The ethics of heroin prescription: Do subjects have the decisional capacity to consent?

Chronic heroin addiction is associated with severe health and social problems. Clinical trials that offer prescription heroin for the treatment of heroin addiction are currently underway in Canada.

The administration of heroin in such programs is typically accompanied by other health and psycho-social interventions.

Research of this sort has already been carried out in several European jurisdictions. As a result, prescription heroin is now available as a treatment modality in some European cities.

Medical prescription of heroin raises complex ethical issues. To date, these have not been deemed sufficiently serious to prohibit research or treatment of this type.

However, it would be a mistake to infer from this that the relevant ethical issues have been settled.

Heroin prescription trials require that chronic heroin addicts give informed consent to the administration of heroin. In both Switzerland and Canada, this has created controversy.

Decisional impairments in addiction

A genuine debate on the ethics of heroin prescription cannot proceed in the absence of empirical evidence on the decisional capacity of subjects to consent to the administration of heroin. Strictly speaking, there is at present no such evidence.

However, there is ample data which suggests that there are general decisional impairments in addiction, a fact that has been widely recognized in leading policy statements on the ethics of addiction research.

On the clinical side, recent discussions suggest that decisional impairment in addiction is pervasive.

In light of the above, is it ethically sound to presume that chronic heroin addicts are decisionally capable to consent to heroin?

It is that, but much more. A better metaphor is that of a ‘descending spiral’. Capacity to consent is momentary and relative to a particular decision at a given time.

This does not do justice to the fluctuating decisional impairments that occur in addiction. These often seesaw relentlessly back and forth, in an ever narrowing progressive spiral of seeking and using, that inexorably leads to increased negative consequences.

Rethinking capacity assessment

Heroin addiction is a domain where traditional modes of capacity assessment may have to be rethought.

It is of course true that addicts make choices. But that certainly does not mean that all those choices are decisionally competent.

In this context, it is perfectly understandable that some addicts will refuse to participate in trials even though heroin is provided free of charge.

They simply prefer to get it elsewhere; although at the zenith of need, they would probably take it from anyone, anywhere.

This possibly explains why the Canadian heroin trials have been plagued by problems of enrolment.

Need for research

None of this alters the fact that research subjects sometime refuse to participate in heroin prescription trials. This analysis is problematic.

To start, the problem of decisional capacity in addiction is not limited to a simple on-and-off phenomenon directly tied to intoxication and withdrawal.

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Dr. Eric Racine returns in the June issue of the Aujourd’hui with a look at the hype and controversy surrounding the hot topic of neuroimaging.