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

Medical?

Legal?

Ethical?

Why are we asking this question?

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

(Choleva, Dahlhamer, Lucas & Connor, 2020)

**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

(Dahlhamer et al., 2018; Zelaya et al., 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 in U.S. states/DC, 2019

<table>
<thead>
<tr>
<th>Type of Pain</th>
<th>Men (20-24)</th>
<th>Men (25-44)</th>
<th>Women (25-44)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic pain</td>
<td>7.4</td>
<td>15.0</td>
<td>20.4</td>
</tr>
<tr>
<td>High-impact chronic</td>
<td>8.3</td>
<td>10.6</td>
<td>12.1</td>
</tr>
</tbody>
</table>
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

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?

A Moral Framework

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

We usually go to Principlism....

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

- Autonomy
- Beneficence
- Non-maleficence
- Justice

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- Optimal Pain Care
- Useful Pain Policy

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?

“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...

"You wouldn’t do that to an animal, would you? Ethical issues in managing pain in patients with substance dependence" by Georgia M Caro, William K Johnson, and Irene A implementation of pain management and ethical issues in patients with substance dependence

When Doctors Refuse to Prescribe Opioids to a Patient in Pain: How Healthcare Ethics Consultants Can Be Most Effective

3/16/2021
Vital notes!

- 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.

Vital notes (continued)!

- 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!
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:

| American Academy of Family Physicians | American Psychiatric Association |
| American Academy of Neurology | American Society of Addiction Medicine |
| Addiction Technology Transfer Center | American Society of Pain Management Nursing |
| American Academy of Pain Medicine | Association for Medical Education and Research in Substance Abuse |
| American Academy of Pediatrics | Addiction Training Center for Addictions |
| American College of Emergency Physicians | American Psychiatric Nurses Association |
| American College of Physicians | National Association of Community Health Centers |
| American Dental Association | National Association of Drug Court Professionals |
| American Medical Association | National Consortium for Substance Abuse Training |
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