The cases presented here involve real physicians and patients. Unlike the cases in medical ethics textbooks, these seldom involve cloning, bizarre treatments, or stem cell research. We focus on cases common to the practice of medicine in a variety of contexts.

I am considered an expert in medical ethics and I have the Harvard Ph.D. and academic history to prove it. But the only thing I really know about medical ethics is that there are no experts or recipes. The majority of cases are circumstantially unique and require the viewpoints of the practitioners and patients involved. For this reason, I am soliciting your input at mpastin@healthethicstrust.com on the cases discussed here. Reader perspectives along with my own viewpoint will be published in the issue following each case presentation. Of course, we are also interested in cases that readers wish to submit for consideration.

CASE ONE
PUT THE PATIENT FIRST?

Your patient is a pregnant 12-year-old girl and you are discussing options with her and her parents, who are practicing Catholics. The girl is pregnant by her boyfriend so there is no question of molestation. The girl is in poor health and, even putting aside her age, continuing the pregnancy is not medically advisable. The parents and the girl do not want to continue the pregnancy but have a special request. The request is that the girl’s medical record not state that she had an abortion. In your mind, you know you might record the procedure as a D&C with product, as any physician who reads the record will understand it. You ask yourself, “Isn’t the only difference between a D&C and an abortion what is in the mind of the patient? Is that any of my business?” The family will pay for the procedure out of pocket no matter what it is called. You ponder whether or not to honor their wish.

This is a situation I have seen many times, particularly in EDs and practices affiliated with religious systems that prohibit abortion. Of course, there could be any number of extenuating circumstances and additional details. But please address the case on the basis of the information provided as best you can. There will be an analysis of this case along with a new case in the next issue.

Your input is requested. Email your responses to: mpastin@healthethicstrust.com