

MEDICAL ETHICS WITHOUT THE RHETORIC

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 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 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.

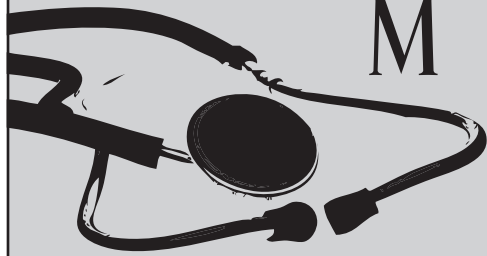


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Mark Pastin, PhD, is president and CEO of the Council of Ethical Organizations, Alexandria, VA. The Council, a non-profit, non-partisan organization, is dedicated to promoting ethical and legal conduct in business, government, and the professions.

CASE SEVEN CIVIL BUT DISOBEDIENT

A fourteen-year-old girl was a victim of a disfiguring fire when she was in kindergarten. Since that time, the girl has been through dozens of surgeries intended to address her disfigurements – and there has been progress. Her physician is now recommending another surgery, but the girl makes it clear to her parents and to the physician that she does not want the surgery. She says she is tired of living in the hospital, experiencing pain, and can live without the promised potential benefit of the surgery. The physician makes the argument that the surgery is likely to be more successful now than later in the girl's life and that she will be glad she had the surgery as her teen years progress. The parents are in agreement with the physician, but the girl insists that she does not want the surgery and will accept the consequences of not proceeding with it. The physician feels that he would not be in the position of ordering an unwilling patient to be anesthetized. In other words, if the girl's parents order the girl to have the surgery, she would probably obey them. But it is clear that she is unmovable in her desire not to have the surgery. While the physician is reasonably confident that it would be legal to perform the surgery, he wonders if he should proceed against the wishes of his patient.



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CASE SIX ANALYSIS

In our case from the last issue, a terminal patient in great pain refuses, for religious reasons, to allow the plug (on further therapeutic treatment) to be pulled. However, the patient requests that everything be done to reduce the pain to the maximum possible extent. The patient's physicians explain that the pain can be reduced and almost eliminated, but at the expense of the patient's consciousness and, imminently, his/her life. The patient and the patient's family find this consequence acceptable. The physicians, however, wonder if they are participating in an assisted suicide. Should the patient's wish be granted?

Reader opinion on this case was divided. Some thought that the patient's wish could be granted so long as no effort was made to shorten the patient's life by administering the pain medication and life support continued. Others felt that the patient was seeking "total anesthesia" or even assisted suicide while avoiding responsibility for making this decision – or even placing responsibility on the physicians. The viewpoint was expressed that in some states the actions the patient seeks might be illegal or border on being illegal.

It can be argued that whether or not an action constitutes total anesthesia, or even assisted suicide, it depends on the intentions with which the action was performed. Evaluating the intentions of the various stakeholders in a complex ethical situation often occurs in a court of law and is subject to the whims of a justice system often ill equipped to address such issues. My advice to the physicians in this case is to point out to the patient that continuing treatment, or even life support, while maximizing pain remediation are inconsistent actions since pain remediation may nullify the effects of treatment or life support. Since the patient wants treatment to continue, there may be a limit to the extent to which the pain can be controlled. In short, the right answer is for the patient to make the choice no matter how uncomfortable that may be for the patient. The temptation to "blink" in a case in which treatment is likely to have little or no effect is great, but ethical decision-making always focuses responsibility for a decision on the party primarily affected, even if he or she does not want that responsibility.

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.