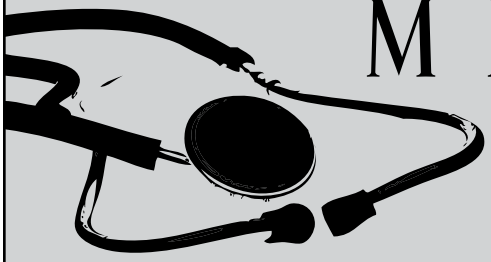


MEDICAL ETHICS
WITHOUT THE RHETORIC

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 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 submitted by readers. The following case addresses a potential conflict between the physician's role as caregiver and the requirements of law.

Mark Pastin, PhD

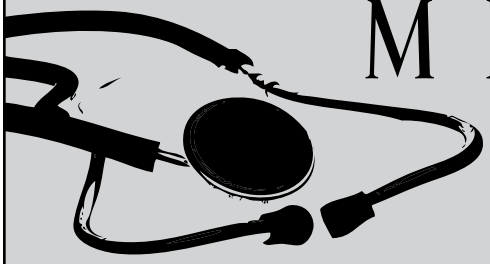
Mark Pastin, PhD, is president and CEO of the Council of Ethical Organizations, Alexandria, VA. The Council, a non-profit, non-partisan organization, is dedicated to promoting ethical and legal conduct in business, government, and the professions.

CASE ELEVEN
HANDS OFF, DOC!

You are on duty in an area of the hospital where there are many elderly patients. While you are caring for one patient in a shared room, you hear warning beeps from a monitoring device for the other patient in the room. While the other patient has a different attending physician, you look to see if the situation is serious and conclude that an immediate intervention is needed. When you approach the patient, the patient mutters, "I don't want one of you touching me." You are from the Middle East and assume that the patient is referring to this fact in saying "one of you." In the state in which you are practicing, it is considered assault to touch a patient against the patient's wishes. You doubt that you can get another physician to the scene in time to save the patient's life. Should you intervene?

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.



MEDICAL ETHICS
WITHOUT THE RHETORIC

CASE TEN ANALYSIS
TIMMY THE TORCH

Our case from the last issue involves Timmy, a teenager with a growing propensity to light things, including living things, on fire. Timmy is a "torch." Timmy's parents have asked their physician to admit Timmy for a couple of days of observation, mainly to relieve the strain his behavior has put on the family. The physician would not admit Timmy otherwise but can see that the parents are at their limit. The majority of readers felt that Timmy should not be admitted since the admission is not medically necessary for Timmy. A minority felt that giving the parents a break would enable them to better work with Timmy's problems. In this case, I agree with the minority. When treating behavioral issues, the family system needs to be considered, and that system is under immense pressure in this case. However, even if you agree with the minority, as I do, the problem of who will pay for the admission is problematic. Since the admission is not medically necessary for Timmy, few health plans would cover it. If the parents pay out of pocket, this too could become a source of strain on the family.

REFLECTIONS
REFLECTIONS

This is the eleventh case discussed in this space. My hope that the cases would provoke lively discussion has been more than satisfied. In the process, I have learned some lessons about the physician members of the AAPS. The most important lesson is that these physicians are strongly inclined to judge even the most difficult cases in terms of the best interests of patients. I have also learned that a good medical education does not make difficult ethical situations any easier to navigate. Perhaps these observations are predictable. Less predicable is the inclination of some readers to take the cost of care and even payment considerations into account. The idea that medical ethics means taking the patient's interests as paramount is losing some of its grip on the profession. Some readers are considering not only the patient's interests but a more general public good consisting of the perceived best use of medical resources. While this is exactly what today's policy makers want physicians to do, I am concerned that we have not reflected sufficiently on just what this public good consists in - and if we are in a position to assess it.

When I tell outsiders about writing these cases, they often doubt that physicians care much about medical ethics. I can certainly tell these folks how wrong they are – and how much effort today's physicians put into understanding and doing the right thing.