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 more 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 touches on medical procedures which are not futile but are still questionable in terms of required resources.

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CASE EIGHT
NEVER TOO OLD FOR LOVE

The patient is an eighty-two year old male who is in excellent physical condition – except for his need for a kidney. Otherwise, he has the physical condition of a sixty-year-old. His wife who, in fact, is a sixty-year-old wants to donate a kidney to her husband. The medical professionals involved in the case believe that the organ could be successfully harvested and that the transplant might well extend the life of the husband. The wife is in good enough health to qualify as a donor in medical terms, but her age would generally disqualify her. The issues of the wife’s age qualification aside, the medical professionals involved have qualms about transplanting an organ for an eighty-two-year-old person, even if the person is otherwise healthy. There is no question of who is going to pay as the couple is wealthy and will cover all costs. Some of the involved medical professionals even feel that there is something to be learned from performing a transplant in such an unusual case. Putting aside legal and regulatory concerns, is it ethically permissible to perform the transplant?
Our case from the last issue concerns a fourteen-year-old girl who was a victim of a disfiguring fire when she was in kindergarten. She has undergone numerous surgeries intended to address her disfigurements—but she is now refusing a surgery recommended by her physician and encouraged by her parents. Given that she is a minor, the surgery could probably proceed without her approval based on her parents’ permission, but the physician is uncomfortable proceeding.

Reader opinion on this case was divided. Many argued that since the surgery is probably not medically necessary, the girl’s wishes should be honored. If there was medical urgency to the procedure, the physician might proceed on the basis of the parents’ wishes and permission. But not in this case.

Others felt that the surgery should proceed especially since the girl, while opposed to the procedure, will accede to her parents’ wishes. The surgery is likely to be successful and the girl appreciative in the long run.

As with many medical ethics cases, there is not a simple “yes” or “no” answer. My position is that the physician should honor the girl’s wishes in the short term on the condition that she and her parents seek counseling concerning her condition and her future options. The goal is to build the girl’s confidence in the physician and the many caregivers she will undoubtedly encounter in coming years. The hope is that she will go along with the surgery before too much time passes. But there is no guarantee that this will happen.

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.

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