

# MEDICAL ETHICS WITHOUT THE RHETORIC

Cases presented here involve real physicians and patients. Unlike the cases in medical ethics textbooks, these cases seldom involve human 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 [council@aol.com](mailto:council@aol.com). Reader perspectives along with my own viewpoint are published in the issue following each case presentation. We are also interested in cases submitted by readers. The following case addresses the ethical conflicts that may arise when a physician is asked to provide care contrary to the wishes of a patient.



**Mark Pastin, PhD**

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.

## CASE THIRTEEN JAIL TIME

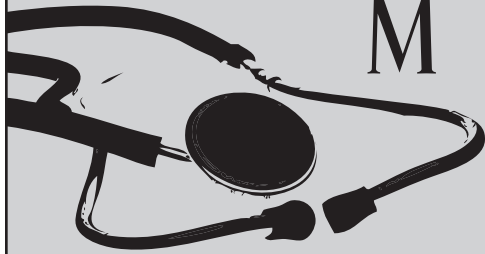
Your medical group has a contract to provide medical services to prisoners in a state correctional facility. While you are usually called on to provide emergency services, the prison has a well equipped infirmary with facilities equivalent to a small hospital. You are confronted by a patient obviously engaged in a hunger strike, and the Warden has ordered a feeding tube for the patient. You do not consider the patient to be in immediate danger, although he could be if he continues the hunger strike much longer. The patient says that he does not want a feeding tube or any other medical care. You would not normally treat a patient against his or her will unless there was an imminent risk to the patient. Prisoners surrender a great deal of autonomy, but they still have some human rights. You wonder if the right to assent to or decline medical care is one of these rights. For example, you know that prisoners have the right to decline participation in medical experiments. But you also do not want to be party to the prisoner's self-destructive actions. If you refuse to treat the patient at this time, you know that your group will be called on the carpet by the correctional facility. What should you do?

*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: [council@aol.com](mailto:council@aol.com).**

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## CASE TWELVE ANALYSIS THE CUSTOMER IS ALWAYS RIGHT

Our case from the last issue involves a physician caring for a patient recovering from colon cancer. The patient is appalled at the idea of wearing an external ostomy bag for the rest of her life and is considering surgery to allow creation of an internal ostomy bag (ileoanal pouch). The surgery to create the internal ostomy bag is controversial and carries risks. You candidly explain this to her but she seems so determined to avoid an external ostomy bag that she is not hearing what you are telling her. She is happy to sign a waiver indicating that you explained the risks, but you doubt that she even read it. The question is whether you should proceed with the surgery.

The majority of our readers felt that you should not go ahead with the surgery until you are convinced that the patient has truly understood and evaluated the risks. I agree with this viewpoint. Because of her understandable response to the prospect of an external ostomy bag, the patient may not be thinking clearly. As practical it makes sense to delay the surgery until she has had more time to think things over. A significant minority of readers found this approach paternalistic and felt that as long as the patient signed the waiver, it was permissible to proceed with the surgery.