

Part V. Additional Cases for Discussion

1. A 9-year-old boy is recovering normally from an appendectomy. He is anxious to be discharged, but his parents would rather he stay another day or two “to be on the safe side.” The doctor believes either decision would be medically justified, although he knows the hospital is pressing for earliest possible discharges.

How much should he take into account the urging of the hospital?

2. An immigrant family refuses to consent to biopsy of a mass on their son’s ear, because of cultural beliefs that his spirit will escape and cause great troubles. The attending pediatrician suggests a 1- week trial on antibiotics but the consultant is adamant about not altering the standard approach. “This could also be cancer,” she states, and urges contacting the state child protection service.

What reasons, if any, might justify “bending the rules?”

3. A 10-month-old infant is clinically deteriorating because of progressive biliary cirrhosis. The family desperately appeals to their pediatrician for aid in obtaining a liver transplant. “We need your assistance in a media campaign. And is there any possible candidate in the ICU that you could approach?”

Should the doctor comply or advise the parents to go through the regional donor bank and “wait their turn”?

4. A young physician caring for a child recovering from an auto accident is having increasing difficulty dealing with the parents. They are suspicious, constantly question recommendations, and make excessive demands for services, explanations, and reassurances. Although the doctor likes and relates well with the child, he wonders if an older physician or one with a more authoritarian manner would manage the situation better. At any rate, he would be glad to be “rid of these disagreeable people.”

May the physician ethically withdraw from the case?

What is the difference between withdrawing from and “abandoning” a patient?

5. A parent asks a physician to take on the care of his child, who is acutely ill with cough and fever, and is known to have AIDS. The child's previous doctor is no longer available. The physician refuses, justifying this action as within the acceptable limits of a "contractual view" of the doctor-patient relationship.

Do doctors have special obligations to assume risk?

What are the limits of their responsibilities?

Part V. Suggested Reading

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10. Wolf SM, ed. The persistent problem of PVS. *Hastings Center Report*. 1988;18(1):26–47.
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