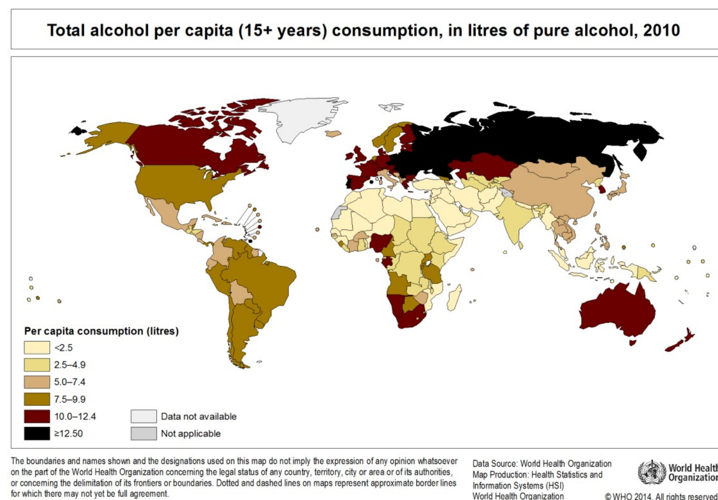
<The Ethical Dilemma of Modern Medicine: Addiction Treatment>

Alcohol and Tobacco Abuse Around the World



Drinking and smoking problems are nothing new, especially for South Koreans such as I. Koreans drink an average of 13.7 shots of liquor per week, which is the most in the world. No other country comes anywhere close. Russians, in second place, drink down 6.3 shots a week (1). This trend of alcohol abuse led to Korea ranking 10th in the world for liver cancer rates per capita (2). Adding to this, a recent paper proclaimed that the raise on Korean tobacco prices in 2015 saved the lives of over 14,000 citizens (3). Alcohol and tobacco addiction don't stop by just causing maladies; It causes a chain reaction of social problems as well. It isn't hard to find drunk Koreans sleeping on the floor of subway stations or getting into fights at night. However, this isn't a problem confined to my country. According to the United Nations, smoking causes 10 percent, and alcohol causes 3.8 percent of deaths worldwide. This means that approximately six million die from smoking and 2.5 million die from alcohol abuse each year (4).

Ethics of Addiction Treatment

Treatment for addiction is relatively new in medical history. Before the 19th century, addicts were considered as troubled people of the lower class. The so-called addiction treatment then often employed another addictive substance, such as cocaine. Only in the late 19th century did group therapy and community support organizations start to flourish (5). With less precedents to rely on and the sudden increase of addiction, physicians face ethical dilemmas when treating addiction. These ethical dilemmas often point to one topic: responsibility. Who, or what is responsible for the cause of addiction? Why must physicians take the duty of treating addicts? Who is responsible for unexpected accidents during addiction treatment? What standard should be responsible in deciding the best treatment? This essay will discuss these questions using case studies.

Addiction: A Disease or a Choice?

"*There are no facts, only interpretations" -Friedrich Nietzsche*

Who, or what should be held responsible as the cause of addiction- the will power of an addict or a physiological mechanism? The interpretation of addiction has been an ongoing debate. If the addict "chose" to be addicted alcohol or tobacco, he or she will be held responsible. On the other hand, if addiction is a process induced by a physical mishap or deficiency, it will be considered a "disease". In this sense, the addict is a patient with a condition that cannot be controlled by human will. Despite the reasoning of both sides, most medical associations nowadays classify addiction as a disease. They believe that it is caused by the impairment of the brain's system related to reward, motivation, and memory. They accept that the brain's function to choose becomes impaired. Thus, the patient feels a craving for the addictive substance regardless of their willpower. Even if the early stages of substance use were out of the patient's choice, once the brain system has been impaired, the individual loses control. Some physicians go insofar as to classifying addiction as a chronic disease that cannot be fully recovered but only effectively managed (6).

Do Physicians have the Right to Refuse?

"First do no harm" -Hippocratic Oath

Why must physicians take the duty of treating addicts? The Hippocratic tradition strongly proposes the obligation to do good regardless of the circumstances. Physicians may feel a duty to treat addicts by following this principle. However, there are more important reasons. If physicians have the power to refuse addicts, addicts may choose to hide their medical history. This damage on communication between the patient and doctor will make it harder to initially diagnose patients. Also, it may also delay the patient from receiving time-sensitive treatment while they try to find physicians willing to help them. In a legal perspective, lots of laws such as Code of the Nursing and Midwifery Council or Mental Capacity Law state that physicians are obligated to act in the best interests of their patients. Helping addicts to stop smoking and drinking is more consistent with the law than denying treatment (7).

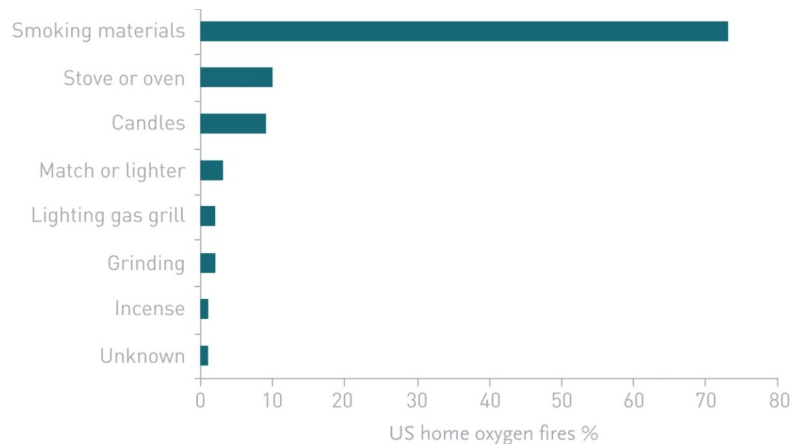
Case Study 1: Choosing to Treat Non-addicts over Addicts

In 2012, a group of physicians in England refused to perform non-urgent heart bypass surgery on smokers who did not stop smoking. They physicians argued that non-smokers should be preferred for surgery since they will receive greater benefit from it.

Treating non-smokers over smokers, causes a chain reaction of medical dilemmas. If smokers are denied for taking a risk of damaging their health, should overeaters, non-exercisers, terrorists who cause their own injury, and drunk drivers be denied as well? This would lead to chaos; It would be possible to deny treating injured football players, just because they took a risk of hurting themselves by choosing to play the game. Providing a treatment should not be founded on the assignment of blame. Also, people have the freedom to make their own life choices. Refusing treatment according to an individual's life pattern is equal to ignoring their rights to act upon their will.

Moreover, it is not possible to justify whether treating non-smokers is advantageous to treating smokers. According to a 10-year American study by a UK consultant cardiologist, the survival rate for smokers undergoing by-pass surgery was 68 percent and the survival rate for non-smokers was 84%. He stated that "The differences are not of sufficient scale to justify a ban on treating cigarette smokers." (8)

Case Study 2: When Treatment Leads to Accidents



Chronic obstructive pulmonary disease, or COPD is a lung disease that frequently occurs for smokers. It is predicted to be the third leading cause of death worldwide by 2020. Oxygen therapy is often used to treat COPD. However, these oxygen systems often cause a fire. In fact, smoking was the main ignition mechanism of most of the burns related to oxygen use at homes. Reports also show that 30-50% of COPD patients who receive oxygen therapy never quit smoking. In 2014, a UK patient set his oxygen-flowing plastic tubing on fire because he was trying to light a fire to smoke. He was hospitalized with facial burns (9).

Who should be responsible for unexpected accidents of addiction treatments? The initial responsibility goes to the patient, since he knew about the dangers of oxygen. However, the medical team isn't free of responsibility either, since it was their decision to employ the treatment even though they knew of the risks. Physicians, when deciding for the best interests of their patients, must make sure that the patient is aware of the risks and know how to prevent them. After the accident, the decision on whether to continue the treatment or not must be made. This problem needs to be sought out in a

public context as well as a private one, since a fire could endanger family members and neighbors as well as the patient alone.

Case Study 3: When a Patient Refuses Treatment

In Slovenia, a 53-year-old patient with decompensated liver cirrhosis was sent for treatment at a hospital. The psychiatrist recommended that the patient stay in the hospital during his treatment because the psychiatrist saw the patient as an alcoholic. However, the patient didn't see himself as an alcoholic and denied the inpatient treatment for alcoholism.

Normally, patient have the right to refuse treatment and the right to informed consent. This means that patients should have access to enough information about the treatment they are being recommended, and that they cannot be forced into treatment. There are three exceptions, however: altered mental status, children, and a threat to the mental community. A legal guardian cannot make a deprive their child the right to choose their own treatment. If a patient has a communicable disease such as the flu that could potentially harm the general public, they cannot refuse the treatment. This goes the same for patients with mental disorders who may act violently upon others. Last, patients may not have the right to refuse treatment if they have an altered mental status due to alcohol and drugs, brain injury, or psychiatric illness (10).

Conclusion

This essay has gone through the causes of addiction, the duty of physicians in treating addicts, the responsibility of patients and physicians for accidents, and the standards that should help in deciding the best treatment. Even though I tried to provide the general agreement, most of these questions had ongoing debates. Because the interpretation of ethics is different for everyone, it is unlikely that the moral dilemmas surrounding addiction will be solved soon. However, like Erika Anderson said, *"Doing the right thing doesn't automatically bring success, but compromising ethics always leads to failure."* We may never get rid of addiction entirely but seeing the brilliant minds of physicians taking ethics into consideration, I feel that a better world for addiction treatment will be made.

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2) Quartz, 2014, "South Koreans drink twice as much liquor as Russians and more than four times as much as Americans" https://qz.com/171191/south-koreans-drink-twice-as-much-liquor-as-russians-and-more-than-four-times-as-much-as-americans/ [Accessed February 7, 2019]

3) Chosun, 2019, Korean Article about Tobacco Taxes http://news.chosun.com/site/data/html_dir/2017/09/30/2017093000110.html [Accessed February 7, 2019]

4) Chosun, 2019, Korean Article about Tobacco Taxes http://news.chosun.com/site/data/html_dir/2017/09/30/2017093000110.html [Accessed February 7, 2019]

5) Desert Hope, 2019, History of Drug Treatment https://deserthopetreatment.com/drug-abuse/treatment-history/ [Accessed February 7, 2019]

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8) managedhealthcareconnect.com, The Ethical Responsibility of Health Care Providers to Provide Treatment to Smokers , 2019,https://www.managedhealthcareconnect.com/article/ethical-responsibility-health-care-providers-provide-treatment-smokers [Accessed February 7, 2019]

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