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Balancing Care and Conscience in Contemporary Pain Management:
Insights from Ethics for Practice

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Disclosures

- I have no conflicts of interest, financial or otherwise, to disclose.

Objectives

- Identify the relevant questions of moral analysis and moral reasoning in the context of pain management.
- Examine personal values and professional obligations in light of complex moral problems in pain management.
- Describe the principle of double effect and its usefulness in balancing the often competing obligations of care and conscience in pain management.

Relevant Questions of Moral Analysis

- What? (Veracity)
- Why? and How? (Beneficence, Nonmaleficence)
- Who? (Dignity, Autonomy)
- When? and Where? (Justice, Privacy, Confidentiality)
- What if? (Prudence)
- What else? (Fidelity, Courage)

Relevant Questions of Moral Reasoning

1. **What** are we attempting to do? (Is our treatment plan for the patient clinically reasonable?)
2. **Why** are we attempting to do it? (Is our treatment plan for the patient focused on the patient's overall well-being?)
3. **How** are we attempting to do it? (Is the delivery of our treatment plan to the patient proportionate to the goals we had for treating the patient in the first place?)
4. What do we **intend** in attempting to do it? (Is our treatment plan for the patient emerging from a place of benevolence?)

In sum: Is our treatment **plan**, method of **delivery**, clinical **reasoning**, and professional **intention-in-acting** consistent with what is: (a) objectively in the best clinical interests of the patient and (b) expected of us in our moral and legal obligations to uphold the professional standards of clinical practice?

“Modes of Knowing” in Morally-Complex Circumstances

- A clinical action (producing both good and bad effects) may be deemed **morally proportionate** if:
  - The value at stake is at least equal to the value being sacrificed.
  - There is no less harmful way to protect the value here and now.
  - The means used to protect the value will not undermine it in the long run.

- Therefore, a clinical action (producing both good and bad effects) may be deemed **morally disproportionate** if:
  - A lesser value is preferred to a more important one.
  - Harm is unnecessarily caused in the protection of a greater good.
  - In the circumstances, the manner of protecting the good will undermine it in the long run.

Case 1: Ethical Issues in Pediatric Pain Management

Case 1: Common Problems and Potential Solutions

- **Undertreatment of Pain**
  - Common Problem: Pediatric patients, especially infants and non-verbal children, are often undertreated for pain due to difficulties in assessing pain levels, concerns about side effects, and fear of long-term consequences, such as opioid dependence.
  - Potential Solution: Implement robust pain assessment tools specifically designed for children (e.g., FLACC scale for infants), increase training for healthcare providers on pediatric pain management, and use multimodal approaches (pharmacological and non-pharmacological interventions) to mitigate pain while minimizing side effects.
  - Recommended Reading: Stevens, Bonnie J., et al. “The Prevalence of Pain in Hospitalized Children: A Systematic Review.” *Journal of Pain* 13, no. 9 (2012): 1-14.

Case 1: Common Problems and Potential Solutions, cont.

- **Parental Involvement and Surrogate Decision Making**
  - Common Problem: Not infrequently, parental decisions about pain management conflict with what healthcare providers consider to be in the best clinical interest of patients.
  - Potential Solution: Leveraging ethical frameworks, such as the best interest standard or the harm principle, can help to guide decisions. In difficult cases, interdisciplinary team meetings and ethics consultations are useful in resolving disagreements. While parents have a legal and moral right to refuse pain medication for themselves, they generally do not have the right to refuse "ordinary" clinical interventions—including proportionate pain management—for their children.
  - Recommended Reading: Mercurio, Mark R. "The Ethics of Neonatal Pain Management." *Clinics in Perinatology* 41, no. 3 (2014): 1-11.

Case 1: Common Problems and Potential Solutions, cont.

- **Opioid Use and Risk of Dependence**
  - Common Problem: The use of opioids in pediatric patients is often restricted due to fears of opioid dependence and long-term developmental consequences, potentially leading to inadequate pain relief.
  - Potential Solution: When opioids are necessary, clinicians should follow pediatric-specific opioid prescribing guidelines to minimize risk. Education about pain management and the dangers of opioid dependence is imperative; however, more important is making clear distinctions about how responding to objectively measurable pain with objectively measurable (i.e., proportionate) means is (typically) neither dangerous nor addictive but responsible and reasonable.
  - Recommended Reading: Friedrichsdorf, Stefan J., and Bonnie J. Stevens. "Pediatric Pain Management: The Multimodal Approach." *Journal of Clinical Pain* 29, no. 1 (2013): 1-10.

Case 1: Common Problems and Potential Solutions, cont.

- **Disparities in Pain Management**
  - Common Problem: Contemporary pain studies indicate that children from minority backgrounds are more likely to receive inadequate pain management compared to their non-minority counterparts. (This is particularly true for patients with sickle cell disease.)
  - Potential Solution: Address implicit bias through training for healthcare providers (e.g., via the Harvard Implicit Association Test) and ensure equitable treatment by standardizing pain assessment and treatment protocols across all patient populations.
  - Recommended Reading: Goyal, Monika K., et al. "Racial Disparities in Pain Management of Children with Appendicitis in Emergency Departments." *JAMA Pediatrics* 169, no. 11 (2015): 996-1002.

Case 1: Common Problems and Potential Solutions, cont.

- **Cultural and Religious Considerations**
  - Common Problem: Different cultural and/or religious beliefs impact decisions regarding pain management for pediatric patients, which often leads to ethical tensions between healthcare providers and families.
  - Potential Solution: Engage in culturally sensitive care, where clinicians are trained to ask about, understand, and respect diverse beliefs. Religious objection to adequate pain management is not rare; however, no sacred text in any major Eastern or Western religious tradition rejects proportionate pain relief per se. As *Prince v. Massachusetts* states: "Though a parent may become a martyr for his religious beliefs, he is not free to make a martyr of his child."
  - Recommended Reading: Carter, Bryn, and Kate McArthur. "Ethical and Cultural Challenges in Pain Management." *Pain Research and Management* 19, no. 3 (2014): 155-160.

Case 2: Ethical Issues in Adult Pain Management

Case 2: Common Problems and Potential Solutions

- **Underprescribing Necessary Pain Medications**
  - Common Problem: The risk of opioid dependence is a significant concern, leading to a reluctance among healthcare providers to prescribe adequate pain relief, even when clinically indicated.
  - Potential Solution: Adopt a balanced approach to pain management that includes multimodal pain strategies, utilizing non-opioid medications and non-pharmacological therapies, where appropriate. Implement prescription monitoring programs ("pain contracts") to track opioid use.
  - Recommended Reading: Volkow, Nora D., and A. Thomas McLellan. "Opioid Abuse in Chronic Pain—Misconceptions and Mitigation Strategies." *New England Journal of Medicine* 374, no. 13 (2016): 1253-63.

Case 2: Common Problems and Potential Solutions

- **Chronic Pain Stigma**
  - Common Problem: Chronic pain patients often face stigma, which can lead to inadequate treatment and a lack of understanding from healthcare providers.
  - Potential Solution: Educate healthcare providers about chronic pain as a legitimate clinical condition and encourage a compassionate, nonjudgmental approach to patient care.
  - Recommended Reading: De Ruddere, Lies, and Kenneth D. Craig. "Understanding Stigma and Chronic Pain: A-State-of-the-Art Review." *Pain*157, no. 8 (2016): 1607-10.

Case 2: Common Problems and Potential Solutions

- **Barriers to Accessing Pain Management**
  - Common Problem: Many patients face barriers to accessing pain management, such as financial constraints, lack of insurance coverage, or limited availability of specialized pain clinics.
  - Potential Solution: Advocate for policy changes that expand insurance coverage for pain management services, and promote the integration of pain management into primary care settings to improve accessibility.
  - Recommended Reading: Nahin, Richard L. “Estimates of Pain Prevalence and Severity in Adults: United States, 2012.” *The Journal of Pain* 16, no. 8 (2015): 769-780.

Case 2: Common Problems and Potential Solutions

- **Insufficient Research on Pain Management**
  - Common Problem: There is a lack of research on pain management in certain populations, such as older adults, individuals with disabilities, or those with comorbid conditions, leading to inadequate treatment.
  - Potential Solution: Allocate additional funding for research on pain management in diverse populations and encourage clinical trials that include these groups to develop more tailored pain management strategies.
  - Recommended Reading: Reid, M. Carrington, William C. Eccleston, and Carol A. Pillemer. “Management of Chronic Pain in Older Adults.” *BMJ* 350 (2015): h532.

Case 2: Common Problems and Potential Solutions

- **Confusion about Pain Management at the End of Life**
  - Common Problem: Managing pain at the end of life can raise ethical dilemmas, such as balancing adequate pain relief with (potentially) hastening death (e.g., via the use of high-dose opioids).
  - Potential Solution: Apply the principle of double effect, and work with palliative care specialists to develop individualized pain management plans that respect patients' end-of-life wishes.
  - Recommended Reading: Gallagher, Rebecca. "The Ethics of Pain Management in Palliative Care." *British Journal of Nursing* 27, no. 10 (2018): 562-567.

Nature and Utility of the Principle of Double Effect (PDE) for Pain Management

- **Nature of PDE**
  - The Principle of Double Effect (PDE) is an ethical framework used to evaluate and justify actions that simultaneously produce both positive and negative effects. PDE requires that an action with both a “good” and “bad” outcome can be morally permissible if certain criteria are simultaneously met.
  - The concept of PDE traces back to the writings of Thomas Aquinas in the 13th century, specifically his *Summa Theologiae.* Aquinas established PDE to explain the permissibility of self-defense, where the primary intent is to protect oneself and the resulting harm to an aggressor is a foreseen but unintended consequence.
  - Over time, PDE was refined and expanded, becoming widely debated and utilized in bioethics, particularly in the context of pain management at the end of life.

Nature and Utility of the Principle of Double Effect (PDE) for Pain Management, cont.

- **Nature of PDE, cont.**
  - For an action morally justifiable under PDE, the following four conditions must be simultaneously met.
    1. **Nature-of-the-Act Condition**: The action itself must be either morally good or morally neutral.
    2. **Means-Ends Condition**: The bad effect cannot be the means by which the good effect is achieved.
    3. **Right-Intention Condition**: The agent's intention must be to achieve only the good effect; the bad effect may be foreseen but it cannot be intended or desired.
    4. **Proportionality Condition**: There must be a proportionally grave (i.e., serious) reason for permitting the bad effect, and the good effect must outweigh the consequences of the bad effect.

Nature and Utility of the Principle of Double Effect (PDE) for Pain Management, cont.

- **Utility of PDE**
  - PDE is frequently utilized when providing pain relief to patients who are suffering significantly. Administering high doses of opioids, for example, can alleviate severe pain, but may also hasten death (though this has recently been challenged in the literature) due to respiratory depression. In non-end-of-life scenarios, the risk of developing opioid dependence must be weighed against the need to have acute or chronic pain addressed.
  - Under PDE, pain management interventions can be considered ethically justified if (a) the good effect (palliation) can be considered morally good or indifferent, (b) the bad effect (decreased respiration/risk of dependence) is not the primary means by which the good effect (palliation) is achieved, (c) the intention is only to achieve the good effect (palliation), with the bad effect (decreased respiration/risk of dependence) coexisting as an unintended and unavoidable side-effect, and (d) the bad effect (decreased respiration/risk of dependence) is not disproportionate to, or undermining of, the good effect (palliation).

Nature and Utility of the Principle of Double Effect (PDE) for Pain Management, cont.

- **Utility of PDE, cont.**
  - While PDE is a normative moral tool frequently employed to justify end-of-life palliation, it is often rejected by proponents of euthanasia and assisted-suicide, as these practices cannot be justified according to a PDE calculus.
    - According to PDE, euthanasia cannot be ethically justified insofar as (a) its end is death, (b) its means is an overdose of a contraindicated medication, and (d) its bad effect is disproportionate to its good effect, and this despite (c) its (good) intention to relieve suffering.
    - According to PDE, assisted-suicide cannot be ethically justified for precisely the same reasons as euthanasia (mentioned above).
    - Instead, for truly intractable pain/suffering, PDE would suggest something like palliative sedation therapy insofar as (a) its end is palliation, (b) its means is a proportionate dose of an indicated medication, (c) its intention is to relieve temporary or prolonged suffering, and (d) its bad effect does not undermine its good effect.

Strategy for Complex Bioethics Mediation

1. Prepare (and achieve consensus) with other members of the treating team.
2. Sit down privately with the patient/surrogate.
3. Invite the patient/surrogate to explain his/her understanding of the current medical state and its terminus.
   - Verbalizing this may be the first time the patient/surrogate has heard him/herself say it. Hearing something commits it to knowledge; only then can he/she move to accept it.
4. Confirm/clarify the clinical manifestation of the illness and its terminus.
5. Invite the patient/surrogate to reflect on (or “look through”) the patient’s values in light of the current medical state.

Strategy for Complex Bioethics Mediation, cont.

6. Cite professional obligations to the patient.
7. Present the clinically reasonable treatment option(s) in light of the current medical state and its eventual terminus, the patient's values, and one's professional obligations.
8. In absence of consensus (or in circumstances of multiple possibilities), allow space/time for reflection.
9. Specify a specific date/time (within days) when you will meet again to make a final treatment decision.
10. Emphasize non-abandonment, and remain available to the patient/surrogate as he/she navigates the options.

Parting Thoughts

- Pain is experienced in a variety of ways (physical, emotional, psychological, spiritual, etc.), each of which is “real” and “valid” in their own respect.
- Non-physical pain is often experienced as the breaking of a shell that enclosed our previous understanding of something or someone.
- While all suffering involves pain, not all pain involves suffering.
- Pain turns into suffering when hope that the pain will go away is lost.

Parting Thoughts, cont.

- Distinguish between sacrificing what you have (duty of care) and sacrificing who you are (duty of conscience).
- Hippocrates was right: “It matters much more what sort of person has a disease than what sort of disease a person has.”
- Provide what is (clinically) needed, not what is (perceived to be morally) deserved.
- Never stop earning trust, and be prepared to change the message (or messenger) if needed.
- Iatrogenic opioid dependence is a major systemic issue, but patients who have been victimized by it are not the problem.

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Thank You

Have an ethics question, concern, consultation, or request?

Let’s continue the conversation offline.

E-mail: Peter.DePergola@baystatehealth.org

Open Floor: Ask (or Tell) Me Anything!

Break

15 Minute Break

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