Drugs Used In Physician Assisted Death
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Gruesome Spectacles tells the sobering history of botched, mismanaged, and painful executions in the U.S. from 1890 to the present. Since the book's initial publication in 2014, the cruel and unusual executions of a number of people on death row, including Clayton Lockett in Oklahoma and Joseph Wood in Arizona, have made headlines and renewed vigorous debate surrounding the death penalty in America. Austin Sarat's book instantly became an essential resource for citizens, scholars, and lawmakers interested in capital punishment—even the Supreme Court, which cited the book in its recent opinion, Glossip v. Gross. Now in paperback, the book includes a new preface outlining the latest twists and turns in the death penalty debate, including the recent galvanization of citizens and leaders alike as recent botched executions have unfolded in the press. Sarat argues that unlike in the past, today's botched executions seem less like inexplicable mishaps and more like the latest symptoms of a death penalty machinery in disarray. Gruesome Spectacles traces the historical evolution of methods of execution, from hanging or firing squad to electrocution to gas and lethal injection. Even though each of these technologies was developed to "perfect" state killing by decreasing the chance of a cruel death, an estimated three percent of all American executions went awry in one way or another. Sarat recounts the gripping and truly gruesome stories of some of these deaths—stories obscured by history and to some extent, the popular press.

Drug Use in Assisted Suicide and Euthanasia brings to the foreground of the controversy over euthanasia and assisted suicide not only the moral and legal issues, but also regulatory and empirical issues, issues of prudent public policy, and choice of drugs. You'll witness candid accounts of current practice, legal and extralegal, of drug use in assisted suicide and euthanasia, and be encouraged to objectively reexamine the issues that are at stake. With this book, you'll acquire a solid understanding of the array and complexity of the social questions faced by terminally ill patients, their physicians, nurses, and pharmacists. Drug Use in Assisted Suicide and Euthanasia was chosen as one of Doody's “250 Best Health Sciences Books” for 1996! Much of the focus of Drug Use in Assisted Suicide and Euthanasia is on patient decisionmaking and the factors leading to a patient's choice to hasten death. Readers learn from different medical perspectives, the key psychiatric, medical, and social factors that require assessment when terminally ill patients, such as those with AIDS or cancer, express the desire to die immediately. Readers are also introduced to issues about depression, pain, psychological distress, anxiety, organic mental disorders, and a variety of demographic and social variables. Among the important topics readers learn about are: nursing perspectives on assisted suicide and euthanasia end of life issues in patients with AIDS Oregon’s Death with Dignity Act current
law on physician-assisted suicide euthanasia and euthanizing drugs in the Netherlands toxicological issues with drugs used to end life when drugs fail to end life. Because euthanasia and assisted suicide do occur worldwide, it is crucial that the most appropriate, most expedient drugs be used and administered properly. This book dispels the myth, quite common in the United States, that morphine and benzodiazepines are the best drugs for ending life and points out the urgent need for research on drugs to be used for this purpose. Currently, as this book illustrates, there exists little reliable scientific data for identifying the fatal dose of a drug in humans, yet drugs are used daily to induce death, both successfully and unsuccessfully. Readers learn the many factors that can affect the absorption, distribution, metabolism, and elimination of a drug, and so intensify or reduce its toxicity. Drug Use in Assisted Suicide and Euthanasia acts as a guide for physicians, nurses, pharmacists, persons suffering from fatal diseases, and their families and friends as they struggle with the moral, religious, and legal issues that accompany the idea of ending a life of suffering. The authors, who come from a wide variety of backgrounds, gather the facts, issues, and arguments to allow those involved in the controversy, either publicly or privately, to make the most informed decision possible.

Holland-Frei Cancer Medicine, Ninth Edition, offers a balanced view of the most current knowledge of cancer science and clinical oncology practice. This all-new edition is the consummate reference source for medical oncologists, radiation oncologists, internists, surgical oncologists, and others who treat cancer patients. A translational perspective throughout, integrating cancer biology with cancer management providing an in depth understanding of the disease. An emphasis on multidisciplinary, research-driven patient care to improve outcomes and optimal use of all appropriate therapies. Cutting-edge coverage of personalized cancer care, including molecular diagnostics and therapeutics. Concise, readable, clinically relevant text with algorithms, guidelines and insight into the use of both conventional and novel drugs. Includes free access to the Wiley Digital Edition providing search across the book, the full reference list with web links, illustrations and photographs, and post-publication updates.

The main strength of this book is that it examines the challenges facing the field of Bioethics today from medical, ethical and legal perspectives. A critical exchange of ideas from professionals in interdisciplinary fields allows everyone to learn and benefit from the insights gained through others' experiences. Examining, analyzing and understanding these complex medical-ethical-legal issues and cases and how they are resolved will serve as a paradigm for all professionals who will be confronted with these complex bioethical issues now and in the future. The more we face these challenges directly, examine them critically and debate them enthusiastically the more knowledge will be gained and hopefully, we will gain more practical wisdom.

A riveting, incisive, and wide-ranging book about the Right to Die movement, and the doctors, patients, and activists at the heart of this increasingly urgent issue.
More states and countries are passing right-to-die laws that allow the sick and suffering to end their lives at pre-planned moments, with the help of physicians. But even where these laws exist, they leave many people behind. The Inevitable moves beyond margins of the law to the people who are meticulously planning their final hours—far from medical offices, legislative chambers, hospital ethics committees, and polite conversation. It also shines a light on the people who help them: loved ones and, sometimes, clandestine groups on the Internet that together form the “euthanasia underground.” Katie Engelhart, a veteran journalist, focuses on six people representing different aspects of the right to die debate. Two are doctors: a California physician who runs a boutique assisted death clinic and has written more lethal prescriptions than anyone else in the U.S.; an Australian named Philip Nitschke who lost his medical license for teaching people how to end their lives painlessly and peacefully at “DIY Death” workshops. The other four chapters belong to people who said they wanted to die because they were suffering unbearably—of old age, chronic illness, dementia, and mental anguish—and saw suicide as their only option. Spanning North America, Europe, and Australia, The Inevitable offers a deeply reported and fearless look at a morally tangled subject. It introduces readers to ordinary people who are fighting to find dignity and authenticity in the final hours of their lives. The State of Oregon's Death with Dignity Act (DWDA) is the first and only state law in the nation that legalizes physician-assisted suicide. The DWDA permits Oregon physicians to prescribe a lethal dose of medication to mentally competent, terminally ill patients, who then may voluntarily elect to hasten their death. Under the Controlled Substances Act (CSA), a federal law that regulates the legal and illicit manufacture, distribution, and possession of drugs, a physician may prescribe controlled substances to patients only for a "legitimate medical purpose." In 2001, then-U.S. Attorney General John Ashcroft issued a memorandum in which he declared that physician-assisted suicide is not a "legitimate medical purpose" for prescribing federally controlled substances. The "Ashcroft Directive" means that any Oregon doctor who prescribes drugs pursuant to the DWDA would be in violation of the federal CSA, and risk losing his or her privilege to prescribe drugs and possibly face criminal prosecution. On November 7, 2001, the State of Oregon, an Oregon physician and pharmacist, and several terminally ill patients filed a lawsuit to prevent the enforcement of the Ashcroft Directive. A federal district court and the U.S. Court of Appeals for the Ninth Circuit held the Directive invalid and unenforceable because Congress did not authorize the Attorney General to determine that physician-assisted suicide is not a legitimate medical purpose under the CSA. These courts determined that Congress did not intend for the CSA to override a state's traditional power to regulate the practice of medicine. Attorney General Ashcroft appealed the Ninth Circuit's decision to the U.S. Supreme Court. Alberto Gonzales had replaced John Ashcroft as Attorney General by the time the Court agreed to review the case. On October 5, 2005, the Supreme Court heard the parties' oral argument.
The Court in Gonzales v. Oregon is to decide whether the CSA authorizes the Attorney General to prohibit the distribution of federally controlled substances for purposes of facilitating an individual's suicide, regardless of Oregon's law authorizing such distribution. Physician-assisted suicide is legal in nine U.S. states and the District of Columbia. It is not without controversy, even in the states where Physician-assisted suicide laws have been passed. Proponents believe that it's a matter of liberty, that the terminally ill have the right to choose how their lives will end. Opponents argue that such laws make the terminally ill vulnerable to medical errors and abuse, and they believe that the laws devalue life. The viewpoints in this volume examine physician-assisted suicide from many angles, providing readers with a comprehensive approach to this challenging topic. Weigh pivotal healthcare ethics, law, and public policy issues that resulted in tipping-point legal actions Weighing the ethical considerations in healthcare and drug issues can be emotionally difficult and mentally challenging. Drugs, Ethics, and Quality of Life: Cases and Materials on Ethical, Legal, and Public Policy Dilemmas in Medicine and Pharmacy Practice is a fascinating casebook that clearly discusses the most contentious ethical conflicts that resulted in legal actions. This easy-to-read text provides all sides of controversial real-life cases that provoke spirited debate while teaching the fundamentals of pharmacy law and ethics. The book is a unique exploration into the basic principles of bioethics, end of life care, and drug research. Drugs, Ethics, and Quality of Life explains in detail the concepts of ethics, quality of life, beneficence, nonmaleficence, autonomy, and justice. Recent cases provide illuminating backdrops for the exploration of these concepts, making them easily understood. A special introduction includes important information about ethics and the pharmaceutical code of ethics. Two appendixes provide further opportunities for discussion and the examination of law and decisions, and resources about drug use decisions and situations. This thought-provoking textbook plainly shows the crucial role ethics plays in today's society. Ethical topics explored in Drugs, Ethics, and Quality of Life includes legal cases on: tobacco COX-2 inhibitors medical marijuana the “morning after” pill and other emergency contraceptives pain medications and palliative care drugs physician-assisted suicide drug use in medically futile situations gene therapy Drugs, Ethics, and Quality of Life is valuable, insightful reading as well as a good adjunct text for pharmacy students, pharmacists, medical students, physicians, bio Weigh pivotal healthcare ethics, law, and public policy issues that resulted in tipping-point legal actions Weighing the ethical considerations in healthcare and drug issues can be emotionally difficult and mentally challenging. Drugs, Ethics, and Quality of Life: Cases and Materials on Ethical, Legal, and Public Policy Dilemmas in Medicine and Pharmacy Practice is a fascinating casebook that clearly discusses the most contentious ethical conflicts that resulted in legal actions. This easy-to-read text provides all sides of controversial real-life cases that provoke spirited debate while
teaching the fundamentals of pharmacy law and ethics. The book is a unique exploration into the basic principles of bioethics, end of life care, and drug research. Drugs, Ethics, and Quality of Life explains in detail the concepts of ethics, quality of life, beneficence, nonmaleficence, autonomy, and justice. Recent cases provide illuminating backdrops for the exploration of these concepts, making them easily understood. A special introduction includes important information about ethics and the pharmaceutical code of ethics. Two appendixes provide further opportunities for discussion and the examination of law and decisions, and resources about drug use decisions and situations. This thought-provoking textbook plainly shows the crucial role ethics plays in today’s society. Ethical topics explored in Drugs, Ethics, and Quality of Life includes legal cases on: tobacco COX-2 inhibitors medical marijuana the “morning after” pill and other emergency contraceptives pain medications and palliative care drugs physician-assisted suicide drug use in medically futile situations gene therapy Drugs, Ethics, and Quality of Life is valuable, insightful reading as well as a good adjunct text for pharmacy students, pharmacists, medical students, physicians, bioethicists, students interested in bioethics, institutional ethics committee members, and anyone interested in bioethics. This report is structured in five parts: national framework for traditional and complementary medicine (T&CM); product regulation; practices and practitioners; the challenges faced by countries; and, finally, the country profiles. Apart from the section on practices and practitioners, the report is consistent with the format of the report of the first global survey in order to provide a useful comparison. The section on practices and practitioners, which covers providers, education and health insurance, is a new section incorporated to reflect the emerging trends in T&CM and to gather new information regarding these topics at a national level. All new information received has been incorporated into individual country profiles and data graphs. The report captures the three phases of progress made by Member States; that is, before and after the first WHO Traditional Medicine Strategy (1999-2005), from the first global survey to the second global survey (2005-2012) and from the second survey to the most recent timeline (2012-2018).

This Treatment Improvement Protocol (TIP) reviews the use of the three Food and Drug Administration (FDA)-approved medications used to treat opioid use disorder (OUD)—methadone, naltrexone, and buprenorphine—and provides guidance for healthcare professionals and addiction treatment providers on appropriate prescribing practices for these medications and effective strategies for supporting the patients utilizing medication for the treatment of OUD. The goal of treatment for opioid addiction or OUD is remission of the disorder leading to lasting recovery. Recovery is a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential. This TIP also educates patients, families, and the general public about how OUD medications work and the benefits they offer. Related products: Medication-Assisted Treatment of Opioid Use Disorder: Pocket Guide A Shared Burden: The Military and Civilian Consequences of Army Pain Management Since 2001 Click our Alcoholism, Smoking & Substance Abuse collection to find more resources on this topic.

The moral issues involved in doctors assisting patients to die with dignity are of absolutely central concern to the medical profession, ethicists, and the public at large. The debate is fuelled by cases that extend far beyond passive euthanasia to the active
consideration of killing by physicians. The need for a sophisticated but lucid exposition of the two sides of the argument is now urgent. This book supplies that need. Two prominent philosophers, Gerald Dworkin and R. G. Frey present the case for legalization of physician-assisted suicide. One of the best-known ethicists in the US, Sissela Bok, argues the case against. Examines the issue of physician-assisted suicide in several articles from a variety of perspectives.

Drug Use in Assisted Suicide and Euthanasia

This book is the first comprehensive report and analysis of the Dutch euthanasia experience over the last three decades. In contrast to most books about euthanasia, which are written by authors from countries where the practice is illegal and therefore practised only secretly, this book analyzes empirical data and real-life clinical behavior. Its essays were written by the leading Dutch scholars and clinicians who shaped euthanasia policy and who have studied, evaluated and helped regulate it. Some of them have themselves practised euthanasia. The book will contribute to the world literature on physician-assisted death by providing a comprehensive examination of how euthanasia has been practised and how it has evolved in one specific national and cultural context. It will greatly advance the understanding of euthanasia among both advocates and opponents of the practice.

The issue of physician-assisted death is now firmly on the American public agenda. Already legal in five states, it is the subject of intense public opinion battles across the country. Driven by an increasingly aging population, and a baby boom generation just starting to enter its senior years, the issue is not going to go away anytime soon. In Physician-Assisted Death, L.W. Sumner equips readers with everything they need to know to take a reasoned and informed position in this important debate. The book provides needed context for the debate by situating physician-assisted death within the wider framework of end-of-life care and explaining why the movement to legalize it now enjoys such strong public support. It also reviews that movement’s successes to date, beginning in Oregon in 1994 and now extending to eleven jurisdictions across three continents. Like abortion, physician-assisted death is ethically controversial and the subject of passionately held opinions. The central chapters of the book review the main arguments utilized by both sides of the controversy: on the one hand, appeals to patient autonomy and the relief of suffering, on the other the claim that taking active steps to hasten death inevitably violates the sanctity of life. The book then explores both the case in favor of legalization and the case against, focusing in the latter instance on the risk of abuse and the possibility of slippery slopes. In this context the experience of jurisdictions that have already taken the step of legalization is carefully reviewed to see what lessons might be extracted from it. It then identifies some further issues that lie beyond the boundaries of the current debate but will have to be faced sometime down the road: euthanasia for patients who are permanently unconscious or have become seriously demented and for severely compromised newborns. The book concludes by considering the various possible routes to legalization, both political and judicial. Readers will then be prepared to decide for themselves just where they stand when they confront the issue both in their own jurisdiction and in their own lives. Most new law is statutory law; that is, law enacted by legislators. An important question, therefore, is how should this law be interpreted by courts and agencies, especially when the
text of a statute is not entirely clear. There is a great deal of scholarly literature on the rules and legal materials courts should use in interpreting statutes. This book takes a fresh approach by focusing instead on what judges should do once the legal materials fail to resolve the interpretive question. It challenges the common assumption that in such cases judges should exercise interstitial lawmaking power. Instead, it argues that--wherever one believes the interpretive inquiry has failed to resolve the statutory meaning--judges can and should use statutory default rules that are designed to maximize the satisfaction of enactable political preferences; that is, the political preferences of the polity that are shared among enough elected officials that they could and would be enacted into law if the issue were on the legislative agenda. These default rules explain many recent high-profile cases, including the Guantanamo detainees case, the sentencing guidelines case, the decision denying the FDA authority to regulate cigarettes, and the case that refused to allow the attorney general to criminalize drugs used in physician-assisted suicide.

Textbook of Palliative Medicine provides an alternative, truly international approach to this rapidly growing specialty. This textbook fills a niche with its evidence-based, multi-professional approach and global perspective ensured by the international team of editors and contributing authors. In the absence of an international curriculum for the study of palliative medicine, this textbook provides essential guidance for those both embarking upon a career in palliative medicine or already established in the field, and the structure and content have been constructed very much with this in mind. With an emphasis on providing a service anywhere in the world, including the important issue of palliative care in the developing nations, Textbook of Palliative Medicine offers a genuine alternative to the narrative approach of its competitors, and is an ideal complement to them. It is essential reading for all palliative care physicians in training and in practice, as well as palliative care nurses and other health professionals in the palliative care team.

v. 1. Research findings -- v. 2. Concepts and methodology -- v. 3. Implementation issues -- v. 4. Programs, tools and products.

It is clearly recognized that medical errors represent a significant source of preventable healthcare-related morbidity and mortality. Furthermore, evidence shows that such complications are often the result of a series of smaller errors, missed opportunities, poor communication, breakdowns in established guidelines or protocols, or system-based deficiencies. While such events often start with the misadventures of an individual, it is how such events are managed that can determine outcomes and hopefully prevent future adverse events. The goal of Vignettes in Patient Safety is to illustrate and discuss, in a clinically relevant format, examples in which evidence-based approaches to patient care, using established methodologies to develop highly functional multidisciplinary teams, can help foster an institutional culture of patient safety and high-quality care delivery.

This report is based on an exhaustive review of the published literature on the definitions, measurements, epidemiology, economics and interventions applied to nine chronic conditions and risk factors.

Current evidence shows that medications are underused in the treatment of alcohol use disorder, including alcohol abuse and dependence.* * Within this document "alcohol abuse" and "alcohol dependence" are used when discussing medication indications or research that is based upon this terminology. For a summary of important differences between DSM-IV and DSM-5, please see the box on this page. This is of concern because of the high prevalence of alcohol problems in the general population.1,2 For example, data show that an estimated 10 percent to 20 percent of patients seen in primary care or hospital settings have a diagnosable alcohol use disorder.3,4 People who engage in risky drinking often have physical and social problems related to their alcohol use. Problems with alcohol influence the incidence, course, and treatment of many other medical and psychiatric conditions.
Debates over health care have focused for so long on economics that the proper goals for medicine seem to be taken for granted; yet problems in health care stem as much from a lack of agreement about the goals and priorities of medicine as from the way systems function. This book asks basic questions about the purposes and ends of medicine and shows that the answers have practical implications for future health care delivery, medical research, and the education of medical students. The Hastings Center coordinated teams of physicians, nurses, public health experts, philosophers, theologians, politicians, health care administrators, social workers, and lawyers in fourteen countries to explore these issues. In this volume, they articulate four basic goals of medicine — prevention of disease, relief of suffering, care of the ill, and avoidance of premature death — and examine them in light of the cultural, political, and economic pressures under which medicine functions. In reporting these findings, the contributors touch on a wide range of diverse issues such as genetic technology, Chinese medicine, care of the elderly, and prevention and public health. The Goals of Medicine clearly demonstrates the importance of clarifying the purposes of medicine before attempting to change the economic and organizational systems. It warns that without such examination, any reform efforts may be fruitless.

This book describes the way assisted death -- physician-assisted suicide and/or voluntary euthanasia - functions in the Netherlands, Belgium, Switzerland and the state of Oregon - and states the lessons that can be drawn from this experience.

In this volume, a distinguished group of physicians, ethicists, lawyers, and activists come together to present the case for the legalization of physician-assisted dying, for terminally ill patients who voluntarily request it. To counter the arguments and assumptions of those opposed to legalization of assisted suicide, the contributors examine ethical arguments concerning self-determination and the relief of suffering; analyze empirical data from Oregon and the Netherlands; describe their personal experiences as physicians, family members, and patients; assess the legal and ethical responsibilities of the physician; and discuss the role of pain, depression, faith, and dignity in this decision. Together, the essays in this volume present strong arguments for the ethical acceptance and legal recognition of the practice of physician-assisted dying as a last resort -- not as an alternative to excellent palliative care but as an important possibility for patients who seek it.

Drug addiction is a complex illness. It is characterized by intense and, at times, uncontrollable drug craving, along with compulsive drug seeking and use that persist even in the face of devastating consequences. This update of the National Institute on Drug Abuse's Principles of Drug Addiction Treatment is intended to address addiction to a wide variety of drugs, including nicotine, alcohol, and illicit and prescription drugs. It is designed to serve as a resource for healthcare providers, family members, and other stakeholders trying to address the myriad problems faced by patients in need of treatment for drug abuse or addiction. Addiction affects multiple brain circuits, including those involved in reward and motivation, learning and memory, and inhibitory control over behavior. That is why addiction is a brain disease. Some individuals are more vulnerable than others to becoming addicted, depending on the interplay between genetic makeup, age of exposure to drugs, and other environmental influences. While a person initially chooses to take drugs, over time the effects of prolonged exposure on brain functioning compromise that ability to choose, and seeking and consuming the drug become compulsive, often eluding a person's self-control or willpower. But addiction is more than just compulsive drug taking-it can also produce far reaching health and social consequences. For example, drug abuse and addiction increase a person's risk for a variety of other mental and physical illnesses related to a drug-abusing lifestyle or the toxic effects of the drugs themselves. Additionally, the dysfunctional behaviors that result from drug abuse can interfere with a person's normal functioning in the family, the workplace, and the broader community. Because drug abuse and addiction have so many dimensions and disrupt so many aspects of an
individual's life, treatment is not simple. Effective treatment programs typically incorporate many components, each directed to a particular aspect of the illness and its consequences. Addiction treatment must help the individual stop using drugs, maintain a drug-free lifestyle, and achieve productive functioning in the family, at work, and in society. Because addiction is a disease, most people cannot simply stop using drugs for a few days and be cured. Patients typically require long-term or repeated episodes of care to achieve the ultimate goal of sustained abstinence and recovery of their lives. Indeed, scientific research and clinical practice demonstrate the value of continuing care in treating addiction, with a variety of approaches having been tested and integrated in residential and community settings. "The book is extremely well balanced: in each section there is usually an argument for and against the positions raised. It is a useful and well-thought-out text. It will make people think and discuss the problems raised, which I think is the editor's main purpose." -- Journal of Medical Ethics "... a volume that is to be commended for the clarity of its contributions, and for the depth it gains from its narrow focus. In places, this is a deeply moving, as well as closely argued, book." -- Times Literary Supplement "This work is an excellent historical and philosophical resource on a very difficult subject." -- Choice "This collection of well-written and carefully argued essays should be interesting, illuminating, and thought provoking for students, clinicians, and scholars." -- New England Journal of Medicine "This book is highly recommended...

" -- Pharmacy Book Review "This is a well-balanced collection and the essays are of uniformly good quality.... very readable.... should be useful to anyone interested in this topic." -- Doody's Health Sciences Book Review Home Page "Physician-Assisted Suicide continues in the fine tradition of the Medical Ethics series published by Indiana University Press. Chapters are authored by outstanding scholars from both sides of the debate, providing a balanced, in-depth exploration of physician-assisted suicide along clinical, ethical, historical, and public policy dimensions. It is important reading for those who want to better understand the complex, multilayered issues that underlie this emotionally-laden topic." -- Timothy Quill, M.D. "Robert Weir has produced the finest collection of essays on physician assisted dying yet assembled in one volume. Physician assisted dying involves ethical and legal issues of enormous complexity. The deep strength of this anthology is its multi-disciplinary approach, which insightfully brings to bear interpretations from history, moral philosophy, religion, clinical practice, and law. This is a subject, much like abortion, that has divided America. This volume provides balanced scholarship that will help inform opinions from the hospital and hospice bedside to the halls of federal and state legislatures and courtrooms." -- Lawrence O. Gostin, Co-Director, Georgetown/Johns Hopkins Program on Law and Public Health "This book is a timely and valuable contribution to the debate. Highly recommended for academic collections." -- Library Journal These essays shed light and perspective on today's hotly contested issue of physician-assisted suicide. The authors were selected not only because of their experience and scholarship, but also because they provide readers with differing points of view on this complex subject -- and a potential moral quandary for us all. These Guidelines review the use of medicines such as methadone, buprenorphine, naltrexone and clonidine in combination with psychosocial support in the treatment of people dependent on heroin or other opioids. Based on systematic reviews of the literature and using the GRADE approach to determining evidence quality, the guidelines contain specific recommendations on the range of issues faced in organizing treatment systems, managing treatment programmes and in treating people dependent on opioids. Developed in collaboration with internationally acclaimed experts from the different regions of the globe, this book should be of interest to policy makers, program managers, and clinicians everywhere who seek to alleviate the burden of opioid dependence. The opioid crisis in the United States has come about because of excessive use of these drugs for both legal and illicit purposes and unprecedented levels of consequent opioid use disorder...
(OUD). More than 2 million people in the United States are estimated to have OUD, which is caused by prolonged use of prescription opioids, heroin, or other illicit opioids. OUD is a life-threatening condition associated with a 20-fold greater risk of early death due to overdose, infectious diseases, trauma, and suicide. Mortality related to OUD continues to escalate as this public health crisis gathers momentum across the country, with opioid overdoses killing more than 47,000 people in 2017 in the United States. Efforts to date have made no real headway in stemming this crisis, in large part because tools that already exist—like evidence-based medications—are not being deployed to maximum impact. To support the dissemination of accurate patient-focused information about treatments for addiction, and to help provide scientific solutions to the current opioid crisis, this report studies the evidence base on medication assisted treatment (MAT) for OUD. It examines available evidence on the range of parameters and circumstances in which MAT can be effectively delivered and identifies additional research needed.

Fatal Freedom is an eloquent defense of every individual’s right to choose a voluntary death. By maintaining statutes that determine that voluntary death is not legal, Thomas Szasz believes that our society is forfeiting one of its basic freedoms and causing the psychiatric medical establishment to treat individuals in a manner that is disturbingly inhumane. Society’s penchant for defining behavior it terms objectionable as a disease has created a psychiatric establishment that exerts far too much influence over how and when we choose to die. In a compelling argument that clearly and intelligently addresses one of the most significant ethical issues of our time, Szasz compares suicide to other practices that historically began as sins, became crimes, and now are seen as mental illnesses.

After assessing the strengths and weaknesses of arguments for assisted suicide and euthanasia, Gorsuch builds a nuanced, novel, and powerful moral and legal argument against legalization, one based on a principle that, surprisingly, has largely been overlooked in the debate; the idea that human life is intrinsically valuable and that intentional killing is always wrong. At the same time, the argument Gorsuch develops leaves wide latitude for individual patient autonomy and the refusal of unwanted medical treatment and life-sustaining care, permitting intervention only in cases where an intention to kill is present.

Margaret Pabst Battin has established a reputation as one of the top philosophers working in bioethics today. This work is a sequel to Battin’s 1994 volume The Least Worst Death. The last ten years have seen fast-moving developments in end-of-life issues, from the legalization of physician-assisted suicide in Oregon and the Netherlands to furor over proposed restrictions of scheduled drugs used for causing death, and the development of "NuTech" methods of assistance in dying. Battin’s new collection covers a remarkably wide range of end-of-life topics, including suicide prevention, AIDS, suicide bombing, serpent-handling and other religious practices that pose a risk of death, genetic prognostication, suicide in old age, global justice and the “duty to die,” and suicide, physician-assisted suicide, and euthanasia, in both American and international contexts. As with the earlier volume, these new essays are theoretically adroit but draw richly from historical sources, fictional techniques, and ample factual material.

Thoroughly revised to reflect contemporary diagnostics and treatment, this Third Edition is a comprehensive and practical reference on the assessment and management of acute and chronic pain. This edition features 14 new chapters and is filled with new information on invasive procedures...pharmacologic interventions...neuraxial pharmacotherapy...physical and occupational therapies...diagnostic techniques...pain in terminally ill patients...cancer pain...visceral pain...rheumatologic disorders...managed care...and medicolegal issues. Reorganized with two new sections focusing on diagnostics and cancer pain. A Brandon-Hill recommended title.

Drug overdose, driven largely by overdose related to the use of opioids, is now the leading
cause of unintentional injury death in the United States. The ongoing opioid crisis lies at the intersection of two public health challenges: reducing the burden of suffering from pain and containing the rising toll of the harms that can arise from the use of opioid medications. Chronic pain and opioid use disorder both represent complex human conditions affecting millions of Americans and causing untold disability and loss of function. In the context of the growing opioid problem, the U.S. Food and Drug Administration (FDA) launched an Opioids Action Plan in early 2016. As part of this plan, the FDA asked the National Academies of Sciences, Engineering, and Medicine to convene a committee to update the state of the science on pain research, care, and education and to identify actions the FDA and others can take to respond to the opioid epidemic, with a particular focus on informing FDA’s development of a formal method for incorporating individual and societal considerations into its risk-benefit framework for opioid approval and monitoring.

This collection of essays from leading figures in the field of medical law and ethics is a lasting testimony to the work of one of the most eminent scholars in the area, Professor Ken Mason. The wide-ranging contents and the standing of the contributors mean that this collection will be an invaluable resource for anyone studying or working in medical law or medical ethics. The question of whether and under what circumstances terminally ill patients should be able to access life-ending medications with the aid of a physician is receiving increasing attention as a matter of public opinion and of public policy. Ethicists, clinicians, patients, and their families debate whether physician-assisted death ought to be a legal option for patients. While public opinion is divided and public policy debates include moral, ethical, and policy considerations, a demand for physician-assisted death persists among some patients, and the inconsistent legal terrain leaves a number of questions and challenges for health care providers to navigate when presented with patients considering or requesting physician-assisted death. To discuss what is known and not known empirically about the practice of physician-assisted death, the National Academies of Sciences, Engineering, and Medicine convened a 2-day workshop in Washington, DC, on February 12â€“13, 2018. This publication summarizes the presentations and discussions from the workshop.

When the end of life makes its inevitable appearance, people should be able to expect reliable, humane, and effective caregiving. Yet too many dying people suffer unnecessarily. While an "overtreated" dying is feared, untreated pain or emotional abandonment are equally frightening. Approaching Death reflects a wide-ranging effort to understand what we know about care at the end of life, what we have yet to learn, and what we know but do not adequately apply. It seeks to build understanding of what constitutes good care for the dying and offers recommendations to decisionmakers that address specific barriers to achieving good care. This volume offers a profile of when, where, and how Americans die. It examines the dimensions of caring at the end of life: Determining diagnosis and prognosis and communicating these to patient and family. Establishing clinical and personal goals. Matching physical, psychological, spiritual, and practical care strategies to the patient’s values and circumstances. Approaching Death considers the dying experience in hospitals, nursing homes, and other settings and the role of interdisciplinary teams and managed care. It offers perspectives on quality measurement and improvement, the role of practice guidelines, cost concerns, and legal issues such as assisted suicide. The book proposes how health professionals can become better prepared to care well for those who are dying and to understand that these are not patients for whom "nothing can be done."

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