FOURTH EDITION

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A Practical Approach to Ethical Decisions in Clinical Medicine

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In some cases, however, the ethical aspects become ethical problems. Even in the simple case mentioned above, ethical problems would appear if the patient stated that he did not believe in antibiotics, or if the urinary tract infection developed in the last days of a terminal illness, or if the infection was clearly associated with a sexually transmitted disease where sexual partners might be endangered, or if the patient could not pay for the care. Sometimes, these problems can be readily resolved; at other times, they become major obstacles in the management of the case. A clear understanding of the patient's medical status—namely, the nature of the disease, its prognosis, the available treatments and, above all, the goals of intervention—is crucial to the understanding of any ethical problem that might arise in the case.

In this chapter, we focus on the ways in which uncertainty or disagreement about the medical facts of the case can contribute to an ethical problem. The topic of medical indications is explained, the ethical principles relevant to medical intervention, namely, beneficence and nonmaleficence, are defined, and three ethical issues that depend heavily on the indications for medical intervention will be discussed: (1) medical futility; (2) the decision not to resuscitate a patient in the event of cardiorespiratory arrest; (3) the determination of death.

Every discussion of an ethical problem in clinical medicine must begin with a statement of the medical facts. This statement should follow the pattern familiar to medical students and physicians when they present a patient for clinical purposes: presenting complaint, history, results of physical examination, laboratory and other diagnostic studies, presumptive diagnosis and prognosis, and current or planned therapies. In the usual clinical presentation, this review of indications for medical intervention leads to the formulation of recommendations for further diagnostic studies, treatment regimens, and the education of the patient. When the clinical presentation includes an ethical problem, this review clarifies the medical aspects that are significant in the case.

Case. Mr. Cure, a 24-year-old white male, who is a graduate student, has been brought to the emergency room by a friend. Previously in good health, he is complaining of severe headache and a stiff neck. Physical examination shows a somnolent but arousable patient with a temperature of 39.5°C, pulse of 115 and regular, BP of 105/50, and respiratory rate of 20/min. Examination of the chest reveals rales in the right base and neurological examination is normal except for nuchal rigidity and a positive Brudzinski's sign. Laboratory studies show a white count of 20,000 with a left shift; chest x-ray demonstrates a right lower lobe infiltrate. After obtaining the patient's consent, a spinal fluid examination reveals cloudy fluid with a white count of 2,000; a gram stain of the fluid shows many gram-positive diplococci. A diagnosis of pneumococcal pneumonia and pneumococcal meningitis is reached.

In this case, the medical indications are the physical and physiological findings that reveal a specific disease for which a specific therapy, namely, administration of antibiotics, is appropriate. There is no suggestion yet that this case poses any ethical problem. However, in Chapter 2, we shall encounter a major ethical problem with Mr. Cure: he will refuse therapy. That refusal will provoke dismay among the physicians and nurses caring for him and will be designated as an ethical problem. In any discussion of this ethical problem, even though the refusal of treatment will be the center of attention, the formal review of the case must begin with a clear exposition of the medical indications. In other words, the analysis should begin, not with the question, "Does a patient have the right to refuse treatment of a life-threatening condition?" but with answers to the question, "What are the medical indications for treatment?"

1.1 THE GOALS AND BENEFITS OF MEDICINE

Beneficence and Nonmaleficence. Medicine aims to prevent or cure disease, to treat patients' symptoms, and to improve or maintain their functional abilities. The two ethical principles that are particularly important guides in the attempt to achieve these aims are beneficence and nonmaleficence. The presence of medical indications raises the question, "How can a medical intervention help this patient?" This question reflects one of the central ethical maxims of medical practice, stated in the Hippocratic oath, "I will use treatment to help the sick according to my ability and judgment but never with a view to injury and wrongdoing." Another Hippocratic writing states, "As to diseases make a habit of two things: to help or at least to do no harm" (*Epidemics* I, xi). These maxims reflect the ethical principles of "beneficence," the duty to assist persons in need, and its con-

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