# Sound Ethics in Health Care

## Urine Drug Testing in the Context of Long-Term Opioid Therapy for Pain

**Narrator: Welcome to Sound Ethics in Health Care, from the Department of Veterans Affairs National Center for Ethics in Health Care. Today’s topic: Urine drug testing in the context of long-term opioid therapy for pain. VHA Handbook 1004.01 requires that providers obtain and document oral informed consent for tests that are “particularly sensitive and may have consequences that the patient might reasonably want to avoid,” including tests used to identify illicit drug use. Dr. Michael Saenger, a physician at the Atlanta VA Medical Center and the lead physician for pain management in VISN 7, discusses the role of urine drug testing in the context of long-term opioid therapy for pain.**

Saenger: The take-home message for urine drug testing is that it’s part of an overall plan to try to reduce the risks of opioids. We’re finding that opioids are not as powerful as we thought they were in terms of effect for pain or function, and sadly, over the last decade or so, we’ve also found that opioids are quite risky — including the risk of addiction and accidental prescription overdose death. So it’s really incumbent upon the Veteran and the team caring for them to be as safe as possible with this medication. Urine drug testing helps to decrease the risk of addiction, drug-drug interactions, and also, most importantly, accidental overdose deaths.

**Narrator: Dr. Ken Berkowitz, Acting Executive Director of the National Center for Ethics in Health Care, explains the ethical basis for informed consent for urine drug testing.**

Berkowitz: Ethically, informed consent is important for everything that we do for our patients. Informed consent for treatments or procedures is consistent with law, it’s consistent with policy, and it’s consistent with strong ethics practices. It also represents the ICARE values, especially integrity and respect. If we’re going to administer a urine drug test, patients should understand what it is, why it’s being proposed, what are the potential benefits to them from having the urine drug test, what are the potential risks and burdens as a result of the test, what are their alternatives, including not having the test. And then that should all be discussed together with their provider so they could decide through a process of shared decision-making how to proceed with their treatment plan for long-term treatment of their pain.

**Narrator: VA policy states that oral informed consent must be obtained and documented for each urine drug test. However, as Dr. Berkowitz notes, if it is not feasible to obtain consent at the exact time of the test, the initial informed consent can include consent for urine drug tests that are expected as part of the current treatment plan.**

Berkowitz: We need to be practical, and we need to recognize that practitioners are not and cannot be there for each urine drug test. So a provider might discuss at one visit the possibility that a urine toxicology test might be done at or before the next visit, or they might be incorporating a consent discussion into their regular review of the long term opioid treatment plan.

**Narrator: Dr. Saenger describes some possible approaches to fitting oral informed consent for urine drug testing into the clinical workflow.**

Saenger: In our facility, we’re still working out the details. And the apparently simple answer would be, well, just make an alert for it and then it would remind people to do this. As you know, the problem with alerts is that we’ve got lots of things that are important, and there’s actually “alert fatigue.” So, as there’s an expectation that people are being seen for face-to-face reassessment for their chronic pain management at least twice a year, then, at one of those times, you would accomplish the verbal consent for urine drug testing.

**Narrator: Once the patient provides informed consent, the next step is documenting it in the patient’s record.**

Berkowitz: Documentation for oral consent for urine drug testing is really quite simple. The provider just needs to indicate in a note that the patient agreed to the urine toxicology testing.

**Narrator: Dr. Berkowitz emphasizes that oral informed consent for urine drug testing is a part of personalized, proactive, patient-driven care in VA.**

Berkowitz: Inclusion of urine toxicology testing in a treatment plan for a patient who is receiving long-term opioid therapy for chronic pain, and our approach to obtaining consent for the urine drug testing for those patients, really is part of an overall approach to delivering long-term opioids that emphasizes respect for patients, respect for providers, shared decision making, patient safety, and strong ethical practices. And we really think that VA has taken the lead in the community on providing long-term opioid therapy in an atmosphere of respect and in a way that assures patient safety and enables providers to act responsibly.

**Narrator: For links to documents mentioned in this podcast, plus other resources, visit** [**www.ethics.va.gov/soundethics\_podcasts.asp**](http://www.ethics.va.gov/soundethics_podcasts.asp)**. If you have a topic that you would like to see presented in a podcast, send an email to** [**vhaethics@va.gov**](mailto:vhaethics@va.gov)**. Sound Ethics in Health Care is brought to you by the Department of Veterans Affairs National Center for Ethics in Health Care.**