

# I'm Not Okay With This...(Am I?)

## Ethical Challenges in Person-Centered Care

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# Disclosure Information

- ☀️ Presenter 1: Ashley Curry, MD; No disclosures
- ☀️ Presenter 2: Allison Forrest, LCSW, LAC; No disclosures
- ☀️ Presenter 3: Tanya Gershmel, Colorado Peer and Family Specialist II (CPFS); No disclosures



# Learning Objectives

1. Identify the ethical dilemmas highlighted by a person-centered approach to substance use disorder treatment.
2. Apply concepts of harm reduction and person-centered care (PCC) to complex cases of substance use disorders (SUDs).
3. Explore with curiosity the hopes, fears and biases we experience as we walk alongside our patients who are active in substance use.
4. Create a plan to remain patient-centered as we navigate challenging emotions, considering supports already in place or those that still need to be explored.

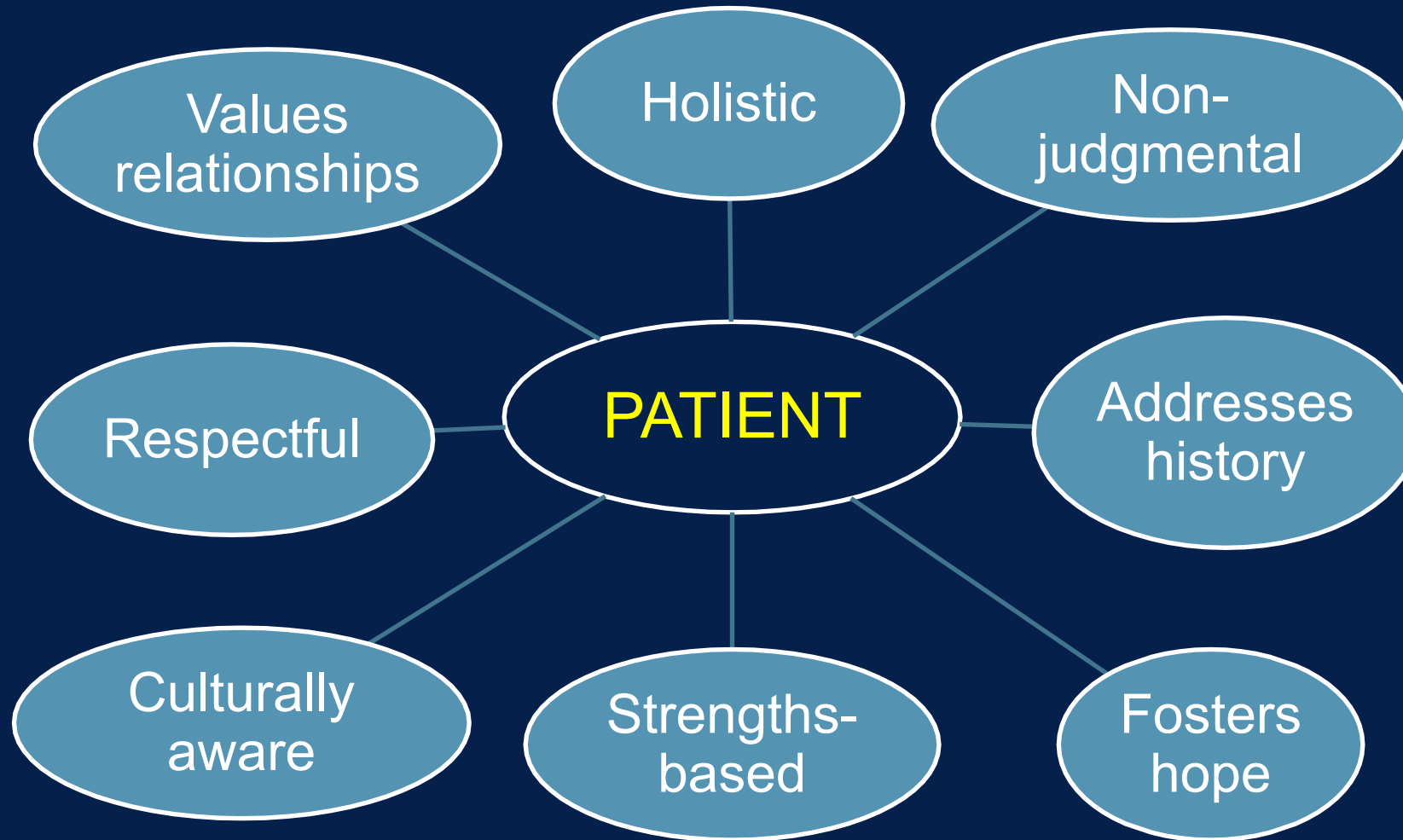
*“In my early professional years I was asking the question, How can I treat, or cure, or change this person? Now I would phrase the question in this way: How can I provide a relationship which this person may use for his own personal growth?”*

*-Carl Rogers*

# Person-Centered Care

- ✱ Places the patient at the center of medical-decision making
- ✱ A response to a more traditional, illness-centered practice of medicine
- ✱ Core principles:
  - ✱ Holistic
  - ✱ Individualized
  - ✱ Shared-decision making
  - ✱ Emphasis on therapeutic alliance

# Person-Centered Care



# Person-Centered Care & SUDs

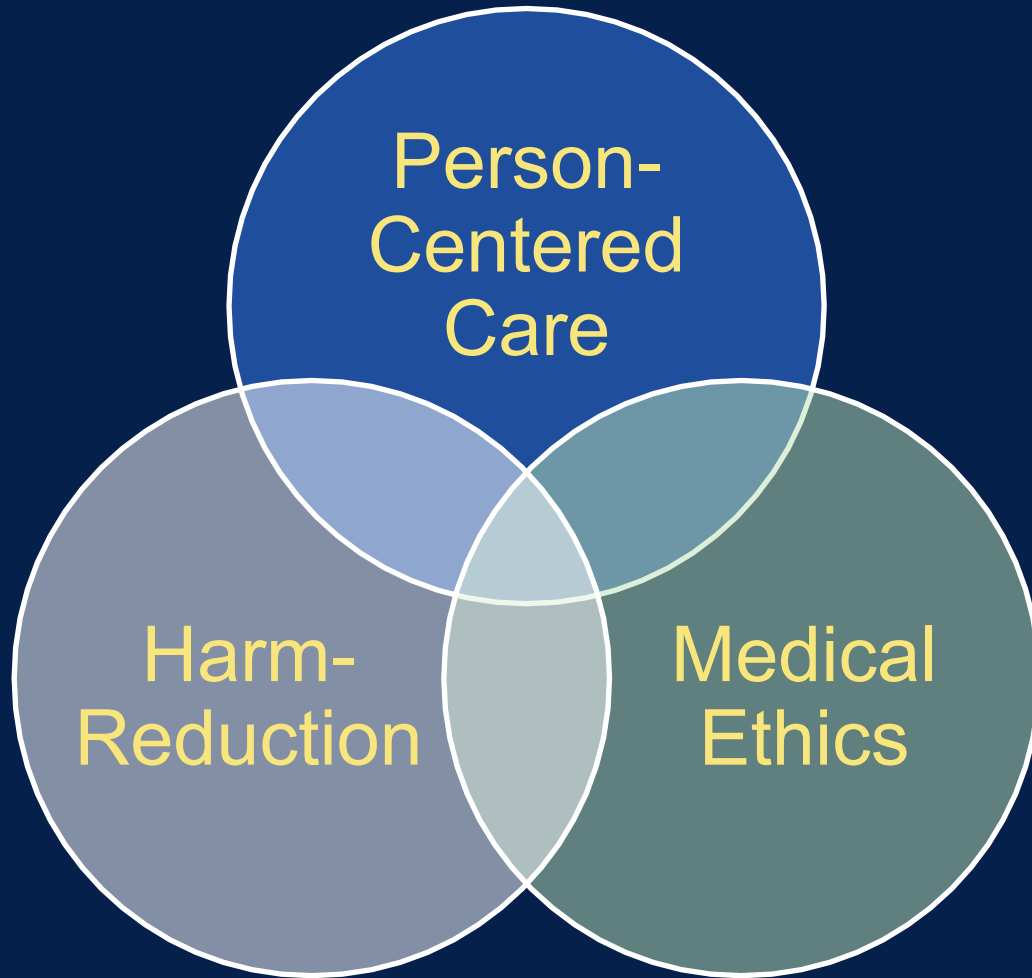
- ☀ Implementation is still ill-defined
- ☀ Navigating systems of care can cause frustration when trying to implement person-centered practices
- ☀ In our quest to become person-centered, we are often confronted with our own fears and biases
- ☀ Without space to process these conflicts, we are at risk for experiencing moral distress, and, in turn, burnout

Marchand, et al (2019)

Ness, Borg and Karlsson (2014)

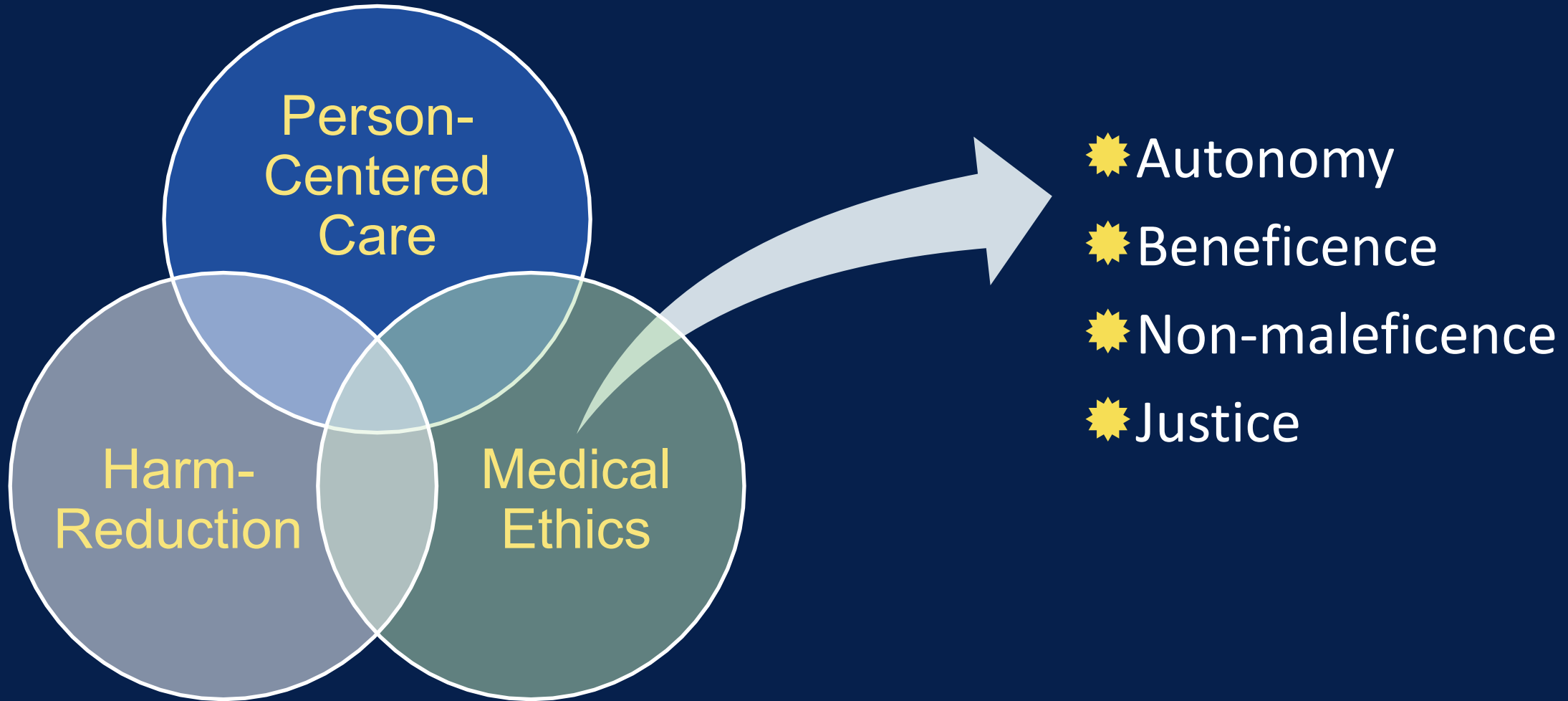
Dzeng and Wachter (2020)

# Person-Centered Care & SUDs





# Person-Centered Care & Ethics



# Autonomy

- ☀ Individuals have the power (and right) to make choices about their own lives.
- ☀ *Potential conflicts:*
  - ☀ Informed consent
  - ☀ Harm-reduction
  - ☀ Involuntary treatment

# Beneficence

- ☀ The duty to act in the benefit of the patient

- ☀ *Potential conflicts:*

  - ☀ Harm-reduction

  - ☀ Level of care discussions

  - ☀ Standards of work vs. actual practice

# Non-maleficence

- ☀ The duty to not harm the patient

- ☀ *Potential conflicts:*

  - ☀ MAT services

  - ☀ Harm-reduction

  - ☀ Return to use for patients in treatment

# Justice

- ☀ The fair, equitable, non-judgmental provision of care

- ☀ *Potential conflicts:*

  - ☀ Insurance

  - ☀ Systemic/institutional factor affecting access to care

  - ☀ Care in carcel settings

# Case Discussion

- ✶ We will now present cases for breakout discussions
- ✶ We encourage you to imagine the patient and the clinician perspectives in each case
- ✶ Focus on the thoughts and feelings of the individuals, rather than problem-solving

# Case 1

- ☀️ T is a 30 yo male with a history of benzodiazepine (BZ), opioid and methamphetamine use disorder. He has had multiple hospitalizations, including ICU stays for complicated BZ and opioid withdrawal. He has participated in voluntary and involuntary residential substance use treatment. In each instance he quickly returns to use.
- ☀️ T is currently on a methadone taper due to ongoing BZ use, and using fentanyl to address w/d symptoms. He is ambivalent about stopping BZ, despite acknowledging near death experiences on multiple occasions. He arrives at your clinic for a scheduled appointment, recent use suspected, with fresh burns on his hands from a fire that started after he fell asleep at his apartment. He does not want to seek care for his burns, or w/d management.

# Breakout Prompts

Imagine the patient and the clinician perspective – focus on the thoughts and feelings of the individuals, rather than problem-solving!

- ✳️ What key ethical conflicts stand out?
- ✳️ How may the patient's wish and clinician's wish be different?
- ✳️ What emotions arise in you when you discuss this case?



# Case 1

- ☀ 30 yo male
- ☀ Hx of opioid, BZ, methamphetamine use disorder
- ☀ Hx ICU stays, vol & invol SUD treatment for complex w/d
- ☀ Methadone is being tapered due to BZ use, resulting in resuming fentanyl
- ☀ Ambivalent about stopping use
- ☀ Arrives, ?recent use, fresh burns from a fire, started when he fell asleep

- ☀ What key ethical conflicts stand out?
- ☀ How may the patient's wish and clinician's wish be different?
- ☀ What emotions arise in you when you discuss this case?

## Case 2

- ☀ J is a 40 yo male with a history of alcohol use disorder. He has lived in a tent in an urban park for years. He has history of femoral fracture from being struck by a car, amputations of toes and fingers due to cold exposure and near weekly ED visits/hospital admissions. He has received involuntary residential treatment but has never identified alcohol as a problem. He identifies as a rugged individual who likes to camp and be outdoors.
- ☀ On a recent admission, J is offered transfer to a respite center for recovery from wounds related to recent amputation. On the day that he is supposed to transfer to respite, he arrives at the clinic, hoping to pick up his bus pass to return to his camp site. It's January in Denver, outdoor temperature is 20 degrees F, snowfall is anticipated.

# Breakout Prompts

Imagine the patient and the clinician perspective – focus on the thoughts and feelings of the individuals, rather than problem-solving!

- ✱ What key ethical conflicts stand out?
- ✱ How may the patient's wish and clinician's wish be different?
- ✱ What emotions arise in you when you discuss this case?

# Case 2

- ☀ 40 yo male
- ☀ Hx of alcohol use disorder
- ☀ Multiple injuries, amputations associated with living outside and using alcohol
- ☀ Offered respite to care for wounds
- ☀ Instead presents to get a bus pass to return to his camp site
- ☀ It's winter in Denver, snow is expected

- ☀ What key ethical conflicts stand out?
- ☀ How may the patient's wish and clinician's wish be different?
- ☀ What emotions arise in you when you discuss this case?

# Testimony

Colorado Peer and Family Specialist II (CPFS), **Tanya Gershmel**, will share her story as someone in recovery who works as a peer with folks with substance use disorders.



# Breakout Prompts

- ☀ When do you find yourself straying from person-centered thinking and person-centered approaches?
- ☀ In what way does bias influence your emotional reaction to patients?
- ☀ Are there any systems in place that make it difficult to remain person-centered when working with your patients?
- ☀ What is one thing you could implement (for yourself or your team) to keep yourself grounded in person-centered thinking when challenges arise?

# Final Takeaways & Summary

- ☀ Person-centered care is a philosophy requires constant practice and self-assessment
- ☀ Ethical dilemmas are an opportunity to explore with curiosity our own biases, hopes and fears
- ☀ Finding a safe place to process and reflect on complex cases is crucial to sustaining a person-centered practice

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