The Ethical Dilemma over Covert Medications and Elderly Adults

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Nursing 385: Professional Nursing and Nursing Practice
There are many ethical dilemmas that exist in the world we live in today, yet we live and function around these dilemmas. We learn to coexist with them, or we develop some system to solve them. It would be comforting if those ethical dilemmas were excluded from the healthcare systems that we trust our lives with, yet unfortunately they are not exempt.

One of the ethical dilemmas that affect the healthcare system not only in America but on an international level is the issue of “covert medications.” A covert medication is simply a medication that is hidden in a patient’s food or drink so that the patient is unaware that he or she is taking that medication (Smith, 2002). A dilemma arises when the healthcare provider deems the patient unfit to make their own decision about consuming the medication and gives it to them unknowingly so they cannot refuse it in their altered state.

Any patient in any population is susceptible to receiving covert medications, yet the population that seems to be the most vulnerable is the geriatric population, especially those with dementia (Nazarko, 2008). These elders with dementia are seen as lacking the capacity to decide what is healthful and what is harmful to them in their demented state (Nazarko, 2008). Along with cognitive changes, physiologic changes that occur with dementia, such as dysphagia, facilitate the administration of covert medications. Dysphagia is difficulty swallowing and commonly occurs in people with severe dementia. Since the nerves and muscles involved in the mechanism do not function together properly it is difficult for patients to swallow whole pills, tablets, or capsules (Nazarko, 2008). Because of this difficulty, their pills must be converted to a more
ingestible form. Their pills are therefore crushed and put into food or drink, yet by these methods other medications can be added that they are unaware of or have not agreed to.

The older adults are not the only ones who have a role in this dilemma. The healthcare professionals, especially the doctors and nurses who are directly involved in medication administration, play a role as well. According to the healthcare workers, the medications administered are to increase (or maintain in the case of degenerative diseases) the patient’s health status. It is their moral and legal responsibility to decide what is best for a patient in the case where they are mentally unable to do so (Tweddle, 2009). If a patient is unaware that they are taking medicines to reduce or minimize a disease process and is refusing treatment, the nurse or doctor must use means necessary to ensure the patient’s health is being treated. The employment of hidden medications ensures that they patient’s condition is being treated and their condition is not deteriorating because of noncompliance.

Nurses are especially hit hard in this dilemma because they are the ones in direct contact with the patients, and they are the ones who administer these medications as well. They are the ones who must make the decision to hold a medication because the patient refuses to take it, crush it because they cannot swallow it, or ask for the order to sedate the patient because he is a hazard. The nurse is the one who is actually practicing covert medication administration to follow through with the physician’s orders.

There are basic ethical principles that arise in this dilemma that either encourage or discourage the actions. The dilemma of covert medications touches on some of these principles, the first being beneficence. Beneficence is defined as an act that is done purely for the benefit of another (Potter and Perry, 2009). The action to give a patient their
medicines, whether they are aware or unaware, is to further benefit their health. If the patient has refused their medications and is non compliant because of an altered mental state, then it is the caregiver’s responsibility to administer what will stop or at least slow the disease process (Welsh and Deahl, 2009). Whether the medication is for the disease process or if it is to sedate the patient so he does not fall and further harm himself, the administration is solely for the benefit of the patient. Some caregivers, though, abuse this beneficence and overly sedate a patient, not for the patient’s benefit, but for the caregiver’s benefit to make the patient easier to handle (Smith, 2009).

Another ethical principle is the principle of nonmaleficence. This principle is defined as an action that does no “harm or hurt” (Potter and Perry, 2009). Nonmaleficence can be violated with covert medications even if the caregiver thinks he is doing good for the patient by getting the medicines into the patient. When the nurse crushes some medications to be put into a drink or into food, the integrity of the medication is destroyed (Tweddle, 2009). In some medications such as controlled released pills, the patient could receive the dosage all at once because it is the coating that controls the release mechanism, essentially giving an overdose. In other medications, the coating protects the medicine from the acidic contents of the stomach so if the capsule is removed or crushed, the patient does not receive any dosage because the stomach destroys the medicine before it can be absorbed by the intestines (Tweddle, 2009).

Autonomy is the most obvious principle that is challenged with covert medications. Autonomy is the patient’s ability to make their own decisions and the promise from the healthcare provider to be involved in the decisions of their care (Potter and Perry, 2009). This is the biggest issue brought against covert medications because the
patient loses his autonomy. The nurses and doctors take it upon themselves to decide the best care for the patient, according to their own ideas and not those of the patient. It is said that if a patient has the capacity to reason then it is illegal to go against their wishes, yet when patients lose their capacity to reason it is the caregiver’s responsibility to treat them in the best way possible (Tweddle, 2009). If the patient refuses treatments when they have dementia, it is claimed that they do not understand that refusal is hurting them and this refusal is overridden. Arguably though, that their autonomy is taken away in this case because even though they do not completely understand or agree, they have expressed an opinion in their health and that opinion is not taken into consideration.

There are many outside factors that contribute to this dilemma. Legalities factor in because it is the healthcare providers obligation to care for an individual to their best of their ability, so they must do everything possible to benefit the patient. On the other hand, it is their obligation to follow the wishes of the patient or who has control over that patient through power of attorney and not their own wishes or ideals which puts them on both sides of the fence (Tweddle, 2009).

There are economic factors at play too. Hospitals and nursing homes are under staffed which makes caring for difficult patients even more difficult for the workers and takes attention away from the other patients. Obtaining the order for sedation not only lessens the load on the workers but also ensures safety of the patient if they cannot be watched constantly (Nazarko, 2009).

There are solutions to this problem that the nurse can employ to ease the suspicions of covert medications. First, the nurse must assess the patient himself on each shift or ideally administration, in order to make a decision on whether or not the patient
will be aware they are taking their medication and whether or not they can refuse it. The advantage of this is that each nurse will know the patient’s capacity and not fall back on the trend of giving the medications unknowingly. If the patient is in need of pills to be crushed, the nurse should contact the physician or pharmacist to see if there is a liquid form, which is more easily ingested. Also, the medications should be re-evaluated. Many elderly adults fall victim to polypharmacy and their medications overlap because they are prescribed a new medicine for each problem (Nazarko, 2009). The medications should be reviewed and removed if possible. This is an advantage because the patient is constantly being reviewed, and the caregivers are aware of issues as they arise. A disadvantage though is that physicians may not have time to review every patient at the rise of every problem and trusts the nurse to make the necessary decision (Tweddle, 2009). Lastly, the nurse should document each time the medication is given covertly. This way it can be better understood and studied as to why it was done, and this way it will be known about so the nurse is held accountable if anything should happen (Ashurst, 2007).

Covert medications will continue to be an ethical dilemma as long as patients continue to deteriorate mentally. The medications are a means of taking care of those who are unaware of their fragile situation, yet in unfortunate circumstances are abused to make the patient more compliant and easier to handle. As future nurses we must always be aware of compromising the patient’s ability to choose against our obligation to care and heal.
References


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