What Do I Do Now? The Ethics of Honoring the Patient’s Voice

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In your small groups, consider the following case vignettes. Use the following protocol to guide your discussion.

1. Read the vignette through once.
2. Considering one core medical ethical principle at a time, discuss how Autonomy, Beneficence, Non-maleficence, and Justice are influencing and being influenced by the scenario.
3. Consider some of the systems at work, including the patient, the patient’s family, the patient’s ethnic, religious, and other patient-specific cultural factors, larger societal values, the chronosystem (place in history), health system values, and influence of provider biases and values.
4. As a group, identify a range of ethical courses of action.

**Autonomy** – Respect for persons and their ability to self-determine; Right to make “bad” decisions

**Beneficence**— Best interest of patient; Improve the situation

**Non-maleficence**—Risk vs. Benefit; Do No Harm

**Justice**—Equal treatment; Stewardship of Resources; Equal Protection of System, Society

1. 18yo European American female presents to the clinic and informs her PCP that she wants to have her etonogestrel implant (Nexplanon®) removed. She reports that she desires pregnancy with her boyfriend. She is a senior in high school. She denies any intimate partner violence. A) How do you counsel her? B) Do you perform the procedure?
2. This patient is emancipated from her mother, is living independently from her mother and is working full time in addition to taking classes, is on track to graduate on time, has a car that she is making payments on, and has been in a monogamous relationship with her boyfriend for 2 years. Does this change how you view or would manage the case?
3. A 24yo black male presents to the clinic with concerns of same-sex attraction. He reports that this attraction has been present for a number of years but he experiences it as being irreconcilable with his deeply-held religious beliefs. He has informed his family and some have expressed support of him regardless of his sexual identity and religious beliefs. Other members of his family encourage him to seek counsel of a religious leader.
4. A Polish resident approaches you in your role as faculty and states that she has religious objections to prescribing birth control for patients. This includes placement of IUD’s, prescription of implantable and transdermal birth control, and prescription of OCP’s for menorrhagia and dysmenorrhea. She asks what she is required to do in terms of counseling, referral, and graduation requirements.
5. A 4yo Greek-American boy requires a bone marrow transplant. Three children, the mother, and father are all your patients. They identify as Greek Orthodox. Consultants inform you that siblings are the most likely match but parents should also be tested. Testing is deferred to your office since you have access to the entire family. The results show no sibling match, and an incidental finding is that the “father” is not the 4yo’s biological father. Do you inform anyone of this finding?
6. You are an advisor to the state medical / mental health board. The governor’s office has asked for advice on proposed legislation that would require recipients of state assistance programs to undergo random drug tests to qualify for services. They are particularly concerned about issues of parental neglect related to drug abuse. What would your advice be?
7. You are rounding at the hospital. Your resident is very concerned that a patient is “giving up” by requesting to be DNR. The patient is a 52-year old white male, with diagnoses of severe alcohol use disorder, spinal cord injury (3 years ago), diabetes, and hypertension. He lives with his 87-year-old mother, who is his only caregiver. He was hospitalized for alcohol withdrawal, and had a cardiac arrest earlier in the hospitalization. He was successfully resuscitated. He expresses regret that he was “brought back.” His mother is exhausted, but insists that he remain “full code” status. The resident feels that “things are moving too quickly” and expresses moral distress about “just letting him die.” How do you counsel the resident?
8. Your residency practice recently changed its controlled substance policy. Your office will no longer prescribe controlled substances to patients who test positive for marijuana. Your long-term patient has a medical marijuana card, but also has been diagnosed for ADHD, and you provide long-term stimulant medication for him. Further, your patient (whom you have seen for many years) is functioning better in the past year than ever. You have no concerns about diversion or abuse.