



MEDICAL ETHICS WITHOUT THE RHETORIC



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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 focus on cases common to the practice of medicine in various contexts.

Most cases are circumstantially unique and require the viewpoints of the practitioners and patients involved. For this reason, I am soliciting 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 wish to submit for consideration.

CASE THREE WHOSE WITNESS?

You are working in the ER when a minor, who has been seriously injured in a car accident, comes in. The child, who is accompanied by his parents, shouts repeatedly, "I don't want to die." Immediate surgery is required, and you explain the situation to the parents. They advise you that they belong to a religious group which does not permit transfusions and would rather you didn't perform surgery if a transfusion is necessary. The mother begins to cry and shout at her husband, who removes her to a waiting area. The father returns and tells the physician that they would like the surgery but cannot permit a transfusion. He returns to the waiting room. There is no time for an ethics consult or any other type of consult for that matter, so the decision is yours. You see no prospect of success with the surgery absent a transfusion, and the child will certainly die without the surgical intervention. What is the best course of action?

This is an actual case presented to me for advice and is not uncommon. 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. 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

CASE TWO ANALYSIS

In our last case, a member of a surgical group practice discovered that another member of the practice was infected with Hepatitis C for the years he has belonged to the practice without informing his partners. When confronted, the individual in question comments that it is no big deal since no one has been infected. The issue is: What should you – and ultimately the practice – do about this.

The consensus of our readers is that the infected physician's patients and practice locations should be notified. The physician himself or herself should be allowed to make appropriate professional notifications, but the practice should follow up to ensure that this has happened. Most readers felt that the infected physician should be asked to leave the practice on the grounds that he/she had deceived the other members of the practice. Some pointed out that if the infection had been HIV, he/she would have been allowed to continue in the practice. We side with the majority of readers who want patient notification and removal from the practice.