Chapter 1.1.8: Assignment Cases

Case No. 1: Consent

Mrs. A is an 85-year-old woman living at home with her husband, who has moderately severe Alzheimer disease and for whom she provides daily care. She has an 8.5 cm abdominal aortic aneurysm. Three months ago she consulted a vascular surgeon, who recommended surgical repair of her aneurysm. However, another physician told Mrs. A that she “would never survive the operation.” Mrs. A decided to “take her chances” and refused surgery, primarily because of her wish to provide uninterrupted care for her husband; however, she agreed to discuss the decision further with the surgeon at a future visit. Before such a visit can take place, however, Mrs. A is taken to the emergency department after collapsing at home with abdominal pain. Physical examination reveals a systolic blood pressure of 50mmHg and a tender pulsatile abdominal mass. Mrs. A is moaning and barely conscious. The surgeon diagnoses a ruptured aortic aneurysm and believes that Mrs. A will die without emergency surgery.

Mrs. A’s physician must decide whether to perform surgical repair of the aneurysm. Mrs. A is now an incapable person in a medical emergency. In such a circumstance, the surgeon may proceed without the patient’s consent unless a clear wish to the contrary has been expressed earlier. Should the surgeon proceed, given that Mrs. A had previously refused elective repair of the aneurysm? Mrs. A’s refusal of elective surgery was based on her wish to continue caring for her husband. She would likely want to undergo emergency surgery because it would give her the best chance of continuing to care for her husband. Therefore, the surgeon may proceed without the patient’s consent. If Mrs. A had previously considered and refused emergency surgery, the surgeon would not be entitled to proceed.
Case No 2- Capacity
Mrs. ABC is a 22-year-old woman with unstable insulin-dependent diabetes who has suffered an intrauterine death at 36 weeks of gestation. She is refusing medical induction of labor, which has been recommended to avoid the risk of potentially life-threatening sepsis. She insists that the birth must be “natural” and becomes extremely distressed when attempts are made to discuss this further. In the past, she has had repeated admissions to hospital as a result of poor diabetic control and, consequently, is well known to staff. Although the current clinical state is stable, the medical team have become extremely anxious about the possible consequences of her refusal of treatment and they have requested an assessment of capacity. Mrs. ABC refuses to discuss her decision and turns her back to the interviewer. A further attempt to discuss this is met with a similar response.

Points of Discussion
What is capacity?
Why is capacity important? [Ethics, Law, Policies, Empirical Studies, ]
How should I approach capacity in practice?

Case Study No 3- Confidentiality
Mr. JKL is 29 years old and has epilepsy. His driving license was revoked when he was first diagnosed with epilepsy and he has continued to have seizures every three to four months while on treatment. Mr. JKL mentions in passing to his physician that he sometimes drives short distances to get groceries. When his physician challenges his about this he says his seizures are very infrequent. Finally, the physician tells him that he may have to notify the authorities. Mr. JKL asks what more the authorities can do as they have already revoked his license. Are they going to leave a police car outside his house to make sure he doesn't drive?

Points of Discussion
What is Confidentiality?
Why is Confidentiality important? [Ethics, Law, Policies, Empirical Studies, ]
How should you approach confidentiality in practice?
Case No 4: Basic Principles of Medical Ethics

A resident in her obstetrics and gynecology rotation was faced with a case of a 28-year-old pregnant woman of 13 weeks gestational age, who is already a mother of three healthy children. The woman was diagnosed with ovarian cancer stage 2. The oncologists made a recommendation to the obstetric team to terminate the pregnancy to initiate chemotherapy.

The resident was not sure whether it was lawful, from an Islamic perspective, to terminate the pregnancy. She found no clear guidance from an Islamic perspective in the medical textbooks that she had found in the library, which were all written and published from a Western perspective. She asked her colleagues in the hospital’s religious affairs department if they had written a Fatwa-based policy or statements on the issue. She did not find a clear answer, so she started to search the Internet and finally found a few Arabic written Fatwas that allowed similar acts in similar types of patients. However, the resident was not fully satisfied, and was quite frustrated from the time and effort that she had to exert to find an answer to the condition she had faced. Moreover, what she had found was not clear to her, as the Fatwa was full of Fiqhi terminology that she was not familiar with.
**Case No. 5: Autonomy as the basis of informed consent**

An 80-year-old, fully conscious, and competent man with advanced incurable cancer needed palliative chemotherapy. The family objected when the doctor wanted to obtain informed consent from the patient because that would involve disclosing the diagnosis, which would make the patient very sad and depressed. The family wanted to make the decision without informing the patient. What should the doctor do? Provide your moral reasoning.

**Case No 6 : Confidentiality**

Dr. Man is an obstetrician who has recently finished his training in Canada. Upon his return to Saudi Arabia, he preferred to practice in a peripheral region near his home town. In his first week, an 18-year-old prima gravida woman came to his clinic in her full veil (Khimar) above her Abaya accompanied by her mother. The pregnant woman was in her first trimester, and complained of lower abdominal pain and vaginal bleeding. The doctor took a short history from the mother, and then wanted to start his examination. The mother asked him to have her daughter seen by a female doctor, and said that he should wait for the husband before touching her daughter. The doctor was very worried that the condition might be serious and he might not have the time to wait for the husband. The only available female doctor was a resident (R3) under his training. He told the mother that he was the only specialized doctor available. He then asked the pregnant woman to uncover her face and asked her permission to do a “private examination.” She was in pain and said something in the local dialect to her mother that he didn’t understand well. He asked the mother to call the nurse from the nurses’ office, as he was busy stopping the bleeding. The mother left the clinic and came back five minutes later with the nurse. The doctor managed to maintain the vital signs and stop the bleeding.

A few minutes later, the husband arrived and was very upset that his wife had been examined by a male doctor; he started shouting, and threatened the medical director that he would “file a complaint against the hospital.” Fortunately, the hospital security stopped him before he gained access to the clinic, where he might have physically harmed the doctor.
Case No 7: Scope and limitations of consent

A 30-year-old woman presented with classical signs of acute appendicitis. She consented to an operation to open the abdomen and remove the inflamed appendix. The surgeon found a previously undiagnosed ovarian cyst and decided to remove it. The removal was a simple and safe procedure that would not have increased the duration of the operation. The head nurse refused because the patient had not given consent. What should the surgeon do? Provide your moral reasoning.

Case No 8: Consent and protection of the patient

An 80-year-old diabetic man, whose son had died last year from a transfusion of mismatched blood, was admitted to the same hospital for observation after falling at home. He insisted that no procedure be carried out without written approval by his physician son, whom he wanted to sit by his bedside all the time. Nurses were inconvenienced by having to get written permission for routine monitoring of vital signs and insulin injections. The nurses refused to comply with his wishes and he refused to cooperate, leading to a standoff. What should the doctor in charge do? Provide your moral reasoning.

Case No 9: Consent and the protection of the physician

A young neurosurgeon planned to operate on a patient with lumbar spinal injury that had a 5 - 10% chance of success. He felt uncertain about taking informed consent. If he informed the patient that the operation could go wrong and result in paraplegia, there was a 90% chance the patient would refuse the operation. If the operation was not carried out, there was a 95% chance of further deterioration, leading to paraplegia after a few months. What should the neurosurgeon do? Provide your moral reasoning.
Case No. 10: The process of informed consent

A complex brain operation had a 3-page risk disclosure sheet. The surgeon determined that his poorly educated patient could not understand the information even with the best of translations, and might even refuse the lifesaving operation. The operation was necessary to release a hematoma and a fractured bone fragment putting pressure on the cerebrum, which would soon lead to loss of consciousness due to increased intracranial pressure. He gave the patient simple information that the operation would help him recover from the effects of trauma and that it had some risks, which he did not mention. What should the surgeon do? Provide your moral reasoning.

Case No. 11: Capacity/competence to consent

A university professor admitted for stroke refused life-saving treatment even after a thorough explanation by his son, who was a neurosurgeon. While in the hospital, he seemed to forget essential information about his illness, forgot his age and his wife’s name, and was confused about the day of the week. However, he was in continuous telephone contact with his laboratory at the university, guiding the young researchers. What should the doctor do? Provide your moral reasoning.

Case No 12: Proxy consent/substitute decision maker

A 30-year-old victim of a road traffic accident was in a deep coma, with some signs of brain stem function, and was put on life support in the ICU. He had told his wife before the accident that he would like to be left to die in dignity rather than live with the aid of machines. He had also authorized his wife, in writing, to make decisions about his treatment if he fell unconscious. Led by his father, his family refused this and insisted that life support continue until recovery. What should the doctor do? Provide your moral reasoning.
Case scenario 13: Consent for the unconscious

A 60-year-old diabetic was admitted to the hospital in a coma due to diabetic keto-acidosis and a gangrenous foot. The doctors decided to amputate the foot as soon as the general condition had stabilized enough to withstand anesthesia. The patient’s sons and daughters refused the operation, even after explanations that the gangrene would spread and result in fatal septicemia. They reasoned that it was better for him to die and be buried with all parts of his body than to live with an amputated limb. What should the doctor do? Provide your moral reasoning.

Case No. 14: Consent for children

A 14-year-old boy with bone cancer confined to the tibia refused amputation that would prevent spread of the cancer to other parts of the body. He understood the adverse consequences of his decision. His father and mother opposed his decision and authorized the surgeons to carry out the amputation. What should the doctor do? Provide your moral reasoning.

Case No. 15: Consent for the mentally impaired

A 14-year-old mentally impaired girl used to wander from her home, and her parents feared that she might be raped and become pregnant. They took her to the hospital and asked the doctors to sterilize her. The doctors talked to her and she opposed the operation vehemently. What should the doctor do? Provide your moral reasoning.