



MEDICAL ETHICS WITHOUT THE RHETORIC



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Mark Pastin, PhD, is president and CEO of the Council of Ethical Organizations, Alexandria, VA. The Council, a non-profit, non-partisan organization, is dedicated to promoting ethical and legal conduct in business, government, and the professions.

Cases presented here involve real physicians and patients. Unlike the cases in medical ethics textbooks, these cases seldom involve cloning, bizarre treatments, or stem cell research. We emphasize cases common to the practice of medicine.

Most cases are circumstantially unique and require the viewpoints of the practitioners and patients involved. For this reason, I solicit your input on the cases discussed here at councile@aol.com. Reader perspectives along with my own viewpoint are published in the issue following each case presentation. We are also interested in cases that readers submit. The following case is particularly relevant in these days when healthcare reform – and who is going to pay for it – is on everyone's mind.

CASE FIVE LIFE AFTER LIFE?

A woman who was considered perfectly healthy at the time she became pregnant is found to have terminal cancer early in her pregnancy. While there is little chance of the cancer being transferred to the fetus, there is also little chance of the mother surviving long enough for a viable delivery. The woman and her husband request that her body functions be maintained, even after she is legally dead, until the baby can be safely delivered. Her physician advises that this is a reasonable although not certainly successful course of action. The issue? According to the hospital where she is receiving treatment, the cost of maintaining her bodily functions would exceed \$500,000. Needless to say, a dead patient has no health insurance, and the couple does not have the money. What should be done by the various parties to this case?

This is an actual case. Of course, there are any number of complicating circumstances and additional details; but please address the case on the basis of the information provided.

There will be an analysis of this case and a new case in the next issue.

Your input is requested. Email your responses to: councile@aol.com.

CASE FOUR ANALYSIS

Our response to last issue's case is based on comments offered by readers.

In the case presented in the last issue, an ER physician is confronted with a seriously injured minor whose parents advise that their religion prohibits transfusions. The ER physician does not believe that the life of the minor can be saved without prompt attention, which may include a transfusion. Some readers suggested going to court to seek permission to treat the minor in a medically appropriate manner. But the case rules out this otherwise reasonable option due to the limited time available to treat the minor. Several readers pointed out that, although the patient is a minor, the physician's primary obligation is still to the patient. And that obligation includes doing the best you can to save the patient's life.