Implanted central venous catheters for intravenous drug users: an ethical dilemma

Barbara Broers¹, Thomas Rathelot², Ihsan Inan³, Thierry Musset⁴, Bart Kaye², Anne François¹, Samia Hurst⁵

1) Department for Community Medicine and Primary Care 2) Service for Addictology 3) Surgery Department 4) Nursing Department 5) Institute of Bioethics. University Hospitals, Geneva, Switzerland
Outline of the presentation

- Introduction
  - Theme
  - Susan
- Susan’s request
- Ethical dilemmas
- Susan: two years later
- Summing-up
- Epilogue
Long-term injecting drug use

- Can lead to poor venous access and risky injecting behaviour including injection in the groin, neck, genitals, breast, chronic wounds, subcutaneously.

- This can
  - induce significant morbidity (abscesses, thrombosis, embolic events, infections)
  - be a limitation to access to injectable diacetylmorphine (heroin) assisted treatment.
Susan’s story

- Born in 1964, Swiss, normal childhood
- Mother pharmacist, Susan wishes to take over
- Regular use of morphine and heroin
- 1990: birth of her son, placement in guest family

They're taking her children away because they said she was not a good mother

(Lou Reed)
Susan and her passion for heroin

- From medical opiates to heroin
- From decreasing suffering to pleasure
- Integration in the drug user’s scene
- Known and respected in the scene
- Methadone ?? Why??
  - Accepted only while in prison

*Heroin, it's my wife and it's my life*

(Lou Reed)
Susan and her passion for injecting

- Fascination and obsession with injecting

'Cause when the blood begins to flow
When it shoots up the dropper's neck
When I'm closing in on death
You can all go take a walk ... (L. R.)
The body as a tool

- Multiple consequences of injection
  - Wounds, abscesses, thromboses
  - Hepatitis B and C
  - Multiple hospitalisations

- Exploration of the body to find new injection sites

- Finally, use of a chronic wound to inject
The dramatic event

- Larynx cancer in 2005, operated, with a second intervention in 2006
  - Central Venous Port Device implanted for investigations and chemotherapy
- Upon discharge refuses removal of CVPD
Ethical dilemma 1: Leave a CVPD.....

- Without a medical indication
- To inject street heroin?

Arguments to accept:
- Capacity to give informed consent
- Information about risks
- Teaching of hygienic measures
- Allows medical follow-up
- Susan accepts a follow-up with a GP and a small dose of methadone
Susan and her CVPD

« With the CVPD, my life is a bit less complicated, I do not need to search for hours every day a venous access for injection, I suffer less »

No more hospitalisation for infectious complications, wound improved, until.....

March 2007: CVDP is blocked, external, and taken out.
Susan without her CVPD

- Back to a day rhythm centred on search for veins
- Hospitalisation for severe anaemia and chronic ulcer
- Susan requests a new CVPD, expressing even the wish to have metastatic cancer disease in order to get a new port
Ethical dilemma II

- Request to clinical ethical commission (June 2007): « are we crazy and naive to think this particular patient could benefit from a new CVPD? »

- Arguments in favour:
  - Facilitate medical follow-up
  - Decrease risk of complications related to injection
  - « Quality of life »
Ethical dilemma II

- Arguments against a CVPD
  - Risk of complications
  - Cost and risk related to intervention
  - “Encourage drug use”
  - Create an avalanche of CVPD by other IUVD
Ethical commission: recommendation

- Based on four common, basic moral commitments:
  - Respect for autonomy, beneficence, non-malifence, justice
  - Plus concern for their scope of application
- No ethical reason to refuse implantation CVPD in this particular situation
- Entrance in heroin prescription programme should be encouraged (but not a condition)
Beyond ethical the practical obstacles

- Refusal of several surgeons to implant a new CVPD
- Article in local newspaper....
- Repeated hospitalisations of Susan
- Susan accepts heroin assisted treatment; HAT staff accepts the idea of a CVPD
- February 2008: a surgeon accepts to do the intervention
Susan and her Groshong catheter

- Seen frequency and quantity of injections a Groshong catheter was implanted
- Start of HAT, adheres
- Clinical and social improvement
Susan and HAT

- Twice daily visits, injects herself
- Other patients in the HAT can see Susan injecting in her catheter: aquestions and curiosity
- No other requests for other CVPD
- Staff trained in catheter care, otherwise « a patient like the others »
- Still in treatment after >2 years
Difficulties during follow-up

- Two episodes of severe depression (apartment burned, best friend died, tongue painful) leading to decreased adherence

- Technical problems with the catheter: (break and hole) needing a replacement and a reparation of the Groshong
Summing up

- Currently no clear clinical recommendations exist for drug users without venous access
- Central catheter an option?
  - Can be feasible and ethically acceptable
  - Can improve health and quality of life
  - Does not necessarily induce more requests
- Should be carefully considered
Summing up

- Will encounter resistance and multiple barriers before realization
- Need for an «advocate» for the patient
- Existing catheters are not really adapted for the needs of IUVD (even when in heroin-assisted treatment)
Epilogue

- Susan hospitalised last week
- Close to septic shock.....
- Possibly infected catheter, probably related to use of «non-prescribed substances»

Still.....

- Susan’s message to you: «without my catheter I would have been dead since two years...»