



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**. 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 an ethical issue that arises when a physician is dealing with a patient who has a tendency towards hypochondria.



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 FOURTEEN - FREQUENT FLYER

You are meeting with a patient who is a "frequent flyer." You and several other physicians in the area see this patient regularly to deal with the patient's real and, in most cases, imaginary ailments. In this case, the patient complains of anxiety attacks, a complaint that he has presented before. He tells you that he already visited a specialist, a psychiatrist, but the medicine he prescribed is not working. The psychiatrist told him to take the medicine as prescribed and check back in a week. The prescription was written yesterday and is for a multivitamin. Your inclination is to tell the patient to follow the psychiatrist's advice, but you wonder if you should tell him that he is taking a placebo. You can understand the psychiatrist's viewpoint but worry that something might happen if the patient really does need anti-anxiety medication. Would you tell the patient what he is taking?

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.

© Copyright Council of Ethical Organizations 2014



MEDICAL ETHICS WITHOUT THE RHETORIC

CASE THIRTEEN ANALYSIS -JAIL TIME

The case from the last issue involves a physician on contract to provide medical services at a correctional facility. The physician is asked by the warden to insert a feeding tube into a patient who is on a hunger strike. The patient is seriously undernourished but not in imminent danger. The question is whether the physician should follow the warden's instructions, contrary to the prisoner's stated wishes.

It was a consensus view of our readers that the physician should not insert the feeding tube. The reasoning is that the relationship between physician and patient takes priority over the relationship between the prisoner and the justice system. Since you would not insert a feeding tube in a non-incarcerated patient against their will, you cannot override the patient's wishes in this case. Opinions were more diverse when it came to the issue of whether the patient should be intubated against his will if the hunger strike proceeds to the point where the patient is in imminent danger and the patient does not change his mind. Some readers felt that the case became analogous to an emergency room situation in which you act to save the patient's life. Others felt that if the patient has clearly expressed his wishes, it would be wrong to intervene even if the patient's life is in danger. I agree with the latter viewpoint because respecting the patient's autonomy is, in my opinion, an overriding value in all cases involving adult patients.

ADVERTISE IN THE AMERICAN JOURNAL OF CLINICAL MEDICINE®

2014 ADVERTISING DEADLINES

ISSUE	INSERTION ORDERS DUE	CAMERA READY ADS DUE
SPRING 2014	FEB. 22, 2014	MAR. 1, 2014
SUMMER 2014	MAY 25, 2014	JUNE 1, 2014
FALL 2014	AUG. 25, 2014	SEPT. 1, 2014
WINTER 2015	NOV. 24, 2014	DEC. 1, 2014



An Insertion Order must be placed to secure advertising in the *American Journal of Clinical Medicine*®

For information contact
Publications Department at 813-433-2277
www.aapsus.org
Keely Clarke - Ext. 30 kclarke@aapsus.org