

**Case:**

A 40 year old male comes your office because he has been 'feeling bad lately'. He says that for the past three months he has been having trouble sleeping and has not had the desire to go out. He has stopped going to baseball games with friends, which had been something he enjoyed. He is obese and notes that while most of his friends are married and have children, he has difficulty getting a date. He feels worthless and has even missed days at work as he finds it difficult to concentrate. The most important question to ask is:

- A) "Have you had any recent stressors in your life?"
- B) "Do you ever feel like life is not worth living?"
- C) "Do you think that your life would be much better if you were dating?"
- D) "I'm having some friends over to watch the baseball game tonight – would you like to come?"
- E) "Have you tried losing weight? I would be happy to advise you on diet and exercise habits...."

**Answer:**

B) "Do you ever feel like life is not worth living?"

**Explanation:**

Screening for major depression is important. An easy way to remember the diagnostic criteria is SIG E CAPS:

- S – sleep disturbances
- I – interest decreased in activities
- G- guilt or worthlessness
- E – energy decreased
- C – concentration difficulties
- A – appetite disturbances
- P – psychomotor retardation/agitation
- S – suicidal thoughts

Having a depressed mood and at least four of the above for at least two weeks meets the criteria for major depression<sup>1</sup>.

This patient has symptoms suggestive of major depressive disorder, and it is important to assess whether or not he is suicidal. Identifying the source of his depression is important, and stressors (be they related to work, finances, relationships, etc) are essential to identify in order to treat the underlying cause. Avoid forming relationships with your patient outside of the professional setting as that can lead you to make decisions that might not always be in the best interest of the patient – in other words, your relationship might influence how you treat him. While obesity is associated with many serious medical conditions, his depression may lead him to commit suicide, and it is therefore most important to assess his risk of harming himself.

**Case:**

A 4 year old girl is brought to the ER after falling off a swing. She appears to have a fractured right forearm. Sensation and pulses are intact. She is accompanied by her 18 year old babysitter. Both the babysitter and emergency room staff are unable to contact her parents for consent to treat. What is the most appropriate response?

- A) Continue attempts to contact the parents to obtain consent
- B) Obtain an x-ray and treat the fracture appropriately
- C) Obtain consent from the babysitter as she has assumed responsibility in this case
- D) Using implied consent, reduce the fracture as you continue attempts to contact the parents

**Answer:**

A) Continue attempts to contact the parents to obtain consent

**Explanation:**

The vignette implies that the fracture is *not* life or limb-threatening. In such cases, you need to make reasonable attempts to obtain consent from parents or legal guardians. Babysitters have no more of a legal right to make decisions than do strangers. There is no indication in the question that fracture reduction is necessary – in fact no mention is made of a deformity and the extremity has no neurovascular deficits so it would be inappropriate to reduce the fracture without 1: an x-ray and 2: consent.

**Case:**

You are in clinic seeing a patient for routine followup. The patient has a history of schizophrenia and informs you that he doesn't like his boss. The patient asks if everything he tells you is confidential. You confirm that it is and he admits, "sometimes I think I might kill him if I get the chance." What is the most appropriate action?

- A) Maintain confidentiality while attempting to discourage the patient from his plan
- B) Inform law enforcement agencies of the threat to the patient's boss
- C) Inform the patient's boss of the threat
- D) Inform both the patient's boss and law enforcement of the threat
- E) Admit the patient for homicidal ideations but maintain confidentiality

**Answer:**

D) Inform both the patient's boss and law enforcement of the threat

**Explanation:**

'Duty to warn' requires a clinician who has reasonable grounds to believe that a client may be in imminent danger of harming others to warn the possible victims. **'Duty to warn' is one of the few exceptions to a patient's right to confidentiality.** In cases of suicidality and homicidality, you have a moral and legal obligation to inform the potential victim and the proper authorities. If law enforcement is informed and the potential victim is not informed then you are held liable if there is injury to the victim. It will be necessary to admit the patient for homicidal ideations, so that he can receive proper psychiatric treatment – but the police and the person at risk should still be warned.

Tarasoff v Regents of the University of California:

Tatiana Tarasoff was murdered by Prosenjit Poddar, who had received psychological services in the university counseling center. Poddar informed his psychologist that he wanted to kill Tarasoff, and following the session his psychologist informed the campus police. The psychologist also wrote a letter requesting assistance to the chief of campus police. Poddar was briefly detained by police and questioned, then released because his mental state seemed stable. No one ever warned Tatiana Tarasoff and Poddar eventually killed her. The case was settled out of court but established the precedence of 'duty to warn'.

**Case:**

A 30 year old pregnant woman presents to your clinic for prenatal care. She has a history of having had syphilis in the past and chlamydia earlier in this pregnancy. She has never had an HIV test done. She is 36 weeks gestation and is offered an HIV test as part of her prenatal care – but declines to have it done. Despite your best attempts at discussing the importance of early detection and the risk to her unborn child, she continues to refuse. What is your response?

- A) Do not perform the test as she has the right to refuse
- B) Perform the test, as it is necessary to protect the health of the baby
- C) Administer empiric antiretroviral therapy to prevent perinatal transmission
- D) Obtain consent from the father of the child
- E) Obtain a court order to test the patient

**Answer:**

A) Do not perform the test as she has the right to refuse

**Explanation:**

An unborn child does not have the same rights as an individual under the law. Therefore, mandating that the patient undergo the test for the sake of her unborn child falls flat. Pregnant women may opt-out from HIV testing, in which case the physician should continue attempts to educate the patient and encourage testing, but cannot force it upon her<sup>5</sup>. Furthermore, HIV testing typically requires an additional layer of consent.

In October 2012, a woman in New York sued her physician for informing her that she was HIV positive – she claims she never consented for the test<sup>6</sup>. Testing patients against their will or without their knowledge is acceptable only in cases where you are trying to prevent harm to another person. Since the law does not recognize the unborn, the mother's health and decisions take priority.

**Case:**

A 60 year old male presents to the emergency room with shortness of breath. He has a history of diabetes, HTN, and coronary artery disease. His labs confirm that he is in acute renal failure with a potassium of 7 and will need dialysis. While reviewing his chart, you find a DNR/DNI (do not resuscitate/do not intubate) form that he has filled out. He confirms that he still feels the same way and would like both the DNR and DNI forms to be kept on the front of his chart. Which of the following is most appropriate?

- A) Inform the patient that you cannot admit him to the hospital if the DNR/DNI forms remain active
- B) Ask the patient if he has a durable power of attorney or surrogate decision maker that he would like you to consult
- C) Dialyze the patient anyway and admit him to the ICU, but do not intubate him if it becomes necessary
- D) Treat the patient with medications only and admit him to a medical floor bed

**Answer:**

C) Dialyze the patient anyway and admit him to the ICU, but do not intubate him if it becomes necessary

**Explanation:**

Patients with a DNR form can still be treated and admitted to an intensive care unit. A DNR order is designed to keep the patient from receiving cardiopulmonary resuscitation (eg defibrillation, antiarrhythmics, CPR). Hyperkalemia in this case is life-threatening; withholding this treatment is inappropriate and independent of a DNR order<sup>7,8</sup>. Identifying a surrogate decision maker in this case is unnecessary as there is no reason to suspect that the patient cannot make decisions on his own. Do not confuse DNR orders with palliative care – there is no reason the patient should not be admitted to the intensive care unit.

**Case:**

You are the inpatient physician taking care of an elderly woman who will likely be diagnosed with metastatic cancer pending the results of a biopsy. Although the patient is alert and oriented, she is very sick and the family has concerns regarding lack of a cure. The family asks that you inform them first about the results of the biopsy. They do not want to upset the patient further. What should you tell them?

- A) You will communicate the results to them first
- B) You ask for the ethics committee to get involved
- C) Tell them that you are obligated to inform the patient of the findings
- D) Explain to them that that decision can only be made by the healthcare proxy

**Answer:**

C) Tell them that you are obligated to inform the patient of the findings

**Explanation:**

Your first duty is to keep the patient fully informed.

'Therapeutic privilege' grants you the right to withhold information from a patient if you believe that he or she will suffer **serious psychological harm** from possessing that information<sup>9-11</sup>. Unless there is significant evidence that the patient would become suicidal or otherwise mentally unstable, you have a duty to the patient first, not the family. In such cases it is always best to have a conversation with both the patient and the family prior to testing, so that expectations can be conveyed and open discussions can be had.

A health-care proxy's participation is only necessary if the patient loses decision-making capacity. So long as the patient is awake and has capacity to make decisions for themselves, they should do so – not a durable power of attorney, not a surrogate decision maker, and not a health-care proxy. Ethics committees typically only need to get involved if, for whatever reason, a patient is not able to make a decision, the family cannot agree on a decision, *and* the physician is unsure of what is in the patient's best interests.

**Case:**

A 35 year old male presents to your office for a first-time visit. His past medical history includes a diagnosis of epilepsy for which he takes medication. He has been seizure-free for six months, and confides that he has just gotten a job as a bus driver. He has had difficulty finding employment and understands that he shouldn't be driving, but states that since he has not had a seizure for six months he thinks he should be okay. How should you respond?

- A) Advise him to disclose this to his employer. If he does not, then give him strict precautions on when to stop driving and when to return to your office.
- B) Since he has been seizure-free for six months, it is permissible for him to drive.
- C) Advise him to disclose this to his employer. If he does not, then report him to the DMV.
- D) Advise him to disclose this to his employer. Make him sign a written form indicating that you have informed him of all of the risks so that you are not liable in case of an accident.

**Answer:**

C) Advise him to disclose this to his employer. If he does not, then report him to the DMV.

**Explanation:**

Driving restrictions for persons with seizure disorders are designed to protect public safety. Situations such as these will require a delicate balance between maintaining patient confidentiality and protecting the community. The best initial course of action is to have an open discussion with the patient. Verbalize understanding of his situation, explain your rationale, and make sure he is aware of all of the potential risks. Advise him to discuss the situation with his employer and disclose his medical history. Violating confidentiality will carry with it serious consequences, and can limit a physician's effectiveness in establishing a rapport with his or her patients. Therefore, this conversation should be had early and with full disclosure of what might happen if a patient does not handle the situation appropriately.

According to the American Medical Association (AMA): "In those situations where clear evidence of substantial driving impairment implies a strong threat to patient and public safety, and where physicians' advice to discontinue driving privileges is disregarded, physicians have an ethical duty to notify the DMV of the medical conditions which would impair safe driving. This duty exists even when reporting impaired drivers is not mandated by law. Departments of Motor Vehicles should be the final determiners of the inability to drive safely."

**Case:**

A patient was involved in a serious motor vehicle accident. After two weeks of being in the ICU, the patient is finally declared brain dead. You are the ICU resident who has cared for the patient throughout his stay, and have formed the closest relationship with his family. Who should obtain consent for organ donation?

- A) You
- B) Your attending
- C) Organ procurement coordinator / Organ donor network
- D) Social worker

**Answer:**

C) Organ procurement coordinator / Organ donor network

**Explanation:**

The individuals who diagnose and treat a patient's condition should be clearly distinguishable from those who pursue organ procurement and transplantation. If the physician, who is supposed to be providing optimum medical care and treating a patient to the best of his or her ability, is at the same time requesting consent to harvest organs, it can give conflicting perceptions to the family. According to the US Dept of Health and Human Services, a hospital will notify its local organ procurement organization of every patient that has died or is nearing death – and the procurement coordinator will seek consent from the next of kin<sup>17,18</sup>.

**Case:**

A 30 year old nurse was drawing blood on a patient and accidentally stuck herself with a needle that had several drops of the patient's blood on it. The patient is admitted for an abscess in his antecubital area and is a known IV drug abuser. His HIV status is unknown. What should the physician caring for the nurse do at this point?

- A) Request consent from the patient for an HIV test. If he refuses, you cannot draw blood.
- B) Review the patient's chart to first find out if he has ever had a test. If not, request consent from the patient.
- C) Reassure the nurse that the likelihood of contracting HIV from a needle stick is extremely low and that she will need to keep follow up with occupational health for serial blood draws to make sure she doesn't sero-convert.

**Answer:**

A) Request consent from the patient for an HIV test. If he refuses, you cannot draw blood.

**Explanation:**

If the patient is HIV-positive, promptly treating the nurse will greatly reduce her chance of becoming HIV-positive and increase her life span should she end up sero-converting. While the likelihood of contracting the disease may be low, that does not permit forgoing the test. Reviewing the patient's chart is technically a violation of patient confidentiality as your intentions are not to help the patient in any way. Furthermore, discovering a previous negative result does not absolve you of the duty to perform an HIV test.

This is a gray area of medical ethics as the need to protect the healthcare provider must be weighed against the need to protect a patient's autonomy. Laws vary from state to state; 36 states have laws that allow unconsented HIV testing of source patients. For the purposes of a test, however, conditions are always ideal and patient rights are always upheld.

If a patient refuses to have blood drawn for an HIV test, a thorough explanation of risks and benefits should be made. If the source patient continues to refuse to consent to HIV testing, obtaining a court order to draw additional blood may be necessary<sup>20</sup>.

Jane Doe v Yale University School of Medicine:

In 1988 a first year intern was asked to place an arterial line on an AIDS patient in the ICU. She had a needlestick exposure and contracted HIV at the age of 25. She sued the university for inadequate training. She argued that she had only done the procedure once before and had only received a total of ten minutes of training on universal precautions to prevent HIV infection. She was awarded \$12.2 million<sup>21</sup>.

**Case:**

A 16 year old girl presents to your office with a chief complaint of burning with urination. She admits that she is sexually active and does not always use protection. Her urinalysis is negative. She has never had a pelvic exam before but you decide that would be the next most appropriate step. She consents to the exam but asks that you not tell her parents she has had one done. What is the next most appropriate step?

- A) Advise the patient that you will have to inform her parents. If she refuses, you cannot do the pelvic exam without their consent
- B) Inform the patient that one parent will need to be present for the exam
- C) Inform the patient that if she has a sexually transmitted infection, you will not contact her parents. However, if the exam is negative you will need to tell them why she was seen in your office
- D) Do not inform her parents and proceed with the exam

**Answer:**

D) Do not inform her parents and proceed with the exam

**Explanation:**

Minors have a right to access sexual healthcare without the consent or notification of their parents. They may be checked for sexually transmitted infections or started on birth control without the physician contacting their parents. Communication with parents should always be encouraged, and in this case in particular the physician should have an open discussion with the patient about her relationship with her parents. In the end, if the adolescent, regardless of age, demands confidentiality, then legally you must comply. By the same token, a parent cannot demand that their daughter undergo a pelvic examination without the patient's consent.

**Case:**

A patient presents to the ER unresponsive. His wife reports that he had a headache last night and she found him this way this morning. CT scan reveals a large intracranial bleed. After a thorough exam and appropriate consultations, he is declared brain dead. His driver's license indicates that he is to be an organ donor, and you see a heart shaped symbol on his license - but his wife is very emotional and does not want his organs removed. She is certain he would not have wanted them taken. What is the most appropriate course of action?

- A) Inform the wife that since he registered as an organ donor, you will respect his wishes
- B) Attempt to answer all of the wife's concerns and obtain her consent, but if you are not able to, do not proceed
- C) Obtain an ethics consult
- D) Have the wife speak to an organ procurement coordinator to obtain consent – if they are unable to then do not remove his organs

**Answer:**

A) Inform the wife that since he registered as an organ donor, you will respect his wishes

**Explanation:**

Laws governing such a case vary from state to state. Until 2007, there was no official record of people who wanted to be donors. The Department of Safety driver's license and ID card application and renewal forms now include the statement: "Yes, I want to be an organ and tissue donor." Checking 'yes' on the form automatically enrolls the applicant in the Donate Life Registry, and a small heart-shaped symbol will be printed on the applicant's driver license or ID card at the top right of the picture. A signed and witnessed donor card (or back of the driver's license) does grant authorization for organ and/or tissue recovery. By registering, your desire to donate is stored in a secure, confidential database. Should your death result in the opportunity for you to be a donor, an official record of your donor designation will be readily available and cannot be overturned by your family.

If the patient had signed up before 2007, you would need to check to verify his registration as a donor. If he signed up as a donor on his license before 2007, but never registered with the national organ donor registry, his wife/family has the right to overturn his decision. For the most part, as long as a signed donor card or license is present, you should abide by it. Even when a patient has a signed organ donation card, the organ procurement coordinator still often seeks family permission to proceed with donation. The Uniform Anatomical Gift Act established that a properly signed document will be honored over any familial objections<sup>29</sup>. In the United States, however, it is customary to request permission from the next-of-kin. This is a difficult question to answer correctly, as the true legal answer can vary from state to state and depends on when the question was written. To summarize, if the patient is registered or has a heart-shaped symbol on their license, they have made it clear that they wishes to donate their organs<sup>22-26</sup>.

**Case:**

An 80 year old male is brought to the emergency department after a syncopal event. You see in his chart that he has a history of metastatic lung cancer and recently completed chemotherapy. He is hypoxic and has waxing/waning consciousness. The decision is made to intubate the patient as he is not able to protect his airway and will likely go into cardiac arrest without the assisted ventilation. He is successfully intubated and thirty minutes later his grandson arrives with an advance directive indicating that he does not wish to be intubated. The son thinks his father may have changed his mind since the directive was signed. Which of the following is the most appropriate step?

- A) Extubate the patient and provide supportive care
- B) Obtain a court order to maintain the intubation
- C) Utilizing substituted judgment, maintain the intubation
- D) Maintain the intubation until you've had a chance to speak with his family

**Answer:**

D) Maintain the intubation until you've have a chance to speak with his family

**Explanation:**

Although the patient has made his wishes clear, families can often provide insight into whether or not the patient would have actually wanted to maintain his DNI order. For instance, he may have recently responded well to chemotherapy and had a sudden change in health that has made him want to prolong his life, and has communicated this to his family, but has not yet reflected it in his official end-of-life documents. To extubate and allow him to die would preclude this discussion from ever taking place – it would be most appropriate to gather the family and allow them to verify that this is what he would have wanted.

Studies have shown that in patients who die from cardiac arrest, family members who are brought to the bedside during cardiac resuscitation have lower rates of depression and anxiety<sup>27</sup>. Family involvement can never be understated. While it is inappropriate to supersede an advance directive, in this case the directive was not known about beforehand – in no way should you automatically withdraw the tube and allow the patient to die without speaking to his family.