

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 that readers submit. The following case involves a potential conflict between the role of the physician as medical gatekeeper and the physician's medical judgment.



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CASE TEN TIMMY THE TORCH

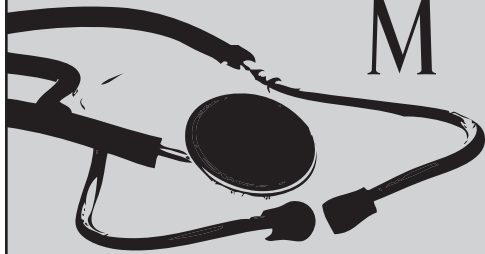
The parents of a teenager, Timmy, with behavior problems request an in-patient psychiatric admission for their son. Timmy has taken to lighting living things on fire, starting with centipedes and spiders and progressing to his pet hamster. The parents are frightened that he will light the house on fire or torch someone's pet dog or cat, as he has threatened. Their family physician concludes that Timmy's behavior, though problematic, may not warrant in-patient treatment. It is a behavior associated with teens trying to get the attention of their parents and usually doesn't escalate. When he informs the family of this, the mother breaks down sobbing, saying she can't take it anymore. The father says that if they don't get a break from Timmy, it will jeopardize their marriage. The physician wonders if admitting the son to the psych unit for a few days might be justified based on the total set of circumstances. Would you admit Timmy the Torch?

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.

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CASE NINE ANALYSIS WHO'S ON FIRST

In our case from the last issue, you are called to the emergency room to assist with the consequences of a massive highway accident involving a school bus full of parents that was struck head on by an 18-wheeler. You are the first physician on the scene and are forced to choose between treating a physician colleague who was on the school bus and the still drunk driver of the 18-wheeler. The drunk driver is more likely to benefit from treatment, and either patient may suffer critically if not chosen first for treatment. Many readers felt that the right decision is to treat the drunk driver as the individual most likely to benefit from your treatment. A minority would treat the physician-parent on the grounds that he or she might benefit many more individuals if saved than the drunk driver, who has already caused immeasurable harm. I side with the latter view. While deciding purely on the basis of medical considerations prevents various kinds of decision-making bias, you are a scarce medical resource in this case. And such resources should, other things being equal, be used to maximum benefit.