

# MCS Selective Pain, Drugs, & Ethics

Pain is one of the most common reasons that people seek medical attention in the United States today, with an estimated 60-100 million people suffering from a pain-related condition at any given time. In 2000, pain was designated as the “fifth vital sign” giving people the right to have their pain assessed and treated by their healthcare providers. Several ethical dilemmas followed, including the increased prescribing of opioid medications for patients with chronic pain, along with abuse, misuse, and addiction related to these medications. The “opioid overdose epidemic” has led to the dilemma of balancing the safe, compassionate, and effective treatment of chronic pain and negative outcomes associated with the increased use of these medications used to achieve these goals. Palliative sedation likewise offers blessings and burdens to both the physician and the patient. Sedation at the end-of-life forces physicians to evaluate the relevance of the “Double Effect” in situations in which sedation might be considered a path to euthanasia. Finally, physician-assisted suicide (PAS) forces both medicine and society to confront the moral and legal reasoning about ending one’s life. Expansion of the criteria for PAS to elderly who are infirmed, but not “terminally ill” within the definition of hospice, to adults who suffer from unrelenting major depression, and to children suffering a painful terminal disease are but three categories deserving of deep thought and discernment about a physician’s own moral compass in traversing such challenging landscapes. These four topics, supplemented with short documentary videos, key scientific readings, and student-led vigorous class discussion, constitute the approach employed in this MCS selective.

## Faculty



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## Syllabus

This course will consist of four 2-hour sessions devoted to exploring ethical dilemmas associated with (1) managing chronic cancer/non-cancer-related chronic pain; (2) aberrant drug-related behaviors associated with prescription pain medications; (3) the use of medications for sedation euthanasia; and (4), issues related to physician-assisted suicide. Primary readings (as PDF documents) will be assigned for review a week in advance of each session.

Despite the high prevalence of pain in our society, with almost one of every two medical visits being related to a pain-related complaint, only ~4% of medical training programs in North America have a specific curriculum devoted to the assessment and management of pain. The single most prescribed medication in the United States annually is Vicodin® (containing hydrocodone), followed by the entire class of cholesterol-lowering medications, the statins. In many states in our country, pain-medication related deaths outnumber those attributed to motor vehicle accidents, creating a tremendous societal conflict of pain management vs. overuse of prescription pain medications.

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This course will allow for exploration and in-depth discussion of the intersection of the burden of chronic pain in our society (*both medical and economic*) and the burden of prescription pain medication abuse, misuse, addiction, overdose, and overdose-related death. Primary readings (in PDF format) on the management of chronic pain and associated with prescription pain medications will be assigned a week in advance.

Most prescription pain medications are not prescribed by pain management experts, but by clinicians in Family Medicine and Internal Medicine. The educational deficits coupled with the medical need present unique challenges for physicians today. Segments of the documentary titled "*The Oxycontin Express*" will be viewed. Primary readings (in PDF format) on aberrant drug-related behaviors associated with prescription pain medication will be assigned a week in advance.

The term "palliative sedation" remains a broad umbrella with imprecise ethical boundaries that some consider preclude and others consider include euthanasia. Perhaps it is the unique complexities of each patient's situation and contextual background that explain the imprecision of such determinations. Physicians do not get to choose the details but must work to advance their skills in understanding the shared goals of end-of-life care, care that may be required by the young, adults, and the elderly. A documentary titled *Facing Death* will be viewed and discussed. Primary readings (as a PDF) on palliative sedation in end-of-life care will be assigned a week in advance.

Physician-assisted-suicide remains a controversial area in medical ethics in society. Does legislation legalizing PAS immunize a physician from his/her own ethical/moral considerations of euthanasia. Even in countries/states in which PAS is "legal," who is responsible for the ultimate decision? Is there culpability in the act of PAS? Does withholding PAS place a special burden upon the physician? Segments of PBS FRONTLINE titled *The Suicide Tourist* and/or the HBO documentary *How to Die in Oregon* will be viewed. Primary readings (as a PDF) on physician-assisted-suicide will be assigned a week in advance.

In combination with required viewings and readings prior to sessions, clinically relevant presentations led by student members of the group will provide opportunities for both education and engaging debate surrounding these pertinent and controversial issues.

### **Educational Objectives:**

At the conclusion of this course students will have the ability to:

1. Understand ethical issues related to the safe and effective management of patients with pain
2. Probe problems associated with, and solutions to the "opioid crisis" in the United States today
3. Evaluate the roles of both healthcare providers and patients in navigating pain and medication-related dilemmas
4. Discern the ethical/moral issues surrounding palliative sedation in end-of-life care
5. Discern the ethical/moral reasoning to support and deny use of physician-assisted suicide
6. Identify scholarly readings and resources to assist in navigating issues of pain, drugs, and ethics

### **Outline**

#### **Week 1 – Pain: The Fifth Vital Sign**

1. Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education, and Research. Report Brief, *Institute of Medicine* 2011.
2. Mezei et al. Pain Education in North American Medical Schools. *The Journal of Pain*, 12:12 (December), 2011: 1199-1208.

## **Week 2 – Aberrant Drug-Related Behaviors and Chronic Pain**

1. Epidemic: Responding to America’s Prescription Drug Abuse Crisis. The Office of National Drug Control Policy – *The White House*. 2011.
2. Katz, N. et al. Challenges in the Development of Prescription Opioid Abuse-deterrent Formulations. *Clinical Journal of Pain* Volume 23, Number 8, October 2007.
3. The documentary titled “*The Oxycontin Express*.”

## **Week 3 –Palliative Sedation at the End-of-Life**

1. Sullivan, W. F. (2015) Palliative Sedation and the Goals of Care at the End of Life *in Sedation at the End-of-Life: An Interdisciplinary Approach* [P. Taboada (ed.)] Philosophy & Medicine, Springer Verlag, Dordrecht, pp 15-26.
2. Boyle, J. (2015) The Relevance of Double Effect to Decisions About Sedation at the End of Life *in Sedation at the End-of-Life: An Interdisciplinary Approach* [P. Taboada (ed.)] Philosophy & Medicine, Springer Verlag, Dordrecht, pp. 55-90.
3. Segments PBS FRONTLINE titled *Facing Death: Confronting End-of-Life Choices*. 2011.

## **Week 4 – Physician-Assisted Suicide**

1. Admiraal, P. (2012) Physician Assisted Suicide: A Doctor’s Perspective *in Giving Death a Helping Hand* [D. Birnbacher, E. Dahl (eds.)] Springer Science+Business Media B. V., Berin, pp.131-139.
2. Baezner-Sailer, E. M. (2012) Physician-Assisted Suicide in Switzerland: A Personal Report *in Giving Death a Helping Hand* [D. Birnbacher, E. Dahl (eds.)] Springer Science+Business Media B. V., Berin, pp. 141-148.
3. Segments of PBS FRONTLINE titled *The Suicide Tourist* (2010) and/or the HBO documentary *How to Die in Oregon* (2012).

### **Evaluation and Grading:**

1. Grading is Pass/Fail
2. To pass, the following will be required:
  - a. Attendance to all (4) sessions is mandatory
  - b. Being prepared for sessions by completing assigned readings
  - c. All students will participate regularly in discussions
  - d. Each student will write a single reflective essay (single space, 2-3 pages in length) on one of the four prime topics introduced due after completion of the course. The specific focus of the essay should be a discussion of how the student’s personal perspective has been impacted by the viewings, readings, and class discussions. Regarding their future practice in medicine, what might they do to impact change in this area of pain, drugs, and ethics?

### **Class Size**

Minimum 6; Maximum 12