

**Case:**

You are a primary care provider at a busy urban center. One of your patients happens to be the trauma surgeon at the hospital. He has been seeing you for routine care and recently had an HIV test done after having a high-risk sexual encounter without using protection. His HIV test is positive. Who are you legally obligated to inform?

- A) His insurance company
- B) His patients, who might be at risk if he should cut himself during surgery
- C) His supervisor (chair of the department)
- D) The hospital human resources department
- E) No one

**Answer:**

E) No one

**Explanation:**

Patients with HIV have a right to privacy as long as they are not putting others at risk. Universal precautions (gloves, gowns, sterile procedure) are meant to prevent infectious transmission, therefore you are not obligated to inform his patients. You have no obligation to inform his insurance or his employer.

In many European countries, including the UK and Scotland, physicians were long banned from practicing surgery or dentistry if they were known to be HIV positive. Such laws are in a constant state of flux, and in the UK just removed as recently as April 2014<sup>52</sup>.

*X v Y* (1988):

An English court case concerning two doctors who had AIDS - a newspaper obtained confidential hospital records identifying the doctors. The court ruled that confidentiality of the records was more important than protecting the public from theoretical risks posed by the doctors<sup>53</sup>.

**Case:**

A 12 year old boy is brought to the physician by his parents for a routine exam. You ask the parents to wait outside – when he is alone with you, the patient admits that he occasionally smokes cigarettes with his friends. When you initiate a discussion about smoking cessation, the patient says, “Smoking ain't a problem for me, doc...” Which of the following responses is most appropriate?

- A) “At what point will smoking become a problem for you?”
- B) “Did you know that smoking has many long-term health consequences?”
- C) “Do your parents know you smoke?”
- D) “Why don't you just quit now before it becomes a problem?”
- E) “Don't you want to be able to run and play sports without getting short of breath?”
- F) “Let me show you some pictures of what happens to the lungs of people who smoke.”

**Answer:**

A) "At what point will smoking become a problem for you?"

**Explanation:**

You need to first understand what perceptions the child has about smoking. Once you have a grasp of what the child thinks about his habit, you can offer proper counsel. Discussing long-term consequences is not appropriate with adolescents, as they don't tend to think about long-term repercussions. Trying to instill fear into a patient (of any age) is never the right way to start off, and puts you at risk of losing your patient's trust. If you threaten to inform his parents now, he may not readily confess a different problem to you down the road. Inquiring about reasons for why the child started smoking is important, but is not the first step<sup>54,55</sup>.

**Case:**

A 30 year old male patient wishes to raise some money to pay off his college loans. He has a nephew who lives in Canada who is in need of a kidney and willing to pay \$20,000 for it. He comes to you for medical clearance. What should you tell him?

- A) It is okay to accept money if the recipient truly needs the organ
- B) It is never okay to accept money for the sale of your organs
- C) It is okay to be reimbursed for the cost of travel and lodging, but not to make a profit off the sale of organs
- D) It is okay so long as removing the organ you wish to sell does not put your life at risk
- E) It is okay to donate your organs, but it must go to whoever is next on the list to receive an organ – you cannot choose who receives it

**Answer:**

C) It is okay to be reimbursed for the cost of travel and lodging, but not to make a profit off the sale of organs

**Explanation:**

If someone was allowed to receive cash for organs, it could create an unfair system whereby the wealthiest would receive transplants before the sickest. You can donate to whomever you like – for instance, if your brother is in need of part of your kidney, you can choose to specifically donate to him rather than have him wait until his name is at the top of the list.

The wait list for each organ is formed differently, but the sickest people who are still strong enough to undergo surgery should receive the organs first. The only exception to this is with kidneys – since patients may survive on dialysis, the dispersment of kidney donations is on a first-come first-serve basis with the person who has waited the longest being on top of the list.

Steve Jobs:

Jobs needed a liver transplant – he couldn't legally pay for an organ, nor could he pay to cut the queue. Instead he signed up at multiple transplant centers throughout the country to improve his chances (health insurance often covers only one medical evaluation). In 2006, the median number of days from joining the liver waiting list to transplant was 306 nationally. In Tennessee, where Jobs ended up having the surgery, it was 46 days<sup>58</sup>.

**Case:**

A 70 year old diabetic woman presents to the emergency room with an infection on her foot. X-rays and blood work confirm suspicion for osteomyelitis and the orthopedic surgeon is consulted. He recommends IV antibiotics and amputation of the foot. Informed of this, the patient refuses and says, "I know I'm going to die eventually, and I don't want to be footless when I do." Despite the IV antibiotics her respiratory status starts to decline and she is intubated for airway support. Her family arrives and asks that the physician amputate her foot in order to help stop the spread of infection and potentially save her life. What is the most appropriate course of action?

- A) Amputate her foot as she can no longer make decisions and her family is acting in her best interests
- B) Treat her with antibiotics and supportive care, but do not amputate her foot
- C) Consult the ethics committee
- D) Find out if she has an advance directive or living will – and if that does not forbid amputation, only then should you proceed with surgery

**Answer:**

B) Treat her with antibiotics and supportive care, but do not amputate her foot

**Explanation:**

The patient made her wishes clear to you while she was able to, and there is no reason to not abide by them. Even if she had an advance directive indicating that she will consent to amputation in case of severe infection, the fact that she more recently refused such procedures will supersede the directive. A patient's right to make his or her own decisions – the principle of autonomy – is more important than substituted judgment.



**Case:**

A 6 year old girl is brought to the emergency department by her mother because of "fever and a rash". The mother is a poor historian and does not offer up much additional information – she appears withdrawn and tearful. The child does not make very much eye contact with you and looks at the floor throughout her visit. She does not engage you in conversation. The most appropriate next step is:

- A) Admit the child to the hospital for evaluation and protection
- B) Ask if there is anyone else in the house that is sick
- C) Ask the mother and child separately what is concerning them
- D) Obtain a psychiatry consult
- E) Arrange for social services to visit the family at home

**Answer:**

C) Ask the mother and child separately what is concerning them

**Explanation:**

There are clearly other issues which need to be explored. Given the behavior of the mother and child, two things (of many) that need to be considered are domestic violence and child abuse. Each person may be afraid of openly talking about the problem in front of the other so it is best to talk to each individually. This will allow you to obtain additional information. Admitting the child to the hospital still leaves the mother vulnerable to domestic violence if that is the issue. Asking about sick contacts, while an important part of her medical history, is not the most appropriate next question. While a psychiatry consult may be necessary in the future, it is not immediately needed. If you suspect abuse, you should not send the child home with the parents under any circumstances.

**Case:**

A 40 year old woman comes to the office asking you to drug test her 15 year old son. Her son is normally a good student and very interactive, but for the last three months he has become increasingly withdrawn. He spends more time in his room, his grades have dropped, and he does not spend as much time with his friends. She has confronted her son multiple times about his behavior, but he avoids talking about anything and denies using any alcohol or drugs. The mother is genuinely concerned about her son and asks for help in figuring out what is wrong. How should you respond?

- A) "Bring your son in to see me and we'll start by ordering a drug and alcohol test to rule those out"
- B) "I can't legally test your son for any drugs without him consenting to it first"
- C) "It's possible that he may be suffering from depression - you should bring him in to see me"
- D) "It sounds like your son may be suffering from depression - I'd like to refer you to a psychiatrist who can talk to both of you together...."
- E) "The best place to start would be to setup an appointment with his principal at school to make sure there isn't something happening there that is negatively affecting him"
- F) "This is normal teenage behavior, but why don't you bring him in to see me just to be sure"

**Answer:**

C) "It's possible that your son may be suffering from depression and I think you should bring him in for me to talk to him"

**Explanation:**

The mother is right to be concerned over her son's change in behavior. While drugs and alcohol can cause behavioral changes, so can mental illness such as depression. As part of your workup for depression, you will check an alcohol and drug test, but failing to tell the mother that you are concerned about depression is impotent. If you only mention 'alcohol and drugs' this reaffirms her suspicions and she might not bring her son back to see you, thinking she just needs to make him quit the substances he's not even using!

It is important to evaluate the patient on your own prior to referring him to a specialist. The mother should also set up an appointment with the school principal to address her concerns and find out if there is something else that she doesn't know about (perhaps the cause of his depression – whether or not he is picked on, if he has friends, reasons why his schoolwork may be suffering, etc) – but the physician should first speak with her son.

The minor should be questioned alone, ideally with the clinician sharing information about the parent's concerns. Minors often consent to drug testing, and when they do, the physician should first develop a plan for disclosure of test results to both parents and adolescent before ordering the test. For minors who refuse testing, it is rarely, if ever, appropriate to test. In cases of emergency where an adolescent is altered or unstable and you need to know about drugs that could be playing a role, 'implied consent' allows you to perform a urine drug screen, just as in any adult patient.

**Case:**

A 16 year old female presents to your clinic accompanied by her mother. She has lost weight and her mother admits that she is always complaining of abdominal pain and refusing to eat. She is dizzy upon standing, weak, and orthostatic. After completing your assessment, you suspect that she has anorexia nervosa. You explain to her that she will need hospitalization for IV fluids and treatment. The patient gets very upset, shouting, "You can't do this to me! It's my body and I can do whatever I want!" How should you respond?

- A) Encourage the patient to stay for hospitalization, explaining the benefits of treatment
- B) Allow the patient to leave, but have her sign an AMA (against medical advice) form
- C) Since her mother is her legal guardian, ask the mother to make a decision
- D) Speak privately with the mother to ascertain additional information
- E) Admit the patient against her will as she lacks capacity

**Answer:**

A) Encourage the patient to stay for hospitalization, explaining the benefits of treatment

**Explanation:**

The patient has put her health in jeopardy – she is dizzy, weak, and orthostatic – allowing her to continue down this road untreated is irresponsible. However, it is difficult to justify keeping the patient against her will. Since her life is not in imminent danger, you can't force treatment upon her. Encouraging her to be hospitalized is the right thing to do, and making sure she is fully informed of all of the benefits of being admitted is appropriate. Speaking privately with either party might provide additional history and can be done at some point, but is not the next most appropriate course of action. Paternalism is when the physician makes a decision regarding what is best for a patient on his own. This is in contrast to autonomy which grants patients the power to make their own decisions.

**Case:**

A 75 year old woman is admitted to the hospital following a massive stroke. She was intubated in the emergency department upon arrival for airway protection. She does not possess a living will or advance directive. She has two children – her son, who is the elder, is the first to arrive and informs the physician that he would like a DNR order placed. Next, the woman's daughter arrives and claims that her brother isn't interested in helping their mother. He had been the one to encourage the other family members to put her into a nursing home. She wants everything done to extend her mother's life. The mother was widowed and hadn't specified which of her children was to make decisions on her behalf. You have both siblings meet but they cannot agree. What is the most appropriate course of action?

- A) Maintain the DNR order since the first-born child has priority to make decisions in such cases
- B) Remove the DNR order in accordance with the daughter's wishes since she is more interested in helping her mother
- C) Using the substituted judgment standard, make a decision as to whether or not to maintain a DNR order
- D) Consult the ethics committee



**Answer:**

D) Consult the ethics committee

**Explanation:**

In cases where a spouse is not involved, the responsibility for end of life decisions belongs to a patient's children. Unless one is specifically designated as a healthcare proxy by the patient prior to her condition, all of the children carry equal weight in decision making. Using substituted judgment is the proper thing to do, however there is nothing in the stem of the question to indicate what the patient would have wanted. For instance, if they can recall ever watching a television show with their mother, where one of the characters was on a ventilator and she commented how she would never want one herself – that anecdote alone would hold significant weight. Therefore the children should be asked to recollect any such examples if they can – remember, substituted judgment is not asking what you or anyone else would want done, rather what the patient would have wanted if they could make the decision. If an agreement cannot be reached, the ethics committee should be asked to weigh in.



**Case:**

A 30 year old male is diagnosed with tuberculosis. He is an undocumented illegal immigrant who has never seen a physician before as he can not afford to miss time at work. He asks the physician not to report the diagnosis to anyone because he is afraid he will be deported. Which of the following is most appropriate?

- A) Do not report the case and have the patient wear a mask at all times
- B) Do not report the case as long as the patient agrees to isolate himself while being treated
- C) Do not report the case, but contact the patient's family members and work site directly to arrange for evaluation
- D) Report the case to the health department only
- E) Report the case to the health department to ensure that family members and coworkers are identified and evaluated
- F) Report the case to the immigration and naturalization service (INS)

**Answer:**

E) Report the case to the health department to ensure that family members and coworkers are identified and evaluated

**Explanation:**

Failing to report the case unnecessarily puts others at risk. Tuberculosis is a mandatory reportable illness, and all close contacts need to be notified so that they can take proper precautions.

**Case:**

You work in a busy urban emergency department when the paramedics bring in a patient who has just finished seizing. You read through his medical records and discover that he has a history of pseudo-seizures and possible malingering. Just then the nurse comes outside of the room to inform you that the patient has started seizing again. You have the nurse give the patient a placebo – as she administers normal saline through his IV you shout “I’m giving you a powerful anti-seizure medication!” The patient stops seizing shortly thereafter. After you leave the room the nurse stops you outside and says, “You can’t tell him that!” How should you respond?

- A) “Placebos are perfectly legal and I did nothing wrong”
- B) “You’re right – I’ll go in and tell him the truth”
- C) “If it hadn’t worked, we were ready to treat him with real medication – so he was never really in any danger”
- D) “Since he stopped seizing, the placebo helped guide my decision making and was therefore important for me to do”
- E) “Since you gave the ‘medication’ you should be the one to tell him”

**Answer:**

B) "You're right – I'll go in and tell him the truth"

**Explanation:**

Placebo medications work by manipulating a patient's expectations – in other words, use of a placebo is equivalent to deliberately misleading a patient. This undermines the principle of 'informed consent'. Patients have a right to know which medications they are being given, the risk/benefit of a specific therapy, and possess the right to refuse treatment so long as they have decision-making capacity. The AMA agrees: "The use of a placebo without the patient's knowledge may undermine trust, compromise the patient-physician relationship, and result in medical harm to the patient..."<sup>66</sup>

**Case:**

There are two patients who are both in need of a kidney transplant. An acceptable donor is received and both patients are an HLA match. Both are on dialysis due to complications of diabetes and are of similar age. One patient had a 45 pack year history of tobacco abuse but has now quit – he has been on the list awaiting a transplant for six months. The other has never smoked before and has been on the list for four months. What is the best justification for who should receive the transplant?

- A) The first patient, because he has been on the list longer
- B) The second patient, because he did not contribute to his kidney disease by smoking
- C) Whichever patient will have a greater improvement in quality of life
- D) Whichever patient will contribute more to society by prolonging their life

**Answer:**

A) The first patient, because he has been on the list longer

**Explanation:**

Since 1987, the United Network for Organ Sharing (UNOS) has served as the Organ Procurement and Transplantation Network for the United States. When considering *renal* recipient candidates, the first thing taken into consideration, to minimize the risk of graft rejection, is ABO compatibility. Within the appropriate blood type, a formula has been designed which assigns points according to five criteria: quality of HLA matching (maximum 10 points); the level of panel reactive antibodies (either 0 or 4 points); time on the waiting list; age (1-2 points for children < 11 years) and in certain circumstances medical urgency.

UNOS policy does not mention improvement in quality of life as a criterion in selecting organ recipients. In most cases, transplant candidates who would have little improvement in quality of life have a very low likelihood of benefit and would rarely make it onto a waiting list.

The UNOS Ethics Council has stated that, all other things being equal, preference for patients who have waited the longest is a requirement for fairness: "the fair or just thing to do in allocating among medically similar patients is to give the organ to the one waiting the longest."

**Case:**

A 50 year old woman presents to your clinic and admits that her spouse regularly abuses her both physically and emotionally. She is well known to you and has a long-standing history of chronic alcohol abuse. Which of the following is the most appropriate initial response by the physician?

- A) "Abuse will only get worse with time – for your safety you should leave the relationship"
- B) "There may be a correlation between your history of alcoholism and the abuse"
- C) "Were you ever abused as a child?"
- D) "Do you feel safe at home?"
- E) "Do you know why he abuses you?"

**Answer:**

D) "Do you feel safe at home?"

**Explanation:**

While all of the above are good questions to ask, the most important thing to do is to ensure the patient's immediate safety. If she does not have a safe place to stay you can offer her social services or shelters and make an immediate impact on her situation. The remainder of the options, while appropriate, are meant to help her deal with the problem on a longer-term basis.