

Sound Ethics in Health Care**Ethical Concerns in Prescribing Home Oxygen Therapy to Patients Who Smoke**

Narrator: Welcome to Sound Ethics in Health Care, from the Department of Veterans Affairs National Center for Ethics in Health Care. Today's topic: Ethical concerns in prescribing home oxygen therapy to patients who smoke. In March 2010, a report was released through the National Center for Ethics in Health care entitled [Ethical Considerations that Arise When A Home Care Patient on Long Term Oxygen Therapy Continues to Smoke](#). The report reviews common concerns among clinicians who care for these patients, and ways to address those concerns. Dr. Sharon Douglas was one of the authors. She is a pulmonologist and Associate Chief of Staff for Education at the GV "Sonny" Montgomery VA Medical Center in Jackson, Mississippi. As the report notes, it is estimated that 20 to 40 percent of patients on long term home oxygen continue to smoke.

Douglas: So as clinicians, many of us are concerned that our patients who continue to smoke will actively smoke while they're using their oxygen. And then we also have ethical concerns that a patient or patients won't follow the oxygen safety measures — whether that's from noncooperation on their part or the inability to cooperate with those safety measures. When a patient lives in a multi-dwelling facility, or there are multiple people that live in the home, or we have concerns about the patient's understanding of the rules in general, those are major concerns.

Narrator: In prescribing home oxygen therapy to smokers, clinicians should be aware of the ethical requirements of the situation, and understand the risks and benefits of the therapy.

Douglas: And in a smoking patient, we have a clear duty to encourage the patient to stop smoking, to offer them smoking cessation programs. Not only because smoking is detrimental to health, but because smoking in and of itself is a risk of fire. And then those patients that are on long-term oxygen therapy, that risk is then modestly increased even higher.

Narrator: Smoking at home substantially increases the risk of fire. In fact, smoking is the second leading cause of residential fires resulting in death. However — perhaps surprisingly — home oxygen only marginally increases that risk. Statistics indicate that nationally, only about 1.3 percent of fatal residential fires involve home oxygen.

Douglas: I've been giving oxygen therapy for 25 years now, and we've had a couple of cases of singed beards and facial burns, but it's been rare. It's smoking in the home that's really the problem.

Narrator: In VA, says Dr. Douglas, there are a number of practical approaches to dealing with these ethical issues — beginning with harm reduction.

Douglas: I start as a physician by expressing my concern with the particular patient, the one that's in front of me. And I'll say, "Look, you meet the clinical criteria and you have need for oxygen, and I want to give it to you, I want to prescribe it. But I also want you to understand my concerns about your safety, and the safety of others around you." And I even say, "If you do continue to smoke, will you at least commit to not smoke on your oxygen, for sure, or anywhere around your oxygen? And how about committing to not smoke at all in your home? Smoke outside your home, for example, in your yard." And a harm reduction strategy like that can help reduce the impact of a negative behavior.

Narrator: Clinicians are encouraged to refer to [VHA Directive 2006-021](#), entitled *Reducing the Fire Hazard of Smoking When Oxygen Treatment Is Expected*. The directive establishes the minimum requirements for reducing the fire hazard of smoking when oxygen treatment is expected, and reinforces the VHA policy of smoking cessation and control.

Douglas: So, all of these methods working together assure that the whole home O2 team or program, all of those providers that are involved, help make sure these methods are in place.

Narrator: Should home oxygen ever be denied or withdrawn? There are valid reasons to do so, but the risks and benefits of such a decision should be weighed very carefully. The first factors that need to be considered are those that present an immediate and substantial risk.

Douglas: For example, a patient who repeatedly disregards safety measures. A patient with advanced dementia. Irresponsible supervision of the oxygen, or of the patient on oxygen. Or even deliberate noncompliance.

Narrator: Other factors include a patient's mental acuity and mental state — for example, whether the patient is depressed or suicidal — and other fire risks in the home.

Douglas: Who else lives there, who lives in the home or the building, are there children involved? Have there been other prior events? But I have to say that no clinician should ever stop a treatment, if it's been official, unless there is strong justification that the treatment has a serious enough risk to outweigh the potential benefit. And then the actual removal or denial of home oxygen should always be a last resort.

Narrator: To ensure thorough consideration of the values at stake, termination should only be considered in consultation with a multidisciplinary clinical committee or the facility's Ethics Consultation Service. For a comprehensive examination of the issue, clinicians can consult a report released through the National Center for Ethics Health Care entitled [*Ethical Considerations that Arise When A Home Care Patient on Long Term Oxygen Therapy Continues to Smoke.*](#)

Douglas: So, I'm not alone as the physician or the clinician in making sure that the safety measures are taken for and with the patient. It's a shared decision-making model, and it certainly falls under the tenet of informed consent, because the patient has to be informed of the risk and the benefits and be able to make those choices, and to have that education that empowers him or her to understand and appropriately use the treatment. It's a team effort, and the patient is part of that team.

Narrator: For links to documents mentioned in this podcast, visit 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. Sound Ethics in Health Care is brought to you by the Department of Veterans Affairs National Center for Ethics in Health Care.