

DRUG-ABUSING PATIENTS – CAN I REFUSE TO TREAT THEM?

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CASE SCENARIO*

In the past few months, there have been increasing numbers of drug-abusing patients attending my practice. More recently, an anorexic, very agitated and nervous 20-year-old presented at my consulting rooms requesting medication for pain. He reported using methamphetamine ('tik') for the better part of 5 years. When he was refused pain medication he became aggressive and violent towards staff members. What are my ethical obligations, and can I refuse to treat patients who abuse drugs?

COMMENTARY

Drug abuse in South Africa is a growing and serious public-health problem, and surveys show both an increase in the total number of users and, more alarmingly, a decrease in their average age.¹⁻² The illegal substance list includes marijuana, LSD, cocaine, heroin, crack, crystal meth, ecstasy, cat, khat, tik and mandrax. Many of these drugs are powerfully addictive and potent central nervous stimulants that cause not only behavioural (violent, aggressive, self-

injurious and paranoid behaviour during drug use, loss of interest in personal hygiene),³ but physiological (fatal kidney and lung disorders, hyperthermia, stroke and cardiac arrest)³ and psychological effects (leading to severe depression and suicidal tendencies during withdrawal, and permanent psychological problems resembling paranoid schizophrenia)³ (Table I).

Methamphetamine is a highly addictive psychostimulant that has been associated with serious health conditions such as premature labour, birth defects, memory loss, aggression, psychotic behaviours and potential heart and brain damage. It also contributes to sexual risk behaviour and increased transmission of HIV.² In addition, the oral manifestations of drug abuse (poor oral health, xerostomia) and adverse effects on the hard tissues of the teeth (resulting in 'meth mouth') can be debilitating. Tik addiction has far-reaching consequences and a devastating impact not only on the long-term health of the abuser, but also on public medical, health and social services, where

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Table I. Complications of methamphetamine abuse^{3,6,12, 15}

Short-term	Long-term	Medical
Decreased appetite Increased respiration Increased attention & decreased fatigue Brief & intense euphoria Wakefulness & increased physical activity Hyperthermia - may lead to convulsions	Weight loss Dependence & addiction Paranoia, hallucinations, mood disturbances, repetitive motor activity Chronic use can lead to symptoms of uncontrolled rage, violent behaviour, anxiety, confusion & insomnia Memory loss Irreversible brain damage Stroke	Cardiovascular problems: hypertension, rapid heart rate, irregular heart beat Hyperthermia & convulsions Chronic use can lead to pericarditis Psychotic symptoms can persist for months or years after the drug use has ceased Acute lead poisoning - contaminated products Abuse during pregnancy can lead to early delivery, congenital deformities and altered neonatal behavioural patterns

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increased nursing and security staff may be required. Patients who are addicted to drugs or are being treated for drug addiction are often complex to manage when they attend for medical care. Many factors need to be taken into consideration with regard to their treatment planning and clinical management. Practitioners should be aware of these factors in order to manage these patients ethically and effectively. Drug users are often portrayed negatively by their attitudes, behaviours and appearance, but fall into the group of vulnerable patients for many reasons including psychiatric and cognitive disorders that may limit their decision-making capacity. The principle of *autonomy* refers to the right of an individual to make decisions for him/herself regarding his/her treatment, after being given all the necessary and relevant information. However, this principle is used for persons who have the capacity to make their own decisions and becomes problematic for those who lack capacity. Respect for autonomy creates the following obligations – that of informed consent, confidentiality, truth-telling and effective communication. Many questions have been raised regarding the extent to which drug users possess the mental competence to make voluntary uncoerced treatment choices.⁴⁻⁶ For informed consent to be valid, comprehension and voluntariness are required.⁷

Beneficence refers to doing good, and all healthcare workers have the responsibility to provide beneficial treatment, to benefit patients by not inflicting harm, by preventing and removing harm. The rules of beneficence are to protect and defend the rights of others, prevent harm, remove conditions that will cause harm to others, help persons with disabilities and to rescue persons in danger.⁷ Whenever we try to help others, we inevitably risk harming them.⁸ In the practice of medicine it is essential to balance these principles to achieve net benefit for the patient.

Confidentiality is a way of respecting the patient's autonomy and is an especially sensitive matter with regard to substance use in adolescent populations.⁹ Furthermore, maintaining confidentiality of participants' personal information is critical as breach of confidentiality could result in harm and criminal prosecution.¹⁰ In some circumstances it may not be easy to decide what constitutes harm and what constitutes a benefit, but practitioners must have the best interest of the patient in mind at all times.

Justice as a principle refers to fairness and in terms of health care refers to the fair treatment of patients. From a legal point of view fairness to patients is an obligation of the principle of justice. A right may be regarded as an entitlement to something that is considered valuable. In the context of the doctor-patient relationship, the patient has

certain rights, like the right to privacy and confidentiality from the doctor. On the other hand, the patient has an obligation to follow the healthcare worker's advice in terms of adhering to prescribed treatments.¹¹ Whether or not drug use is recognised as a basic right, individuals living with an addiction are among the most stigmatised members of society. Individuals who are addicted to drugs fall into the vulnerable patient category, but denying or hindering treatment access to them in the name of justice and protection may ironically create an injustice and harm individuals because treatment may be beneficial to them.¹² While there may be mitigating circumstances related to treatment safety or drug interactions, reasons for excluding them from treatment and care is unethical.¹³

Furthermore, once the practitioner recognises the symptoms and signs of drug abuse, the patient should be referred to a physician or substance abuse rehabilitation centre (www.sancanational.org.za). Restoring the dental appearance of patients recovered from drug abuse may help them regain self-esteem. Establishing a good rapport and bond of trust will encourage this group of patients to return and obtain often much-needed care.¹⁴ There are many ethical issues related to the management of vulnerable patients who abuse drugs and the ethical principles of autonomy, beneficence, non-maleficence and justice become even more important to uphold.

Declaration of conflict of interest

The author declares no conflict of interest.

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