

# Law backs doctors who prescribe opioids to the dying

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Some doctors fear litigation and professional ruin if they are seen to have overprescribed opioids to terminally ill patients, according to a University of Queensland researcher.

Palliative care expert Professor Geoffrey Mitchell said opioid overuse and some states' new assisted dying legislation had put end-of-life care clinicians created a "perfect storm" of fear for clinicians involved in end-of-life care.

"Some are choosing to abandon end-of-life care altogether rather than risk professional ruin should they persist in the use of any opioid therapy," Professor Mitchell said.

"The fear is that the use of medicines to minimise suffering and distress at the very end of life may hasten death and be construed by critics as euthanasia by stealth.

"The reality is that the person is dying.

"While treatments such as opioids may theoretically shorten life marginally, it is the disease that causes death, not the treatment."

Professor Mitchell said a study he co-authored should alleviate doctors' fears and help ensure patients received proper [medical care](#).

"The research indicates regulatory bodies are not seeking to blame practitioners when a patient dies in the presence of opioid administration," he said.

"In fact the researchers found no such criminal proceedings had been brought in Australia against doctors.

"It is reassuring that doctors' intentions to alleviate suffering and adhere to good clinical practice has been respected."

Professor Mitchell said an overcautious attitude could result in people suffering needlessly at the end of their lives.

"The study identified 12 cases in publicly available electronic databases across all Australian jurisdictions, and of those, only two had adverse findings recorded, and neither led to criminal proceedings," he said.

"This indicates regulatory bodies are not seeking to blame practitioners when death occurs in the presence of [opioid](#) administration.

"Practitioners should use treatments and doses that are clinically indicated to alleviate the person's suffering.

"Opioids should not be avoided, and the minimum dose that achieves pain relief or reduction of chronic breathlessness should be prescribed.

"Clinical practice that seeks to alleviate suffering will be respected by the law and not punished.

"Practitioners can be assured that the law does not constitute a hazard to safe practice, but an ally to be valued."

Professor Mitchell's opinion piece was published today in the *Medical Journal of Australia*.

The [systematic review](#), published in October 2018, was led by Professor Lindy Willmott and Professor Ben White from Queensland University of Technology's Australian Centre for Health Law Research.

Provided by University of Queensland

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