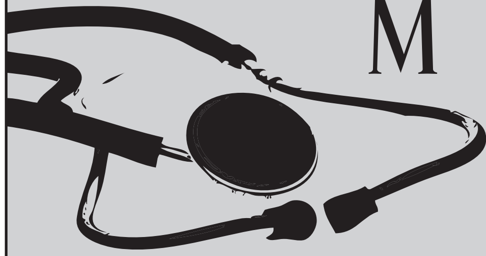

MEDICAL ETHICS
WITHOUT THE RHETORIC

Mark Pastin, Ph.D.

The 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 a variety of contexts.

The majority of cases is circumstantially unique and requires the viewpoints of the practitioners and patients involved. For this reason, I am soliciting 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. Of course, we are also interested in cases that readers wish to submit for consideration.

CASE TWO
OUT OF PRACTICE?

You are a member of a surgical group practice. You are attending a medical school class reunion and one of your classmates asks you if Dr. Y still practices. You are shocked by the question as you see no reason why Dr. Y, who is a member of your group, would not be practicing. Your classmate tells you that Dr. Y confided in him almost a decade ago that he had Hepatitis C and was considering leaving medicine. That is about the time that Dr. Y joined your practice. When you return from the reunion, you confront Dr. Y, who admits that he has had Hepatitis C for at least a decade, but offers in his defense that he has not infected anyone. You and your other partners wonder what to do. One option is to notify patients who have had contact with Dr. Y and, perhaps, the state medical board. Another option is to ask him to leave the practice without notifying patients unless there is a reason to suspect that they were infected. A third option is to allow Dr. Y to continue as a member of the group while restricting his scope of practice. All the group members worry about patient safety and legal liability. What is the best option?

This is an actual case presented to me for advice. 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 as best you can. 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 ONE ANALYSIS

The following analysis of our last case, which involved a parental request to describe a minor's abortion as a D&C, was presented by a reader of this feature:

The parents' wishes should not be honored. Coding should always follow established coding guidelines. The parents could request an amendment to their daughter's record, but in this case that request should be denied. It is easy to imagine this child in 10-20 years with a medical condition that might be directly related to the abortion. Any physician at that time would need to know about the abortion to give good care. Given the child's age and the circumstances involved, it may be possible to specially protect this record. If the record is paper, the Director of Medical Records could file it in his/her "legal" file. If the record were ever requested, it would take more effort to retrieve it, and the abortion notes could be put in a separate envelope marked confidential to the attention of the receiving physician only. If the record is electronic, it could have some sort of "flag" identifying it as "sensitive." The fact that the family is Catholic is not relevant to the care she should receive or the way it is subsequently coded. If the child decides to run for President someday, this part of her record would not need to be disclosed; it would not be relevant to her fitness for office (in my mind, anyway).