Any similarity to persons living or dead is purely coincidental: Number 10!

The following are *healthcare and biomedical research* cases produced by the 2022-2023 DPMSA class. They have been further anonymised and names, locations and dates have been removed. These cases are hypothetical and should be used to explore arguments and issues for the purpose of education *and not to judge the actions of anyone who may have contributed to the case*. Remember that in many cases ethical dilemmas are generated by something going wrong, someone doing something that they should not (or failing to act) or by resources being unavailable to meet all need. *Altering the facts so that the dilemmas vanish does not solve the dilemmas.*

Cases from 2022-2023 class…

Case 1: A young child is taken to see a GP for a minor ailment. The GP discovers that the child has bruises and burnt marks on his back, so she asks the parents about these, concerned that these might be possible signs of physical abuse. The parents deny this and explain that they had practised moxibustion and cupping on their child at home (a traditional Chinese remedy). The GP reports this to the local child safeguarding team, and the child is removed from the parents.

- What is considered 'ethical' or 'good for the patient' in one country may not be regarded as such in another.
- It is also interesting to see how power plays out at the intersection of the public and domestic spheres.

Case 2: A 19-year-old healthy male university student consulted with his GP during the COVID-19 pandemic. He wanted to volunteer as a participant in a COVID-19 vaccine human challenge trial, and asked the GP if he was aware of any such trials. The patient wanted to partake in a trial that provided financial remuneration as the money would allow him to pay off his burdensome student loan. While no such trials were underway in the UK at the time, this consultation raises the following ethical question:

- To what extent is it ethically permissible for financial incentives be used as a justification for exposure to risk in medical research in healthy participants?

Case 3:

A young married woman originally from Asia developed a severe schizoaffective disorder, and deteriorated over a period of years, requiring several hospital admissions. This culminated in a hospital admission during which she developed persecutory delusions and attacked a healthcare worker. At the time she believed she was being injected with poison (this was in fact a depot antipsychotic medication). Her husband refused to accept her back home and no longer wished to continue their relationship. She made allegations that she had been treated as a slave and a prostitute by her husband but retracted these. As she immigrated on a spousal visa with no recourse to public funds this meant that she no longer had the right to remain in the UK. She is not liable for deportation until she is discharged, at which point she is likely to be deported to her country of

origin, where she will have little chance of continuing the necessary pharmacotherapy to prevent relapse.

Aftercare provisions for mentally ill persons discharged from hospital detention under Section 3 or forensic sections of the Mental Health Act, have been a legal duty for local authorities and health boards in the United Kingdom since 1983. The purpose of aftercare is to reduce relapse in chronic mental illnesses, and associated risks. Aftercare may be a lifelong need and continues as long as is necessary.

- Is the likely lack of follow-up care just?
- Would it be unethical to discharge her on the basis of her subsequent deportation and likely relapse?
- What are the duties concerning risk to others in another country?
- What are the ethics of treating a patient knowing that the benefits of the treatment are likely to be undone on discharge?

Case 4: A 19-year-old man who has severe autism and is 'non-verbal' is referred to the dermatology clinic for scarring acne on his face and shoulders and the chest. The condition does not seem to give him symptoms, but if left untreated will lead to severe scarring. He cannot be asked about his preference. He lives in a care home, the carer speaks on his behalf. There are no relatives available for decision making. The initial treatment option are antibiotics and topical applications: usually well tolerated. If this is ineffective, the next treatment step would be isotretinoin prescribed by the specialist: this involves having blood test, hospital visits, and will almost certainly lead to "harmless" but troublesome side-effects (general dryness/redness of the skin, cracked lips, irritated eyes) and potentially more severe side-effects (pancreatitis or mood deterioration).

- He is unable to provide consent or demonstrate capacity to give consent. Should he be treated? Benefits: prevent scarring. Harm: potential side-effects of treatment.
- Does the prevention of scarring have any benefit for him?

Case 5: This case is about an 20 year-old woman (J) who was an inpatient in a psychiatric hospital eating disorder unit under section 3 of the Mental Health Act (MHA). She would refuse her pump feed daily and as a result would be given bolus feeding under restraint via a nasogastric tube. She would be given an intramuscular lorazepam injection and restrained by a team of 8 individuals whilst she screamed and thrashed to try and get free. She would often headbang and hold her breath during the restraint causing her oxygen levels to drop. This would also lead to a seizure-like activity. The staff did not know if this was caused by her low oxygen levels, or psychological in nature (pseudo-seizures).

Clearly, mental health legislation permits/mandates that patients can be detained and treated against their will if their illness means that they are a danger to themselves or to others. However, this still poses ethical and moral questions particularly in situations where the treatment harms may not outweigh the benefits. Here we weigh the physical risk of J not eating, potentially leading to her death against the physical and psychological damage the restraint and the feeding itself could cause. There was a physical risk to J if the NGT was inserted incorrectly or if she held her breath or choked. Additionally, the episodes of forced feeding were clearly distressing for both for patient and staff.

Case 6: During a COVID-19 pandemic lockdown, most of dentistry and other higher risk specialities adopt mostly virtual consulting. A small child develops a dental abscess and requires a tooth extraction under anaesthetic. She is given repeated course of antibiotics. Her parents are concerned about the effects of the medications, potential resistance to antibiotics and the potential for damage

to other teeth and her jaw. They are reassured by hospital dentists in so far that if she becomes septic or develops signs of osteomyelitis she will be seen in person. The predicted waiting time for a dental extraction with appropriate PPE for the dental team is 6-12 months.

Below we include some key points raised in group discussions. Consider how they might be starting points for further reflection. Consider which *facts* are salient in some way – do they make a difference to what you would decide?

First principles discussion

- What is the moral question? Or the questions? Remember that the law only tells us what society enforces, permits and prohibits.
- Does being 'law-fearing' or 'God-fearing' inhibit a discussion of morality and ethics? If so does the law offer any ethical insight? (note that quoting legal cases does not answer this question)
- How do the main theories help with the answer?
- Deontology: What does the duty of respect for autonomy entail here and to whom does it apply? What other ethical duties are present? Do clear legal duties end all argument about what *should* be done? How can you act in a way that is consistent with a universal approach to morality e.g. can you 'never' lie? How do you treat people as ends in themselves and never purely as means?
- Utilitarianism: How can welfare be maximised? What outcomes are morally worthy –cost, happiness, and pleasure? Whose opinion matters? Is it had to predict outcomes or to assign value to different kinds of good?
- Virtues: How should the honest, courageous, prudent, diligent and compassionate clinician behave? What can we learn from the 'vicious' clinician? What is the nature and role of integrity? Is flourishing context dependent?
- Contractarianism: consider human rights, enlightened self-interest, moral rules derived from the desire to live in peace and prosperity. Hobbes, Rawls, Rousseau ideas are relevant.

Four Principles discussion

- Autonomy: relevant issues include: decision-making capacity, advance decisions, confidentiality. There may be an initial duty to find out whether someone is autonomous. Autonomy needs to be present in order to need respecting. Stronger for refusal – can you demand a treatment?
- Beneficence: to whom? E.g. patient and relatives - what constitutes a benefit? Can the dead receive benefit? Are there wider interests and benefits? Doing nothing can itself have benefits and harms. Are beneficence and non-maleficence utilitarian ideas?
- Non-maleficence: What is a harm? Does the clinician get included in benefits and harms?
- Justice: Distributive, retributive justice, fairness and equity, societal and community interests (this includes family members, other patients, public health etc.)
- Consider other frameworks you might use: e.g. The four quadrants approach or Seedhouse's Ethical Grid

Some more cases for you to consider and listen to

- Salisbury H, Dixon S and Papanikitas A, Everyday clinical dilemmas, InnovAIT 2017; *10* (8), 442–447 https://journals.sagepub.com/doi/abs/10.1177/1755738017710963
- Wiles K, Bahal N, Engward H and Papanikitas A, Ethics in the interface between multidisciplinary teams: a narrative in stages for inter-professional education, London Journal Primary Care, 2016; 8(6): 100–104. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5330340/

Do consider

- Johnston C and Bradbury P, 100 cases in clinical ethics and law (2nd Edition), CRC Press 2016
- Dorward P, The Human Kind, a doctor's stories from the heart of medicine, Green Tree 2018
- Gugliani S, Histories, Riverrun, 2017

Also we recommend:

- The BBC Radio 4 Series Inside The Ethics Committee https://www.bbc.co.uk/programmes/b007xbtd/episodes/player
- BMA podcast of doctors' stories on a theme of 'Doing the right thing' https://audioboom.com/posts/6586922-doing-the-right-thing?playlist_direction=forward
- Apothecaries Festival webcast on creative writing and medical ethics https://www.youtube.com/watch?v=r8s8Ll5dOf8