management.” (Giordano & Schatman, 2008, p. 592)
Virtue Ethics

The morally virtuous will make the morally right decision

An agent-based ethic – because treating pain requires a moral agent

Virtues are Reverence, Benevolence, Compassion, Veracity, Intellectual Honesty, Fortitude, Phronesis – practical wisdom apply to all of those who treat the universal condition of pain even a morally pluralistic world. (Giordano, 2011)

“…virtue ethics that is built upon and consistent with the core moral values and philosophical premises of medicine… empowers the physician to appreciate and utilize particular ethical approaches and guide clinical decision making and actions as consonant with the telos of pain medicine.” (Giordano, 2011, electronic)
Narrative Ethics

Considering solutions using human stories – the human story of pain

A process that solves dilemma without *exclusively* using reason – “Pain is nearly as immeasurable as narrative…” (Morris, 2001, p. 57)

Think of all of the pain stories that you have heard…..

“Sometimes, caring simply amounts to working with narratives“ (Paulsen, 2011).
Theory to practice

“What moral framework would assist with practice and policy decisions in difficult times?

https://www.jems.com/2020/09/14/to-opioid-or-not-to-opioid/
Applying moral theory to practice/policies

CDC requests input into planned revisions of chronic pain policy

No moral frameworks are referenced or requested for inclusion in new CDC policy

Competing moral approaches are not recognized
It’s possible.
There is no ONE moral framework exclusively useful for the management of pain; best used together – example: principle of justice with ethics of care.

The framework that is most useful is acceptable to the patient and the provider.

Even when you’ve done the right thing, suffering of some form may continue.

The right thing may not look like the right thing in the future. You are morally responsible for the present.
• Understand your preferred moral/ethical approach to pain and opioids
• Recognize when problems in the management of pain are actually moral/ethical questions that need a moral/ethical answer
• Look at patient and provider values and recognize incongruities
• Be cognizant of the impact of relationships in treatment and vice versa
• Don’t forget to consult the Bioethics team if necessary!
Final Take-Aways

- Pain is subjective, quantifiably unmeasurable, involves epistemic trust, involves patient and provider values, and requires a moral agent for assessment and treatment.

- The moral endeavor of caring for people with pain requires use of a moral framework.

- Consult with a Bioethicist and other experts as needed – ethics is not a solo sport!

Remember!!!
Thank you and do Good!
References


PCSS Mentoring Program

- PCSS Mentor Program is designed to offer general information to clinicians about evidence-based clinical practices in prescribing medications for opioid addiction.

- PCSS Mentors are a national network of providers with expertise in addictions, pain, evidence-based treatment including medication-assisted treatment.

  - 3-tiered approach allows every mentor/mentee relationship to be unique and catered to the specific needs of the mentee.

  - No cost.

For more information visit: pcssnow.org/mentoring
PCSS Discussion Forum

Have a clinical question?

Ask a Colleague
A simple and direct way to receive an answer related to medication-assisted treatment. Designed to provide a prompt response to simple practice-related questions.

Ask Now
**PCSS** is a collaborative effort led by the American Academy of Addiction Psychiatry (AAAP) in partnership with:

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