HPNA Position Statement
The Ethics of Opioid Use at End of Life

Background

Symptom management is integral to quality palliative care.[1,2] While ensuring effective symptom management should be a primary objective in every clinical setting, it is especially important in those settings that provide palliative care.

Although experts agree that palliative care must focus on the prevention and relief of pain and suffering; clinicians, patients, and families may be reluctant to use opioids to achieve this goal, particularly at the end of life. This reluctance often stems from the fear that administering opioids may depress respirations, thereby hastening death. However, there is no convincing scientific evidence that administering opioids using established guidelines, even in very high doses, accelerates death.[3,4] Numerous clinical studies demonstrate no significant association among opioid use, respiratory depression, and shortened survival.[5-8] Respiratory depression and other changes in breathing are part of the dying process and are more likely to result from disease and multi-system organ failure than from opioids.[4,9]

Most ethical concerns about causing harm (i.e., hastening death) through administration of opioids can be resolved through thoughtful application of established facts regarding the physiology of pain, the mechanism of drug action, and by careful on-going assessment and re-assessment of the patient's condition. Administering the specific drug or combination of drugs—no more and no less—required to relieve symptoms, using well validated treatment guidelines, is a fundamental responsibility of the nurse caring for any patient experiencing distressing symptoms.

Despite the lack of evidence that opioids hasten death, many clinicians continue to believe that administering opioids can accelerate the dying process.[10-12] For this reason they seek moral justification for providing aggressive pain or symptom management using opioids. The following is an explanation of the "principle of double effect" that in the past has been used to justify interventions that have risk for harm. According to the principle of double effect, four conditions must be satisfied to establish a clinician's interventions to relieve pain and symptoms as morally permissible:

- The act must be morally good or neutral, regardless of its consequences; relief of suffering by administering opioids is a priority in palliative care and therefore is a “good act.”
- The clinician must intend the good effect (i.e., relief of the patient’s suffering); although the bad effect (i.e., death) may be foreseen and permitted, it is not the clinician’s intended effect.
- The bad effect must not be the means by which the good effect is achieved; in other words, the patient does not need to die in order to be relieved of suffering.
- The benefits of the good effect must outweigh the burdens of the bad effect; in this case, the benefits of achieving a reduction of suffering outweigh the minimal risk of hastening death.[13]

In the early years of palliative care, lack of evidence about the incidence of the increased morbidity and/or mortality with opioids used for sedation and analgesia at end of life prompted clinicians to rely on the principle of double effect as support for using medications with known potential adverse effects, including respiratory depression, hemodynamic instability, and even death. Today, although the principle still has academic merit, its application needs to be balanced with the growing body of evidence that appropriate use of analgesics and sedatives is safe and effective without increased morbidity or hastened death. Nurses and other healthcare providers should not to use the principle of double effect to perpetuate the myth that appropriate use of opioids and sedatives hastens death.[6] For some clinicians, this myth contributes to withholding adequate analgesia and under treatment of patient suffering.[14]

There is broad consensus among professional groups, ethicists, courts, and many state legislatures that clinicians have a duty to administer opioids for symptom relief to patients at the end of life.[2,15-17] Moreover, fear of hastening death as a result of opioid administration does not justify the withholding of pain medication.[8,15-17]

Education and support are needed to ensure that clinicians in all settings understand their obligation to relieve pain and suffering and to achieve skill and confidence in the clinical activities that are necessary to meet this goal.[15,17-21]

Position Statement

- Hospice and palliative nurses and organizations must affirm that comprehensive and effective symptom management is a fundamental standard of care of all hospice and palliative care providers.
- Hospice and palliative nurses and organizations must affirm that symptom management should continue throughout the illness experience, including the final hours, days, and weeks of life.
- Hospice and palliative nurses and organizations must affirm that receiving adequate symptom relief is a right of all patients in every clinical setting,

including older adults, infants, children, nonverbal, cognitively impaired patients, non-English-speaking people, and those with active or a history of substance abuse have a right to appropriate management of pain.
- Hospice and palliative nurses must recognize that the risk of hastening death by administering opioids to patients with serious or life-threatening, progressive illnesses is minimal, particularly when administration occurs by or under the supervision of clinicians skilled in symptom management and is consistent with established management guidelines.
- Hospice and palliative nurses and organizations must recognize that the administration of opioids to alleviate suffering at the end of life is consistent with widely accepted ethical and legal principles.
- Hospice and palliative nurses and organizations must advocate for education across healthcare settings to help clinicians recognize their responsibility to relieve suffering at the end of life. This education should include information about the lack of empirical evidence that opioids shorten life as well as the ethical and legal acceptability of administering opioids in doses sufficient to relieve symptoms.
- Healthcare organizations should develop policies regarding the administration of opioids for symptom relief at the end of life. Clinicians who regularly care for dying patients must achieve skill in providing aggressive symptom management.

Definition of Terms

Pain: An unpleasant subjective sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage.[22]

References

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Additional Resources

National Comprehensive Cancer Network®. NCCN Clinical Practice Guidelines in Oncology: Adult Cancer Pain. 2012. Available at: www.nccn.org/professionals/physician_gls/pdf/pain.pdf.

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Related HPNA Position Statements:
Pain Management, approved October 2012

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