



ETHICAL ISSUES AND MEDICATED ASSISTED TREATMENT

BERNARD STUETZ PA-C, MA

AUDIO VISUAL ASSISTANCE: JOHN STUETZ B.A., KELLEY ANNE STUETZ B.S.

Bernard Stuetz PA-C, MA

- Pennsylvania Society of Physician Assistants:
 - Past Chairman Ethics/Impairment Committees
- Hastings Bioethics Center, Garrison, NY.
 - Past 'Visiting Scholar'
- Physician Assistant Newsletter of Ethics
 - publisher & editor for six years.
- New York State PA Ethics Committee
 - helped to write first Code of Ethics
- AAPA Society of PAs in Addiction Medicine
 - Past President, Chief Delegate to AAPA HOD

Learning Objectives

1. Understand the different types of ethical theories used in bioethics.
2. Describe a few examples of ethical problems you will confront in M.A.T.
3. Be aware of how to solve these dilemmas.

Session tips:

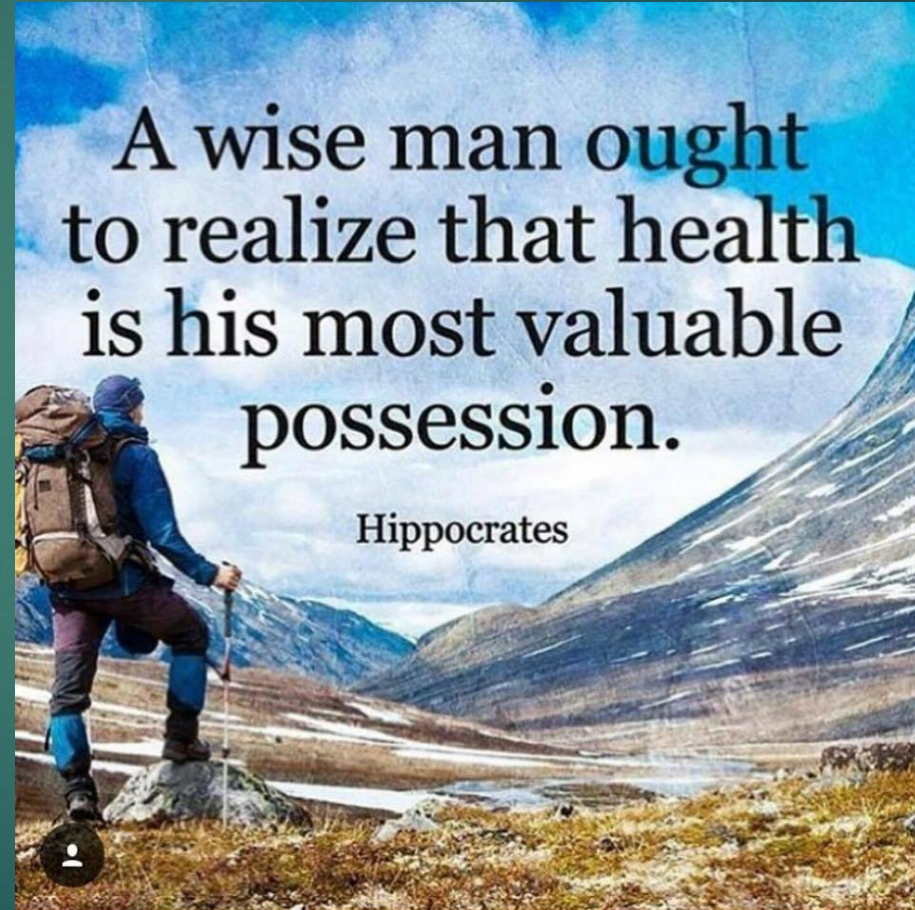
- ▶ Bioethics one week conference:
- ▶ Guidance from the Director of the Conference:
Daniel Callahan, Hastings Bioethics Center, Founder/
Former Director
- ▶ You attend this meeting and have some confusion
about
these bioethics issues. My goal is to have you leave
at a
higher degree of confusion than when you entered.

If you are confused,
you are well informed.



Guidelines for Ethical Conduct for the PA Profession

- <https://www.aapa.org/wp-content/uploads/2018/01/PM-17-18-WEB.pdf>
p.180.
- Guidelines for Ethical Conduct for the PA Profession.



Guideline Summary

- ▶ Legal requirements and ethical expectations will not always be in agreement.
- ▶ Generally speaking, the law describes minimum standards of acceptable behavior, and ethical principles delineate the highest moral standards of behavior.
- ▶ When faced with an ethical dilemma, PAs may find the guidance they need in this document. If not, they may wish to seek guidance elsewhere – possibly from a supervising physician, a hospital ethics committee, an ethicist, trusted colleagues, or other AAPA policies. PAs should seek legal counsel when they are concerned about the potential legal consequences of their decisions.

Guideline Summary -2-

- ▶ *While PAs are not expected to ignore their own personal values, scientific or ethical standards, or the law, they should not allow their personal beliefs to restrict patient access to care.*
- ▶ *In the absence of a preexisting patient-PA relationship, the PA is under no ethical obligation to care for a person unless no other provider is available.*
- ▶ **Confidentiality**
- ▶ PAs should maintain confidentiality. By maintaining confidentiality, PAs respect patient privacy and help to prevent discrimination based on medical conditions

Guideline Summary -3-

- ▶ **PAs and the Medical Record**
- ▶ PAs have an obligation to keep information in the patient's medical record confidential.
- ▶ **The PA and Individual**
- ▶ Conflict of Interest PAs should place service to patients before personal material gain and should avoid undue influence on their clinical judgment.
- ▶ Trust can be undermined by even the appearance of improper influence.

Guideline Summary -4-

- ▶ **Impairment**
- ▶ PAs have an ethical responsibility to protect patients and the public by identifying and assisting impaired colleagues. “Impaired” means being unable to practice medicine with reasonable skill and safety because of physical or mental illness, loss of motor skills, or excessive use or abuse of drugs and alcohol. PAs should be able to recognize impairment in physician supervisors, PAs, and other health care providers and should seek assistance from appropriate resources to encourage these individuals to obtain treatment.

Social Work Ethics

- ▶ **E** = Examine (the values of all parties)
- ▶ **T** = Think (about any ethical standards, laws or regulations that apply)
- ▶ **H** = Hypothesize (about possible consequences of our decision)
- ▶ **I** = Identify (those who will be harmed by ,and those who will benefit from, our decision)
- ▶ **C** = Consult (with others, to bring fresh perspectives and subjectivity)

Four Basic Tenets of Bioethics

Autonomy

- strictly speaking, means self-rule. Patients have the right to make autonomous decisions and choices, and PAs should respect these decisions and choices.

Beneficence

- means that PAs should act in the patient's best interest. In certain cases, respecting the patient's autonomy and acting in their best interests may be difficult to balance.

Nonmaleficence

- means to do no harm, to impose no unnecessary or unacceptable burden upon the patient. Justice means that patients in similar circumstances should receive similar care.

Justice

- also applies to norms for the fair distribution of resources, risks, and costs.

Schools of Ethical Thought

<u>Utilitarianism</u>	<u>Middleground</u>	<u>Deontology</u>
'Situation Ethics'		'Duty to God'
'Ethics of the Situation'	Daniel Callahan	'Categorical Imperative'
Jeremy Bentham, Stuart Mill	John Fletcher	Immanuel Kant
Joseph Fletcher	James Gustafson	Paul Ramsay 'The Patient as Person'

Short Quiz on PAs:

1. What year were PAs in Pennsylvania allowed to write for Schedule 2 medications?
2. What year did the Physician Drug Monitoring Program (PDMP) become available for PAs to monitor their patients' schedule 2 (opiate) use?
3. The American Society of Addiction Medicine (ASAM) allowed PAs to become members of their society in what year?
4. The AAPA and the ASAM worked together to create the buprenorphine education program for PAs and NPs . What year were PAs first allowed to write for buprenorphine (suboxone)?
5. What year were PAs allowed to write for methadone?

Problem 1

- You leave your office and you see one of your patients on suboxone selling his suboxone on the street. What do you do?
 - A. confront him right then on the street
 - B. wait until his next visit and confront him
 - C. stop his next order of suboxone
 - D. stop his next order of suboxone and confront him - have him sign a contract that if caught again he is out of the program.

Problem 2

- Mr. A is a well known heroin addict in the community. You are at a family party. A family member says:
- 'I saw him the other day and he looked great. You must be doing a great job with his recovery.' Is he a patient in your office?
- What do you say?

- A. No
- B. Yes
- C. Maybe
- D. I can not say

Problem 3

- You are at a medical meeting and the discussion, which started out on pain management, has now turned to addiction and suboxone. A few physicians are stating false facts about suboxone.
You hear: "It is another addiction" ; "Just let them go into withdrawal and die" ; "A waste of health care resources"
- What do you do?
 - A. state your objections, and sit down
 - B. agree with the group
 - C. sit there and say nothing
 - D. raise your hand, get recognized and say....well I've recently been to a 2 day discussion on suboxone for PAs and I learned a lot of new information I would like to share with the group. We could do this now or another time.

Problem 4

- You work at a small rural community hospital, where everyone knows one another.
- You are aware the medical director, your boss, is writing oxycontin for himself. He admits to you he has no cancer or life threatening illness. You attend meetings with him and notice he occasionally slurs a word or two and at other times nods out for a second and then appears to gain full consciousness. He does see some patients with you and you notice he misses some easy diagnoses. You have checked the PDMP and found nothing under his name. (a HIPPA violation)
- What do you do?
 - A. Ignore it
 - B. Confront the medical director directly (Are you taking oxycontin ? Why?)
 - C. Report him to the State Board of Medicine
 - D. Call up the PHP (Physician Health Programs) in Harrisburg, Penn. and ask for guidance.

Problem 5

- A patient in your methadone clinic has been there for many years and has earned take home medications. His PDMP shows he has gotten some Percocet from another provider. His urine is positive for opiates. What do I do?
 - A. Confront him.
 - B. Confront him, take away his take home bottles and have him come every day.
 - C. Ignore the lab data & continue giving him take home bottles.
 - D. Call the other provider? A PA? NP? Physician?
 - E. Have his counselor take care of it.

Problem 6: Suboxone, New Patient

- A new suboxone patient, who you saw last week shows up 3 days before his prescription runs out. He states 'I have lost my buprenorphine films (or pills). Now what do I do for 3 days?
- What do you do?
 - A. Write another script for 3 days.
 - B. Write a script for 2 days.
 - C. Tell him to come back in 3 days and not write a script.
 - D. Call the insurance company and fight for him to get the 3 day supply.

Problem 7: PA New Addiction Job

- You have applied for a PA job at an Addiction out patient clinic and are eager to help solve the opiate crisis. You have vast experience in addiction medicine.
- You have your X waiver.
- During the interview it is discovered you are not credentialed by the main insurance co. for this clinic . You find the person in charge of this process and he says your employer will be paid for your services.
- You get the job and love It. Your physician boss teaches you his unique way of addiction care and the patients love you.
- You are placing patient files into a separate computer folder. They will be sent to the insurance company later for billing.
- One week before the end of your probation period, the CFO says, 'We are not going to renew your contract'. The reason given was 'Your lack of productivity and efficiency'. (You believe the insurance company has not paid the clinic for your services) .

Problem 7: PA New Addiction Job

- What do you do ?
 - A. Nothing
 - B. Call up PSPA
 - C. Call AAPA
 - D. Call your attorney
 - E. Something else

New Addiction Job: Do Something

- You have decided to do something.
- Who do you complain to?
 1. Insurance company administration (Who do you complain to at the insurance co?)
 2. Your state representative
 3. Your state senator
 4. The Governor
 5. Your congressman
 6. Your Senators (2)
 7. Equal Opportunity Commission

Summary

- We have discussed:
 - The AAPA Ethical Guidelines,
 - Major Theories of Philosophical (Ethical) Thought,
 - The four basic tenets of current ethical thinking,
 - Various Ethical Problems with M.A.T. and their solutions,
 - Reviewed some basic M.A.T. rules.

PSPA Impairment Coordinator

- Laura Delliqualari is the current liaison of PSPA to Physician Health Programs- PHP
 - Lauradella4@gmail.com
 - PSPA has been part of PHP since 1990, I was the PSPA liaison to PHP 1990-2000.
- Currently I am the Impairment Coordinator for AAPA. Help set up 12 Step Meetings at conference.
 - 12 step meetings at the AAPA conference since 1988.
 - Answer questions on impairment from PAs anywhere.
 - **My contact:**
bjspaethic@aol.com
215-884-6220.

References

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- ▶ Euthanasia: Ethical Guidelines for PAs; **Advance for Physician Assistants**; February, 1998. (p.27-30)
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- ▶ I Think My Supervising Physician Is Impaired, Now What?; **Pennsylvania Society of Physician Assistants News**, April, 1994
- ▶ The **Physician Assistant Newsletter of Ethics**, publisher, editor 1990-1996.