Supervised injection sites
Should physicians participate?

Is it ethical for a physician to take part in the creation and implementation of a supervised injection site (SIS) for those addicted to illegal drugs, intended to reduce harm from substance use?

YES

Both individuals and society benefit

Supervised injection sites/facilities (SIS/SIF), first sanctioned in Switzerland in 1984, raise many questions about patient safety, public health and moral and ethical obligations, as well as limitations.

Statistically speaking, numerous studies done worldwide on the SIS concept show benefit not only for those with the disease of addiction, but also for society at large. With the rates of both HIV and Hepatitis C rising during the opioid epidemic, SIS offer sterile equipment and a clean environment for mitigating both sharing of needles and supplies but also for other infectious complications of

NO

Not unless potential risks are clearly identified

The third of the American Medical Association's nine Principles of Medical Ethics states: "A physician shall respect the law and also recognize a responsibility to seek changes in those requirements which are contrary to the best interests of the patient."

Supervised injection sites (SIS) are not legal in the United States; they are a violation of federal law. For a physician to participate in the creation and implementation of an SIS violates the ethical responsibility to respect the law. Additionally, there is a responsibility to seek change in any law if deemed contrary to

YES *(continued)*

IVDU. Overdose death rates, from many studies, dropped to zero as access to naloxone resulted in reversals, even more important with the surge in fentanyl. Aside from individuals' health benefits and subsequent healthcare cost burden, referrals for treatment from SIS range from 37.5–54 percent across studies, aiding in long-term recovery efforts. Communities with SIS also note a substantial drop in crime as well as littered drug paraphernalia.

But is it ethical for a physician to participate and/or help implement such facilities? The concept of harm-reduction, is readily accepted both ethically and legally, as demonstrated by syringe-exchange programs. The Hippocratic Oath—albeit an archaic example of physician-pledged ethics lacking in mention of societal benefit, social needs of patients or disparities, not to mention other ethically questioned practices such as abortions—speaks to prescribing "only beneficial treatments." These treatments are "according to his (*sic* or her) abilities and judgment; to refrain from causing harm or hurt." The statement surrounding "harm" suggests the much more modern concept of harm-reduction in medicine.

SIS are also a beneficial treatment strategy as they minimize disease and death and engage participants in further treatment. One study said of SIS: "the goal here is to protect both the person and the public from harm by changing the circumstances of intravenous drug use … Recognizing human frailty and the ways in which (the disease of) addiction impairs human freedom." Patient-centered, whole-person medicine is aimed at meeting patients where they are, using our knowledge as physicians to not only heal a societally accepted medical diagnosis but also personal trauma, social/societal impacts and all patient needs.

Our responsibility as physicians is to the patient. If a patient is already suffering from one disease, it is our responsibility to treat and/or prevent co-morbid diseases, which often result in worsened morbidity and quality of life. Beneficence to the patient is treating a patient to "do good," ie. to treat one disease to avoid the complications of subsequent harm, the principle of non-maleficence.

Pope Francis, the symbolic figurehead of historical ethics, has engaged with addicts and prisoners not negatively or with stigma, but by washing their feet on Holy Thursday in order to recognize their fundamental human dignity. One may argue that physician non-engagement into the practice of SIS is morally and ethically against all that being a physician stands for.

—Heather Bell, MD, FAAFP, is double-boarded in family and addiction medicine, practicing in Little Falls.

NO *(continued)*

the interests of the patient. Ignoring the law and doing what one thinks is in the best interests of a patient is not consistent with the AMA's third principle. A physician may—and I emphasize *may*—be morally "right" yet ethically "wrong/incorrect" on this topic. Our task is not to assess the morality, but the ethics.

Ethical obligations usually speak to the interaction between the physician and an individual patient. The bioethical principles of non-maleficence, beneficence, autonomy and justice are a simple guide to ethical behavior. But there are no similar ethical principles for a physician's responsibility to society, rather than to an individual patient. The AMA has published a *Code of Medical Ethics: Physicians and the Health of The Community*; among the community-related ethical obligations, none mention SIS.

In an amicus brief, the Litigation Center of the American Medical Association and State Medical Societies joined the Pennsylvania Medical Society, Philadelphia County Medical Society and about a dozen other organizations to provide information to the U.S. Court of Appeals for the 3rd Circuit that years of evidence show that SIS facilities provide evidenced-based medical and health interventions that help save lives, offer access to necessary services and provide support to people who use drugs (from an article by Tanya Albert Henry for the AMA). Who can argue with such noble, evidence-based goals?

But a few questions need to be considered:

- Where will an SIS be located?
- How will concerns of the community be addressed?
- If community residents do not want an SIS in their neighborhood, will it be established anyway?
- What are some of the possible unintended consequences of having an SIS? Can a SIS morph into a detox facility?
- Are there better ways to achieve the same or similar goals?

Let's suppose the bioethical principles of non-maleficence, beneficence, autonomy and justice that hold between physician and individual patient apply to physician and society/community as well. After all, there is a duty to inform about risks and benefits. To mention only the benefits of an SIS and not to bring up—and have possible solutions for—risks is not consistent with ethical principles and does not fully meet the "duty to inform" requirement. MM

—Scharazard Gray, MD, is a family medicine physician and addiction medical specialist in International Falls.