Summary: Ethics for Lunch, 17 January 2019

**Ethical decision-making for patients with substance use disorders requiring repeat cardiac valve replacement surgery**

**Panelists:** Patti Burgee, MSN, MBA, RN, Ahmet Kilic, MD, FACS, Diane Moses, MSW, LCAD-C, Krista Strantz, MSW, LCSW, Janice Wallop, ACNP-BC

Peer Recovery Coaches Josiah Jones and Alathea Brunson, CNA, MA, NCPRSS were also in attendance.

The January 2019 Ethics for Lunch considered the ethical issues surrounding repeat cardiac valve replacement surgery for patients with substance use disorders. The panel discussion created a forum for attendees to hear concerns from multidisciplinary team members regarding re-operation for patients with substance use disorder, the care of these patients in the pre-operative and post-operative period, and the resources needed to provide the patient with necessary treatment and counseling to optimize a successful outcome. A case study was presented.

The increase in the opioid epidemic has created a rise in drug use-associated endocarditis--an infection of the endocardium that may involve the valves and extend to the myocardium. Patients may receive one or more surgeries for endocarditis; however, resources to treat substance abuse disorders may not be available. Key ethical principles discussed in this session included beneficence and justice for the patient and society. The panel grappled with the core question of whether it isbeneficent to the patient to replace the valve but not address the substance use disorderare we treating the patient with compassion and care if we address the surgical and medical issues but not the underlying substance use disorder?

Highlights of the panel discussion included:

1. The Cardiac Surgeon considers many pathways when evaluating patients with valve disorders. Evaluation includes whether the patient should go emergently to the operating room to replace the valve or whether it is best to continue to treat the patient medically until he/she stabilizes and then consider valve replacement surgery. Either option carries risks for the patient, and patients who need re-operation for endocarditis are at greater risk than those who are having first-time surgery. The referral to cardiac surgery for a patient with endocarditis is made out of compassion and advocacy for the patient. Surgery may ameliorate the consequences of the cardiac valve issues but other medical, social, and psychological issues need to be managed to promote a successful long-term outcome. The expertise of an interdisciplinary team will be necessary to assist the patient through the post-operative period to achieve an optimal discharge.
2. The Nurse Practitioner identifies that patients who undergo surgery for drug use-associated endocarditis have many needs after surgery. These include counseling and treatment for substance use, pain management, and identifying outpatient resources, which may include medication assistance, housing, and rehabilitation. Resources may be limited and the patient may not receive comprehensive treatment to optimize their outcome. Staff may feel unprepared to manage behavioral issues. Providers and nursing staff may need assistance with managing post-operative pain, as well as addressing addiction concerns and transitioning the patient to outpatient programs. Patients will need education related to what can happen when they continue to use drugs after valve replacement.
3. The Social Worker assists patients with preparing for discharge and transitioning into the community. They help patients identify resources they may need for both their surgical and addiction recovery. They discuss with the patient what is going on with them at the moment and help walk them through next steps. They support the patient and family before, during, and after surgery.
4. The Senior Addictions Therapist discusses that this is a difficult operation, especially for the person with a substance use disorder (SUD). It is important to show compassion for the person, regardless of where they are or come from. Approaching the patient with kindness and empathy and treating them as a whole person will enhance the relationship and enable honest communication. The patient may not be ready to agree to a rehabilitation program for their substance use disorder; however, a peer counselor can listen to their concerns and help guide them in their journey. It is important for the addictions therapist to have conversations with health care providers to help change their thinking about the person with SUD. The behavior of substance use will continue unless the patient receives therapy and counseling for the disorder.
5. The Certified Addictions Nurse focuses on treating the person with compassion. During the panel discussion, she asked audience members to examine their own attitudes and beliefs and to think of the person as our daughter, sister, or mother. It is critical to keep the patient’s personhood in mind when clinicians are talking to them about how the team can help the person with their addiction. Helping the patient on the road toward their recovery starts by having honest conversations and talking *with* them, not *at* them. During the time the patient is recovering from surgery they can also be recovering from substance use. Relapse does not need to be part of the conversation but recovery does. Team members should continue to offer them hope.
6. The panel discussed resources available to patients with substance use disorder and the goal of providing patients with as much assistance as needed. Over a decade ago, “First Step” was a day-hospital within Johns Hopkins that allowed patients to recover from surgery, receive antibiotics daily, and obtain counseling and treatment for substance use disorder. Considering the increase in patients with substance use disorders requiring treatment for endocarditis in recent years, the institution should consider whether to re-institute this type of service again.

There are many opinions within the cardiac surgery community regarding management of patients with drug use-associated endocarditis and the need for repeat valve replacement. Some providers will offer one surgery while others will offer as many as needed. Establishing a standard of care and clinical pathways for assessment of each patient will help to ensure fairness.

A multidisciplinary, compassionate approach to treat all of the person’s medical and psychosocial needs will optimize the patient’s surgical and long-term outcomes. An ideal treatment plan includes occupational therapy and physical therapy, attendance at recovery meetings with peers (sometimes off the nursing floor), receiving intensive rehabilitation, and counseling for the family, not just the patient.

As the number of patients with drug use-associated endocarditis increases, an interdisciplinary team approach to address the medical and surgical needs and the substance use disorder will be the best means of achieving the best interests of the patient.

**References:**

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