Drug Abuse Testing Without Informed Consent – Is It Right?

July 2, 2003 – It is common for patients in emergency situations to be screened for drug abuse. It is uncommon for those same patients to give informed consent to such testing. A review article in the current issue of *The American Journal of Medicine* suggests that false positives and the consequences of such results, the risks to patient privacy, and damage to the doctor-patient relationship might be too great a price to justify screening without informed consent.

Elizabeth Warner, MD, et al, write, “Laboratory testing for drugs of abuse is often conducted in medical settings, with little consideration of the technical limitations and the potential for legal and social harm to the patient.” There are technical problems such as the lack of chain-of-custody procedures, the possibility of false-positive results, and the infrequency of confirmatory testing. There are ethical issues due to the sensitive nature of drug test results, the ramifications of false-positive results, the limitations of confidentiality protection, and the practice of testing without the patient’s knowledge.” They continue, “Taken together, these technical and ethical concerns suggest that drug testing policies in medical settings should specify which conditions require explicit informed consent, as well as create procedures for protecting this sensitive information.”

Other than the well-known “poppy seed” problem creating false positives in opiate testing, persons taking decongestants, appetite suppressants, or drugs for Parkinson’s disease can also “fail” certain tests. When a positive result is found, there are legal and social ramifications. For
example, many states require reporting of positive drug screens in pregnant women, with a positive toxicology test in a newborn or mother at delivery considered as evidence of child abuse or neglect.

Clinicians often order drug testing without consent. Although the motive may be to make a diagnosis, particularly in an emergent situation, patients may feel betrayed when they learn that they were tested for substance abuse without their knowledge. This situation could weaken the doctor-patient relationship and the patient’s willingness to seek care in the future. The authors conclude that requiring informed consent, confirmation of results on request, and confidentiality, not only would maintain respect for patient autonomy and privacy, but also preserve the trust that is essential to the physician-patient relationship.

The review is reported in “Should Informed Consent Be Required for Laboratory Testing for Drugs of Abuse in Medical Settings?” by Elizabeth A. Warner, MD, Robert M. Walker, MD, both of the University of South Florida, Tampa, and Peter D. Friedmann, MD, MPH, Brown University, Providence, Rhode Island. It appears in The American Journal of Medicine, volume 115, number 1, published by Elsevier.

Full text of the article is available upon request. Contact ajmmedia@elsevier.com to obtain a copy or to schedule an interview.

© 2003 The American Journal of Medicine. All rights reserved. Unauthorized use prohibited.

The American Journal of Medicine, known as “The Green Journal,” is one of the oldest and largest general internal medicine journals published in the United States. The information contained in this article in The American Journal of Medicine is not a substitute for medical advice or treatment, and the Journal recommends consultation with your physician or healthcare professional.

Elsevier is a leading publisher of scientific, technical, and medical journals, books, and reference works. It is a member of the Reed Elsevier plc group.

###