CONFLICT BETWEEN PROVIDERS AND CONSUMERS IN OPIOID SUBSTITUTION THERAPY: A PREVENTIVE ETHICS APPROACH

Philip Townshend

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Abstract

This thesis uses a preventive ethics approach to examine conflict between providers and consumers in an opioid substitution treatment service in New Zealand. An assumption is made that conflict between providers and consumers is not an aim of health treatment and that it may detract from the efficient and orderly provision of the treatment for both providers and consumers so that reducing conflict is a worthwhile goal.

Preventive Ethics

Preventive ethics recognises the potential for conflict in all human social situations, the ethical justification of strategies designed to prevent conflicts from occurring and the development of mechanisms to manage conflict where it does occur. This approach predicts that in any health service there is the potential for conflict between consumers and providers.

In opioid substitution treatment in New Zealand conflict may be both more common and, where it occurs, more intense than in many areas of health care. In New Zealand opioid substitution treatment is provided according to a National Protocol under which each treatment programme develops local rules and procedures. The treatment is offered within a milieu of illicit drug use, which is significantly different from that reported in the international literature. A limited street supply of opioids leads to high retention rates of clients in treatment. This concentrates provider-consumer conflict in New Zealand opioid substitution treatment programmes, which in turn provides an opportunity for research into this conflict.

Methods Used

In this thesis the range of issues over which providers and consumers of health care come into conflict are identified and discussed with particular reference to the delivery of opioid substitution treatment. Conflict in opioid substitution treatment is examined through two mechanisms. The first is through case studies each taken from different treatment programmes in New Zealand. These cases illustrate conflicts that have manifested as discrete violent acts and are included to illustrate the extremes of conflict that can occur. The cases provide an opportunity to examine a number of conflict areas that can arise in the provision of opioid substitution treatment and the dispute resolution methods used in resolving these conflicts.
The cases are followed by three pieces of research investigating diverse aspects of conflict in opioid substitution treatment. The first uses data from questions included by the author in a national telephone survey of a large sample of providers of Alcohol and Drug Treatment Services in New Zealand carried out by the National Centre for Treatment Development. The second survey is a census of clients in an opioid substitution programme that examines the programme from the perspective of the client’s satisfaction with the way this treatment is provided. The final survey, also a census, examines the effectiveness of informed consent in opioid substitution treatment by gathering data on the knowledge clients have about their treatment.

Research Findings
The national telephone survey of providers suggests that one possible source of conflict in opioid substitution treatment may be the lack of knowledge providers have regarding the right’s of clients. However, when these data are compared with data from a general sample of health providers the possibility emerges that knowledge of the Code of Patients’ Rights is generally low amongst health providers in New Zealand. Therefore, lack of awareness of patients’ rights alone cannot account for an increased level of conflict in opioid substitution treatment.

The first census of clients identifies a number of potential sources of conflict in the structure of programmes. It reveals that almost half of the clients are dissatisfied with the way their treatment is provided and that the main predictor of dissatisfaction is found to be the length of time clients have been on the programme. This census reveals a widespread belief, held by both providers and consumers of opioid substitution treatment, that these services are not provided in ways that are in keeping with the clients’ rights under the New Zealand Code of Patients’ Rights prepared by the Health and Disability Commissioner.

The census of patients on the effectiveness of informed consent suggests that the main emphasis in informed consent in the opioid substitution treatment programme studied is on the rules of the programme whereas, from an ethics perspective, this emphasis should be on the risks and benefits of the treatment.

Possibilities for the development of opioid substitution treatment
The final section of the thesis draws on the findings from the case studies and research and explores the ethical issues in the way opioid substitution treatment is currently offered in New Zealand. A number of suggestions for changing the structure of opioid substitution treatment are made from a preventive ethics perspective with the aim of assisting treatment providers by improving the provision of this treatment and reducing conflict between providers and consumers. A key change identified is for providers to separate the informed consent clients give regarding the lifestyle aims of programmes from the consent given concerning the pharmacological aspects of opioid substitution treatment. At present both consents are simultaneously obtained and from the perspective of desperate clients this may constitute consent obtained under duress. Other changes are suggested in the structure of opioid substitution treatment programmes to reduce paternalism that may exist in this treatment. Specific structural improvements are suggested, which include the possibility that a working code of patients’ rights may be more useful than the present Ten Right Code and the development of a dispute resolution process for use in this treatment. Finally opportunities for further research are identified.