

# Ethical Dilemmas in Pharmacy: End of Life Issues

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Through Pharmacy



# Disclosure Information

## **Ethical Dilemmas in Pharmacy: End of Life Issues**

**Douglas C. Anderson, Pharm.D., D.Ph.**

I have no financial relationships to disclose.

AND

I will not discuss off label use and/or investigational use in my presentation.

Thanks to my very good friend and bioethics mentor Dr. Dennis Sullivan for his assistance in this talk!

# Objectives

By completion of this activity participants should be able to:

1. Define the philosophical basis for human value.
2. Discuss the organismal nature of humans from conception onward.
3. Analyze a clinical scenario utilizing these principles.

# Duties to Patients: Medical Principlism

1. **Beneficence**: benevolent intent
  - We use our knowledge and skills to do good for our patients
2. **Non-maleficence**: no injurious intent
  - First do no harm
- 2a. **Confidentiality**: holding sacred the trust of intimate details about the patient
3. **Distributive Justice**: equal treatment of all patients, regardless of irrelevant factors
4. **Patient Autonomy**: patients make informed decisions about their own care

# The End of Life

When do we stop being persons?

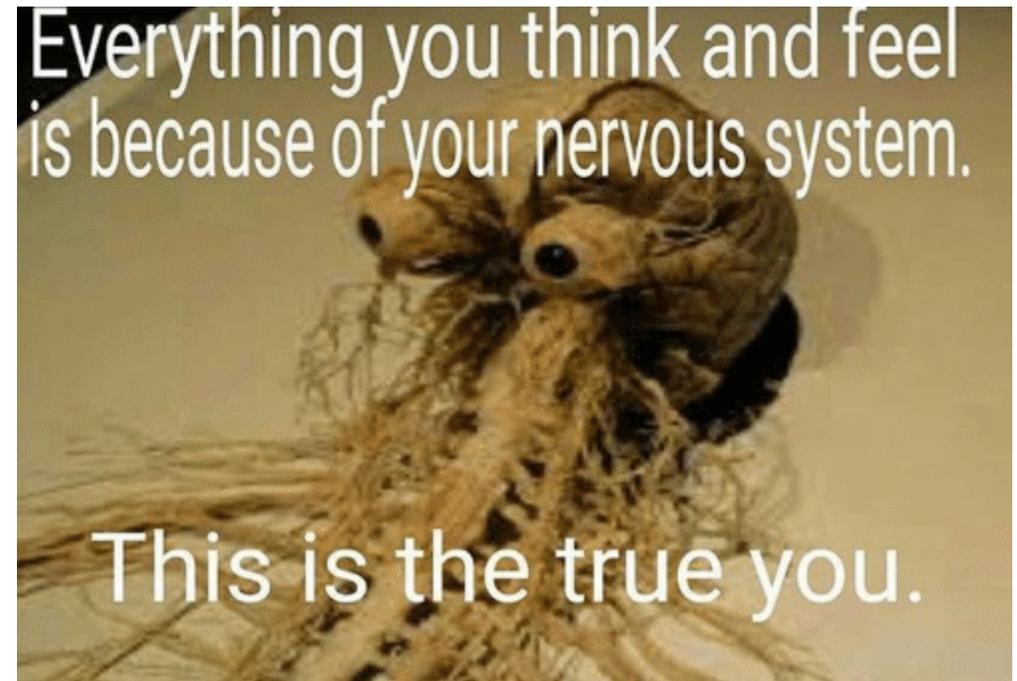
# Points at the Beginning

- Conception
  - Fetal physiological measures (e.g. heart beat, brain waves, feel pain)
  - Number of weeks of gestation (viability)
- 
- Birth
    - Double-homicide
  - Post-birth<sup>1</sup>: “The fetus and the new born are potential persons.”

1. Giublini A., Minerva F. *J Med Ethics* 2013;39(5):261-3

# The End of Life

- Disability
    - Iceland and Down Syndrome eradication
    - Nazis and “Useless eaters”
  - Self-awareness/expression
    - Neo-Gnosticism
      - Neo-Gnosticism: knowledge and expression of knowledge – “self” - is what makes us human and if we cannot express knowledge then we are not “persons”
    - Neuro-centricity
      - Neuro-centricity: our central nervous system is what makes us a person and if it is damaged or non-functional then we are no longer “persons”.
  - Death
    - Brain death
- 
- Body *and* Soul (and Spirit)



# Christian Principles

## **Principle #1: Human life is sacred**

**Psalm 8:4-5** What is man that You take thought of him, And the son of man that You care for him? Yet You have made him a little lower than God, And You crown him with glory and majesty!

## **Principle #2: God is sovereign over life and death**

**1 Cor 15:55** O death, where is your victory?

O death, where is your sting?"

## **Principle #3: No patient is beyond Christ's compassion**

**Luke 6:31** Treat others the same way you want them to treat you.

# Patient Case #1

- 70 year old female with multiple medical problems transferred to Mount Carmel hospital from her assisted-care center in serious condition.
- Admitted to Mount Carmel under the care of an intensive care specialist, Dr. William Husel
- In the ICU she received fentanyl 1000 mcg IV
- She died within 18 minutes of receiving the dose
- The patient had a DNR order and no attempt was made to resuscitate the patient.

**Fentanyl dosage equivalent to Morphine 100 mg IV**

# Euthanasia and Assisted Suicide

- **Euthanasia: Illegal in all states**
  - **Voluntary:** bringing about a competent patient's death at his request
  - **Nonvoluntary:** ending the life of an incompetent patient, usually at the request of a family member
    - Terri Schiavo
    - Karen Quinlan
  - **Involuntary:** taking the life of an competent patient who does not wish to die
  - **“Passive” euthanasia:** withholding or withdrawing care with the *intent* of causing death
- **Assisted suicide:** assisting a patient in bringing about their own death
  - Legal in Oregon, Montana, Washington, Vermont, California, Colorado, and DC

# Ethical Justification for Euthanasia/Assisted Suicide

- For
- **Beneficence:**
    - Death eases the suffering of the terminally ill
    - Forcing terminally ill patients to endure pain and suffering is doing harm
  - **Non-maleficence:**
    - Continuing life causes increasing harm/pain
  - **Patient autonomy:** Depression?
- Against
- **Non-maleficence:**
    - "Nor shall any man's entreaty prevail upon me to administer poison to anyone."
  - **Patient autonomy:** Depression? Coercion?
  - **CPFI Position Papers**
    - **Assisted Suicide:** In order to affirm the dignity of human life, we advocate the development and use of alternatives to relieve pain and suffering, provide human companionship, and give opportunity for spiritual support and counseling. *We oppose assisted suicide in any form.*
    - **Euthanasia:** *While rejecting euthanasia, we encourage the development and use of alternatives to relieve suffering, provide human companionship, and give opportunity for spiritual support and counseling.*

Sullivan D. *Ethics and Medicine*, 21:2, 2005

# Arguments for and against euthanasia/assisted dying expressed in declarations (n=62)

## **For**

- Autonomy
- Right to die with dignity
- Physicians' responsibility for eliminating suffering and promoting dignified end of life

## **Against**

- Sanctity of human life, life is a gift from god
- Religious prohibition "Thou shalt not kill"
- No right to kill
- Responsibility to protect life
- Vulnerable populations may be forced to end their lives
- In conflict with basic principles of medical/nursing practice

# “Death with Dignity” Experience in Oregon and Washington

## Who

- Cancer: 72-77%
- Neurodegenerative disease/ALS: 8%
- COPD: 4.5-6%
- Heart disease: 1.9-9%
- HIV/AIDS: 0.8%
- Other: 5-7.3%

## Why

- Loss of autonomy: 91.6%
- Less able to engage in activities making life enjoyable: 89.7%
- Fears about future quality of life and dying: 60%
- Fear of future inadequate pain control: 24.7%
- Current inadequate pain control: 22%
- Long-standing beliefs in favor of hastened death: 14%

*N Engl J Med* 2013; 368:1417.

*Ann Intern Med.* 2017 Oct 17;167(8):579-583.

# Patient Case #1

- More than two dozen wrongful death lawsuits filed against Dr. Husel and Mount Carmel
  - Husel's license has been suspended, but he has not been charged with a crime
- Nurses and pharmacists also named, but have been dismissed
  - State board actions against nurses and pharmacists are still pending
- Involuntary euthanasia
- Five patients were treatable, not terminal

# End of Life Care: Not Euthanasia

1. Stopping or not beginning a treatment at the request of the patient
2. Withholding a treatment that is medically futile
3. Pain and symptom treatment with the possible adverse-effect of shortening life

# Patient Case #2

- 64 year old grandmother who is being treated for stage 4 non-Hodgkin's lymphoma w/ primary on pancreas
- Unable to keep anything down GI tract for past 7 months, fed by hyperal
- Weight lost from 178 pounds to 94 pounds
- Received radiation therapy and two rounds of chemotherapy; lymphoma has responded well
- Multiple opportunistic infections
- ICU w/ ventilator after first infection because of disseminated intravascular coagulation
- Currently comatose; due for third round of chemo
- The family declines
- All but comfort care, fluids, hyperal, and pain meds, are discontinued
- She passes away the next day

**This was my mom**

# Patient Refusal of Care

- **Informed consent**
  - In most cases we must have informed consent to treat
  - Competent patients may withdraw consent and refuse treatment
- **Moral duty** to convince patient to undergo medically useful treatment
  - Therapeutic lifestyle changes for cardiovascular risk reduction
    - Tobacco cessation
    - Low sodium diet
    - Weight loss
    - Exercise
    - Alcohol moderation
  - I'm going to eat bacon
  - Can lead a horse to water...
- **Paternalism: "Doctor's orders"**
  - Mount Carmel: Pharmacists have a corresponding duty to ensure safety

Jochemsen H. (1996) The Netherlands Experience. In. *Dignity and Dying: A Christian Perspective*. Paternoster Press, Grand Rapids, MI.

# Terminology

- **Ordinary v. extraordinary treatments**

- Vague and confusing based on context
  - Ordinary: Ventilator for a 16 year old after crushing chest injury in a car crash
  - Extraordinary: Ventilator for a 64 year old with end stage COPD

- **Heroic measures:** often taken in grave injury or illness in last ditch attempt to save life

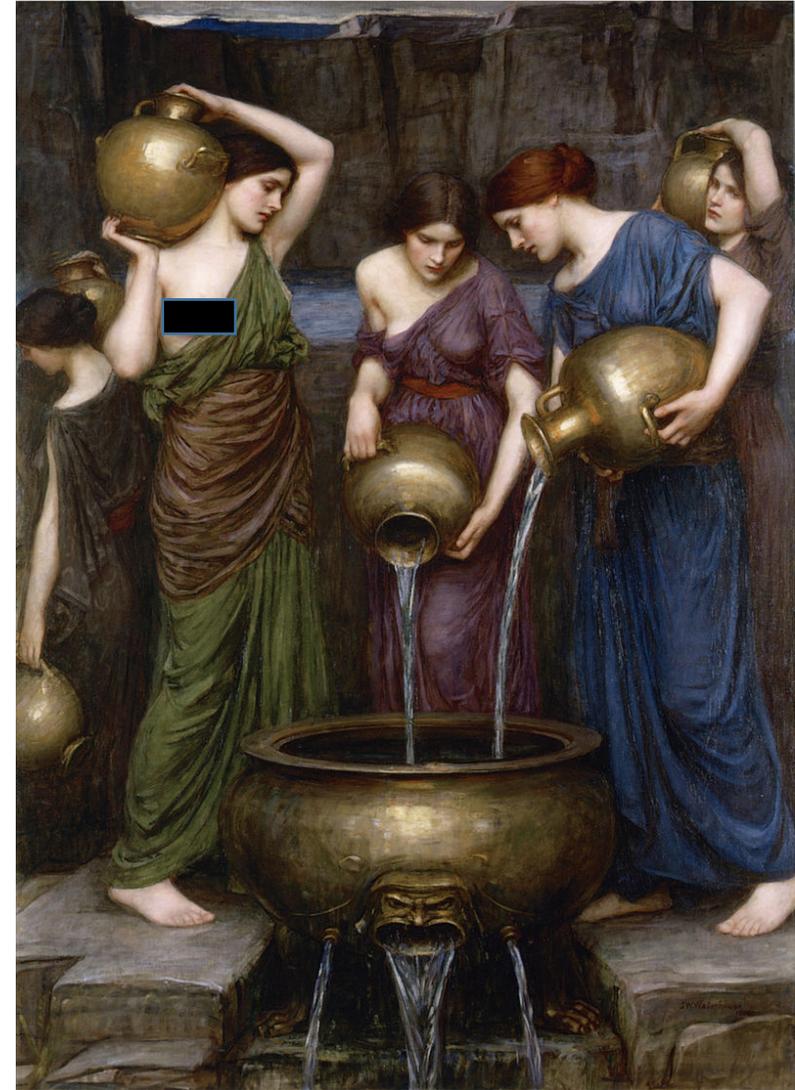
- **Proportionality**

- The expected benefits of the treatment outweigh its expected or possible risks and burdens for the patient
- Are goals achievable?
- Are adverse effects too much to bear?

*The Danaides* (1903), a Pre-Raphaelite interpretation by John William Waterhouse

# Medical Futility

- **Latin *futilis*:** leaky
  - ill-suited for achieving desired ends
- **Greek mythology:** The daughters of King Danaus condemned to (Tartarus) the realm of Hades and forced to fill a leaky tub
- **Physiological futility:** zero chance of being effective
  - E.g. Antibiotics for a common cold
- **Quantitative futility:**  $\leq x\%$  chance of benefit
  - E.g. 92 year old with multi-organ failure who needs a Medi-flight



# Qualitative Futility

There may be some effect, but no meaningful “benefit”

1. The prospective benefits of treatment are outweighed by associated burdens to the patient.
  - My mom
2. The prospective benefits of treatment are not worth the required health care resources.
  - Liver transplant in an alcoholic who still drinks
3. The treatment simply cannot provide the patient a quality of life worth living.
  - Living wills, advanced directives
  - Persistent vegetative state; e.g. Terry Schiavo
  - Parents vs. the State; e.g. Charlie Gard, Alfie Evans

**Evaluate medical criteria only, never the value of the life of the patient!**

# When is Care “Futile”?

- How we *say* things matters
  - “I just had bad luck. No matter what I did, my patients’ families never wanted to withdraw care.”
  - “You failed the antiarrhythmic drug.”
- Caring for patients is *never* futile
  - However, *some* care may not be beneficial
  - Some care may be overly burdensome
  - Care must be proportionate and goals must be achievable

# Patient Case #2

- The cancer responded well to the chemo, but Mom did not
- Our *intent* in withdrawing care was not her death, but avoidance of the adverse effects of the chemo
- Sometimes you have to let go and let God

# Patient Case #3

- Terminal cancer patient with “days to live” according to oncologist
- Admitted for inpatient pain management
- Pharmacist sets up PCA pump with continuous infusion and intermittent administration
- Intermittent is used frequently, however every time the pharmacist checks the pump the patient is asleep
- The pharmacist suspects the patient’s family is pressing the button to administer the intermittent doses
- The pharmacist also suspects that the family has also been giving the patient some pain meds from the patient’s home meds
- The patient expires within the first 24 hours after admission.

# Principle of Double effect

- **Thomas Aquinas:** *Summa Theologica* (II-II, Qu. 64, Art.7) “Nothing hinders one act from having two effects, only one of which is intended, while the other is beside the intention.”
    - Killing one’s assailant is justified provided one does not *intend* to kill him, only to defend one’s self.
    - A person may be aware that a treatment has both beneficial and undesirable but unintended adverse effects
1. The intended effect must itself be beneficial
  2. The beneficial effect must be intended and not the adverse effect
  3. The beneficial effect must not be produced by means of the adverse effect
  4. There must be a proportionately grave reason for permitting the adverse effect
  5. Any steps that can be taken to minimize adverse effects should be taken

# Pain Management

- Informed consent
- Treatment goals define actions
  - Treat pain adequately
  - Improve quality of life
  - Maximize time with loved ones
- Treating pain adequately and improving quality of life, but shortening life as an adverse effect, is morally tolerable
- **CPFI**
  - **In patients who are imminently dying**, it is acceptable to use increasing doses of analgesics to the level necessary to control severe pain without the intent of shortening life, but with the realization that **in some instances control of pain might hasten death.**

# Patient Case #3

- Ethical dilemma:
  - Patient's family may have violated protocol and hastened patient's death, which is reportable...
  - But what is to be gained by reporting it?
    - It won't bring the patient back
    - It will involve the hospital in negative publicity and damage the relationship with the family
    - And it won't make the pharmacist feel any better
- Was pain adequately treated?
  - Unconscious patients cannot tell you

# The Commandments of Jesus

1. Love God with all your heart, mind, strength, and soul. Luke 10:27, Matt 22:37
2. Love your neighbor as yourself. Luke 10:27, Matt 22:38
3. Treat others as you would want to be treated. Luke 6:31, Matt 7:12
4. Spread the Gospel to the entire world. Mark 16:15, Luke 14:23, Matt 28:19-20

There is truth we must stand for, there is sin we must stand against, and there are people we must win for Christ. We must do each of these in ways that do not hamper the other two.

Questions?

