




EOL Pain Management and the Principal of Double Effect


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Program Objectives

- Provide an overview of general ethical principals and their historical roots
- Explain the Principal of Double Effect
- Discuss the role of Conditions in the Principal of Double Effect as it relates to pain management
- Analyze the nursing critical thinking process and barriers that contribute to ineffective EOL pain management 

Palliative Care

- Patient- and family-centered care that optimizes quality of life
- Anticipating, preventing, and treating suffering
- Addresses physical, intellectual, emotional, social, and spiritual needs
- Facilitating patient autonomy
 - access to information, and choice. 

Benefits of Palliative Care

- Relief of suffering and control symptoms
- Integration of personal, cultural, and spiritual beliefs to find meaning in their existence and current experience.
- Promotes self-control, choice and self-determination
- Regards dying as a profoundly personal, natural experience



“The greatest importance of palliative care medicine is not simply the benefit it can bring at the end of life, but its recasting of the goals of medicine, trying to better balance care and cure, and in all of life not just at its end.”

Callahan, D. (2000). Justice, Biomedical Progress, and Palliative Care. *The Hastings Center Progress in Palliative Care*, 8, 3-4.



1991 ANA Position Statement Promotion of Comfort and Relief of Pain in Dying Patients

“Nurses should not hesitate to use full and effective doses of pain medication for the proper management of pain in the dying patient. The increasing titration of medication to achieve adequate symptom control, even at the expense of life, thus hastening death secondarily, is ethically justified.”



Twycross 1982

- Fear of respiratory depression is one of a number of myths that overemphasize the dangers of morphine.
- Even with large doses of morphine, respiratory depression "is rarely seen" because pain is a powerful antagonist to respiratory depression.
- "The use of morphine in the relief of cancer pain carries no greater risk than the use of aspirin *when used correctly*". Rather than hastening death, "the correct use of morphine is more likely to prolong a patient's life ... because he is more rested and pain-free."



Twycross, E.G. (1982). Ethical and clinical aspects of pain treatment in cancer patients. *Anesthes Scand Supplement*, 74, 83-90.

Dahl 1996

"Respiratory depression is one of the most feared and misunderstood potential side effects of the opioids." Because pain is a stimulus to respiration, "clinically significant respiratory depression is rare."



Dahl, J.L. (1996). Effective pain management in terminal care. *Clinical Geriatric Medicine*, 12, 279-300.

What is Ethics?

- Well based standards of right and wrong
- Prescribes what humans ought to do
 - Rights
 - Obligations
 - Benefits to society
 - Fairness or specific virtues



Ethical Standards

- Enjoin virtues of honesty, compassion, and loyalty
- Relate to rights
 - Right to life
 - Right to freedom from injury
 - Right to privacy



Traditional Ethical Principals

Nonmaleficence
"above all do no harm"

Justice
Looks beyond the individual to the overall good of society

Autonomy
Patient's right to have sovereignty

Beneficence
Actions that are intended to benefit the patient



Traditional Ethical Principals

	Non-maleficence	Justice	Autonomy	Beneficence
Definition	Above all no no harm	Looks beyond the individual to the overall good of society	Patient's right to have sovereignty	Actions that are intended to benefit the patient
Example				

Principle of Double Effect

- The principle of double effect (PDE) is used to
 - Justify the administration of medication to relieve pain
 - Even though it may lead to the unintended, although foreseen, consequence of hastening death



Clinicians Fears and Questions

- Would I be viewed as facilitating a patient's wishes for a hastened death?
- If I give the last dose did I kill the patient?
- Will I be legally or professionally liable for contributing to an early death?



Competing Duties



- 1) The obligation not to do harm
- 2) The obligation to relieve severe pain

Origins of PDE

- Roman Catholic Moral Theology.
- Developed by Catholic Theologians in the Middle Ages
 - Traced back to St. Thomas Aquinas (1225-1274)

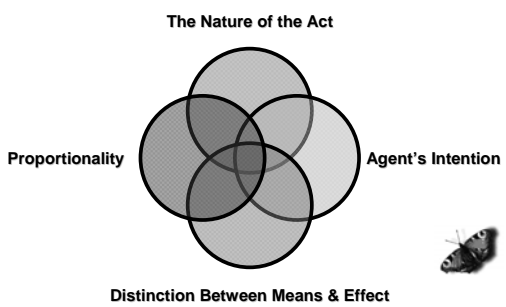


PDE in the use of EOL Pain Management



- Good effect
 - Pain control is intended
- Bad or secondary effect
 - Hastening death is foreseen but not intended

Conditions of PDE



Conditions of PDE

- **The Nature of the Act:** The action itself must be morally good or at least indifferent. The act itself must not be intrinsically wrong
- **The Agents Intention:** The agent must intend only the good effect although the bad or secondary effect maybe foreseen but not intended
- **The Distinction between Means and Effect:** The bad effect (death) must not be the means used to bring about the good effect, such as the relief of suffering. The good effect must not be achieved by way of the bad effect.
- **Proportionality between the Good Effect and Bad Effect:** The good results Must Outweigh the bad results



Conditions of PDE



- 1st Condition**
Determines whether a potential act is ever permissible
- 2nd & 3rd Conditions**
Determine whether the potentially inflicted harm is intentional or unintentional either as a means or an end in itself

Conditions of PDE



- 4th Condition**
Requires the agent to compare the net good and bad effects of potential actions to determine which course produces an effect of proportionately greater value

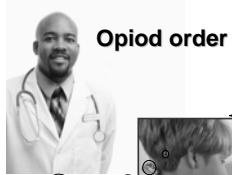
Intended or Foreseen?



- Intention is the result of deliberation
- The agent deliberates to search for a means that is effective to achieve the desired or intended end

**Desire and Belief Are
Not Intention
Intention Involves
Commitment!**





Opioid order

I have to relieve this pain!



OUCH

Can I really give more pain medication?

Please don't let this be his last injection!

Nursing Process



- The MD prescribes an escalating range of Opioid based on assessment
- The Nurse reassesses the level of pain and deliberates how to relieve the pain
- The deliberation is about relief of pain although death maybe foreseen They do not intend death
- The Intention is to Relieve Pain!

“ Because the death of a terminally ill patient can not be prevented, It becomes the clinicians obligation to control pain. The patient’s death is beyond the clinicians control. What is not beyond their control is whether the death will be preceded by unacceptable levels of pain and suffering.”

Cavaughn, T.A. (1996). The ethics of death hastening or death causing palliative analgesic administration to the terminally ill. *Journal of Pain and Symptom Management*, 12, 248-254.



Patient Case

- The palliative care team has been consulted to see a 78 year old gentlemen newly admitted with end stage pancreatic cancer.
- PMH of DM, Hypertension, CHF exerabations with an EF of 20%.
- Unable to communicate but he is moaning and restless. He is accompanied by his wife who has brought him to the ER “to help him”. He has 2 adult sons who live out of town.
- A living will and MPOA in his past medical record which state that he does not want heroic measures. A DNR order is written.



Patient Case

- Medications Nexium 20 mg po daily, Senokot 2 tabs po daily,, Duragesic 100mcg patch q 72hrs, Roxanol 40 mg subli q 4hrs prn breakthrough pain (240 mg in last 24hrs given)
- Assessment completed the MD is called for new pain management ordersIncrease Duragesic 125mcg and add Morphine 10mg IVP q 2-4hrs prn pain.
- New Duragesic patch applied and Morphine 10mg IVP given. After 1 hr the patient continues to moan. You call the MD and a new order for a 10mg bolus is given and provided to the patient.
- The patient appears more comfortable and restful within 20 minutes.



Patient Case

20 minutes later his wife comes running down the hall saying he is not breathing "Oh my God we gave him too much, his boys will never see him." You verify that the patient has died and console the wife

- What would you say to her?
- What is your nursing assessment of this situation?
- What are your feelings about the care you provided?
- Would you do something differently?



Summary

- The ethical principle of double effect (PDE) is used to justify the administration of medication to relieve pain in the process of providing EOL care.
- Nurses should not hesitate to use full and effective doses of pain medication for the proper management of pain in the dying patient.
- Recognition of the conditions of the Principal of Double Effect and awareness of the impact of the nursing critical thinking process assist nurses in identifying barriers that contribute to ineffective EOL pain management.



“ Most needed is what I call a "sustainable medicine." By that phrase I mean a medicine that accepts death as part of the human condition, that is not obsessed with the struggle against disease, that understands progress as learning better how to live with, and die with, mortality as a fundamental mark of the human condition.”

Callahan, D. (2000). Justice, Biomedical Progress, and Palliative Care. *The Hastings Center Progress in Palliative Care*, 8, 3-4.



Questions ?????



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