

MEDICAL ETHICS WITHOUT THE RHETORIC

Cases presented here involve real physicians and patients. Unlike the cases in medical ethics textbooks, these cases seldom involve 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 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 looks at one of the questions that frequently arises in the practice of disaster medicine.

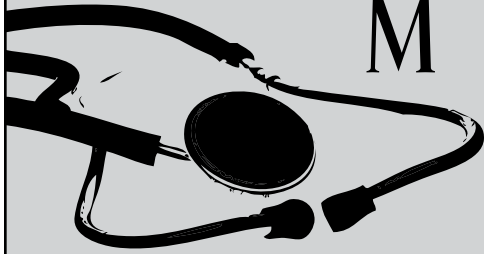


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CASE NINE WHO'S ON FIRST?

You are called to the emergency room of a nearby community hospital in response to a horrible accident. The drunk driver of an 18-wheeler crashed head-on into a full school bus carrying parents to a sports event. There are dozens of patients in need of care when you arrive and are the first physician on the scene. The triage nurse points in the direction of the semi driver, who is singing "99 Bottles of Beer on the Wall" to himself. While he is seriously injured, you are confident that immediate attention will save him. But you see among the injured a fellow physician and parent, who is more seriously injured. You think the chances of saving him are about 50-50 or with immediate attention. If you attend to the physician immediately, you may lose both the truck driver and the physician. But it is hard for you to attend to the drunken perpetrator of this disaster, while ignoring a colleague known as a great parent and dedicated practitioner. When you turn to treat the physician, the triage nurse scolds, "You are not allowed to play favorites." While you understand that triage decision should be made on the basis of medical considerations, you just think it is the wrong answer in this case. Who is right? The triage nurse or the physician?



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CASE EIGHT ANALYSIS NEVER TOO OLD FOR LOVE

Our case from the last issue concerns an 82-year-old male who is in excellent physical condition - except that he needs a kidney. His 60-year-old wife would qualify as a donor possibly excepting her age. The individuals are wealthy enough to pay for the procedure. Our question: Legal issues aside, is it ethical to perform the transplant?

This was a divisive case among readers. Most refused to address the case in isolation. Many opined that the procedure was a poor use of medical resources. This line of reasoning assumes that performing this procedure on our 82-year-old means that someone else will be deprived of a needed medical service. But this is not how supply and demand work. If old people buy a lot of new cars just because they can afford to, it does not mean that there will be too few cars for younger people. And so it is with healthcare. When a medical procedure becomes popular, such as breast augmentation, it does not mean that Johnny may have to go without a tonsillectomy.

Does the fact the patient may get the procedure because he is wealthier than others mean that the procedure should not be performed? I don't think this makes a difference either. Should I not send my kids to college because other kids cannot even afford to go to grade school?

Most of the objections to this procedure share the assumption that the supply of medical services is fixed or at least limited. But while there are never enough medical services for everyone who wants or needs them, the supply of medical services grows daily. So I think it is not only ethically permissible to perform the procedure; I think the arguments against doing so are suspect.

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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