Before dismissing intoxicated patient, try to see beyond to root cause

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You may occasionally encounter a patient who, in the provider's opinion, is intoxicated, either by drugs or alcohol. Given informed consent issues, you may be inclined to refuse treatment -- but be careful that you're not missing a chance to throw the patient a lifeline.

The subject comes up in medical literature; in a 2023 paper on "Refusal of Care" available on StatPearls, emergency medicine specialists Benjamin D. Pirotte, M.D., and Scarlet Benson, M.D., both of Aventura Hospital and Medical Center in Aventura, Fla., make the point that "patients under the influence of alcohol or drugs may lack the capacity to make their own medical decisions," though unlike, for example, patients disoriented by dementia, these patients are "expected to recover from their ingestion relatively quickly."

If the situation is emergent, however, the authors say, "the decision making usually falls on the healthcare professional in charge." They note that in extreme cases most state laws allow "for temporary involuntary hospitalization and treatment until the patient is no longer intoxicated, and any medical illnesses affecting capacity have resolved."

Adhere to stepwise process

You should follow a clear protocol, advises Stephanie Nichols, Pharm.D., associate professor of pharmacy practice and psychiatry at the University of New England, and member of the substance use disorder faculty at Maine Medical Center, both in Portland.

"First, the patient's safety must be assessed including respiratory, neurologic and cardiac functions," Nichols says. "If a patient is experiencing an opioid overdose including being unresponsive to painful stimuli and stopped or shallow breathing, naloxone should be administered. If a patient is on stimulants, there is an elevated risk of a heart attack and stroke. It is also important to identify if an intoxicated patient plans to drive home and to intervene."

Even if there's no obvious emergency, the provider should attempt to engage the patient to find out what's going on, counsels Gerda Maissel, M.D., CEO of My MD Advisor in New York City.

"If the patient is stable, consider whether there is an opportunity to discuss what is going on," Maissel says. "When a patient discloses a substance use disorder or expresses a desire for help, the physician should engage in a supportive conversation and explore options. Depending on the situation, the physician may choose to refer the patient to a substance abuse specialist or treatment program."

Maissel further counsels thorough documentation of their presentation and the provider's basis for judging them intoxicated.

See, or send away?

As Maissel suggests, while it's possible the patient has just made an unwise decision as to how much recreational drug intake is suitable prep for a doctor's visit, there's a very good chance that the patient has a more serious issue that, whatever the ostensible reason for the visit, calls for the provider's attention -- particularly if they've been self-medicating or over-using prescribed medications for pain.

Elisha Peterson, M.D., an anesthesiologist and chronic pain specialist in Washington, D.C., says she has seen patients in clinic who were "acutely intoxicated." Sometimes, when in hospital, Peterson has walked these patients to the emergency room; other times "we have asked patients if they have someone who can pick him or her up from their appointment if the patient came alone."

"Ideally the front desk should reroute these patients to reschedule when he/she is of sound mind to engage in the appointment appropriately," Peterson says. She "would not discuss consent with any patient who appears intoxicated, whether or not the patient denies he/she is."

But Georgiy Brusovanik, M.D., of Miami Back & Neck Specialists in Florida, who offers minimally invasive treatments for pain sufferers, says patients sometimes come in on significant amounts of pain drugs because they are in severe pain, and to refuse them treatment on that basis would be to "deny patients who are on narcotics proper care."

"As a revision specialist, I'm the last resort for patients who've had bad outcomes after surgery," Brusovanik says. "Denying these patients care while they're on narcotics is essentially condemning them to having pain forever."

Brusovanik stresses that pain and its treatment (or maltreatment) can lead to increased tolerance and dependence. "One of my old orthopedic attendings had an ankle fracture," he says. "This person knew the side effects of opioids, and yet this person ended up stealing narcotics from patients and then committing suicide. I'm not in a position to tell [my patients] to go home and sleep it off."

Whatever course you take, always thoroughly document your reasoning so you can defend it if problems arise after the fact.

Resource

- "Refusal of Care," Benjamin D. Pirotte, M.D., and Scarlet Benson, M.D., StatPearls, *www.ncbi.nlm.nih.gov/books/NBK560886/*