06 & 07 -Practical 2023/2024

Cases

Kostadin Kostadinov, MD, MPH, MEcon

Case 1

Mr. L is a 35-year-old man who has a sudden, excruciating headache and collapses in his chair at dinner. At the emergency department, a CT scan reveals a subarachnoid hemorrhage. Mr. L is admitted to the intensive care unit for monitoring and supportive measures aimed at controlling the intracranial pressure. The next morning he is noted to be unresponsive, with nonreactive, mid-position pupils.

- What is the ethical course of action if Mr. L's condition deteriorates, and he remains unresponsive? Should the medical team discuss end-of-life decisions with his family or healthcare proxy?
- How should the medical team and family approach the concept of medical futility? When, if at all, should treatment be considered futile, and how does this impact the ethical decisions surrounding Mr. L's care?

Case 2

You are a fourth-year medical student with a patient who has been in a severe motor vehicle accident. The patient has a subdural hematoma that led to cerebral herniation before it could be drained. Over the last few days, the patient has lost all brainstem reflexes and is now brain dead. You have the closest relationship with the family of anyone on the team. The ventilator is to be removed soon and organ donation is considered. Who should ask for consent for organ donation in this case?

Case 3

A man arrives at the emergency department on a ventilator after an accident. He is brain dead by all criteria. He has an organ-donor card in his wallet indicating his desire to donate. The organ-donor team contacts the family. The family refuses to sign consent for the donation. What should be done?

Case 4

A 63-year-old widower has advanced renal failure due to type II diabetes mellitus and has been evaluated for kidney transplantation. His testing shows that he is blood group O, and he is told that his donor will also need to be blood group O. He speaks with friends and family member about living donation. Four people, including his 35-year-old daughter, want to be considered as donors. Preliminary screening consists of a telephone interview and a blood group test. The interview raises no concerns, but the blood test reveals that the daughter is blood group AB.

Case 5

A 56-year-old man has advanced cirrhosis due to alcoholism and has been sober for 4 years. He has been on the liver transplant waiting list for 1 year but has now been diagnosed with hepatocellular carcinoma. He has been told that he will be removed from the list and offered other forms of treatment. Two weeks later, he informs his physician that he will be traveling to another country where he will be able to receive a liver transplant within a month. He has initiated a Web site to help him raise the money. He requests to make follow-up appointments so that he can proactively arrange aftercare upon his return to the United States.

Case 6

Ms. A is 19 years old and 25 weeks pregnant. Although her pregnancy was unplanned, at no time has she considered pregnancy termination. During a prenatal office visit, Ms. A reveals that she has a daily drug habit that includes crack cocaine and intravenous narcotics. She refuses to consider a change in her behavior, despite a thorough review of the potential effects of her substance abuse on her pregnancy outcome. Specifically, she refuses to participate in a methadone or other substance-abuse program.

Case 7

Ms. B is 24 years old and has been in labor for 18 hours. The cervical dilatation has not progressed past 3 cm. The fetal heart rate tracing has been worrisome but is now seriously abnormal, showing a profound bradycardia of 65 beats per minute. This bradycardia does not resolve with conservative measures. Repeat pelvic examination reveals no prolapsed cord and confirms a vertex presentation at 3 cm dilatation. The obstetrician explains to Ms. B that a cesarean section will be necessary because of suspected fetal distress. Ms. B absolutely refuses, saying “No surgery.’

Case 8

A 30-year-old woman presents to the clinic during her third trimester. The estimated gestational age of the fetus is 28 weeks and she is seeking an abortion. The patient is generally healthy. An ultrasound of the fetus at 26 weeks and routine genetic testing showed no abnormalities.

Case 9

A 23-year-old woman, Ms J, who seems happily pregnant, is screened at 16 weeks for fetal anomalies. When the ultrasound reveals her fetus has a cleft palate, she requests a pregnancy termination. Considering this a trivial reason for a therapeutic abortion, her clinician, Dr I, shares this view with her. Is it acceptable for the clinician to voice her opinion in this way? Should the clinician simply keep quiet and fill out the referral form for the abortion? How else might she respond?

Case 10

A childless lesbian couple, Ms K and Ms M, arrange for the creation of an in vitro embryo from Ms K's egg and sperm donated anonymously. Neither Ms K nor Ms M is physically able to bear a child. The embryo is successfully im- planted into a surrogate mother, Ms L, contracted by the couple to give birth to the child, Baby B, whom the couple intend to raise. The pregnancy is success- fully carried to term; however, Ms K and Ms M split up acrimoniously shortly before the child's birth. The gamete provider, Ms K, now says she wants her former partner, Ms M, to have nothing to do with raising Baby B. Ms M objects and seeks legal remedy. Who should be considered the parents of this child? What if Ms L decides to simultaneously apply to be legally considered Baby B's mother? Does the source of the gametes make a difference?

Case 11

Although currently in remission, a three-year-old girl, Becky L, has been gravely ill with leukemia. Curative treatment is possible but requires bone marrow stem cell donation from a suitable donor. Without it, the child will almost certainly die when the disease recurs, as it almost certainly will. No suitable match is found. The parents decide to conceive a new child in the hope this will result in a suitable donor, but they need ART because Becky's mother, now 38, experienced premature ovarian insufficiency at age 36. The mother's twin sister is prepared to donate her eggs. Is this an acceptable use of ART? Is doing prenatal genetic testing (PGT) to find HLA compatibility acceptable?

Case 12

Abdul, a 41-year-old accountant, is married and has three young children. He was diagnosed with type 1 diabetes at the age of 24, which led to chronic kidney disease. Abdul's kidney function has deteriorated rapidly over the past several years, leaving him with end-stage renal disease. Six months ago he started dialysis treatment three times a week. Each session would last more than 4 hours, leaving Abdul feeling exhausted and drained.

Abdul's condition and medical treatment has impacted his work life; he can now only work part-time due to his regular hospital dialysis appointments and fatigue. This has implications on the family's financial situation, as his income is greatly reduced. Furthermore, he is spending less time with his children due to the hospital appointments and constant exhaustion. At his last renal appointment, the topic of kidney transplantation was discussed, however, the waiting list of around 3 years worried Abdul. When discussing this appointment with his family, his brother, Farhan, became concerned as to how his brother would cope with 3 more years of dialysis and part-time work. A week later, Farhan told Abdul that he wanted to donate a kidney to him.

Questions

1. How can consent be obtained for organ transplantation?
2. What are the different types of organ donation?

Case 13

Mike is a 36-year-old banker with a passion for motorbikes. One winter evening when he is travelling back from a conference down the M1, his bike skids on a patch of black ice. He was driving at 90 mph. He hits the windscreen of an oncoming car and his helmet splits in half. An ambulance arrives at the scene within minutes and Mike is intubated and rushed to hospital. He has sustained severe injuries – he has fractured his pelvis and several vertebrae. At hospital he is assessed on the intensive care unit. Attempts to resuscitate him are unsuccessful, and when he is weaned off the ventilator he does not make any respiratory effort. Tests performed by two different consultants confirm that he has had massive brainstem injuries, and he is declared brainstem dead despite the ventilator continuing to keep his heart and lungs working and consequently the rest of his organs perfused. Mike is registered on the national organ donation database and was carrying an organ donor card on him. It is decided to keep him ventilated until his next of kin are traced and contacted, so that Mike's wish to donate his organs can be discussed with them.

Questions

- How can someone donate his or her organs after death?
- Can the next of kin prevent organ donation?

Case 14

Dave, a 35-year-old healthy man, has been made redundant by the factory he used to work in. His wife has recently left him, as he cannot support her, and he has become depressed due to losing her respect. He is also still grieving the death of his son, who died from leukaemia at the age of 5. As he is wandering the streets, he notices an advertisement in a shop window.

> **WANTED !** *One functioning kidney to save the life of a 15-year-old girl! Potential donors will be morally and financially rewarded*

The advertisement makes Dave think. He has two kidneys and he is healthy. He knows that donating one of his kidneys will not be without risk, but he also knows that it could potentially save the life of a child and ease some of the guilt he feels following the death of his own son It would also give him enough money to get back on his feet, try to win his wife back, and se up a business of his own. It seems that all parties in the transaction would benefit.

Questions

- What are the ethical implications of creating a market in organ donation?
- What other methods could be introduced to increase the availability of organs for transplant in your country?

Case 15

As part of your clinical duties as a gynaecology trainee, you have been asked to see some of the patients in the fertility treatment clinic. These patients have usually been referred by their GP for specialist advice and information provision when struggling to conceive naturally. You are therefore surprised to discover that one couple is in a same-sex relationship. They tell you they had their civil partnership 6 months ago and would now like to start a family. Neither of them have had children previously and they are interested in finding out more about the different options of fertility treatment available to them.

Questions

- Are same-sex couples entitled to fertility treatment?
- Who can legally be named as a parent on a birth certificate?
- What are the ethical arguments against same-sex parenting?

Case 16

You are a lawyer specialising in family law. To celebrate your new job, your best friend, Tessa, and her husband have come round to dinner. They have been having trouble conceiving and have had several failed IVF attempts. After dinner Tessa takes you to one side and confides that the fertility clinic they have been using mentioned the option of surrogacy. Tessa has been thinking it over but is unsure about the legalities of surrogacy in the UK and so asks for your

advice. She has seen several documentaries on the television about high-profile couples using a surrogate but had always assumed it would be extremely expensive.

Questions

- What is surrogacy?
- Is surrogacy lawful?
- What ethical concerns may arise from surrogacy?
- Who in law are the parents of a child born as a result of surrogacy?

Case 17

Mike and Lauren, both in their late 20s, have been happily married for 4 years. Lauren has congenital deafness due to a known gene mutation, and Mike is an unaffected carrier. They have a one-in-two chance of having a deaf child, and they wish to avoid that risk. They are referred to the Pre-implantation Genetic Diagnosis (PGD) clinic as they are seeking in vitro fertilisation with PGD so that an embryo without the mutation causing deafness can be selected for implantation.

Questions

- What is pre-implantation genetic diagnosis?
- Does the law allow pre-implantation genetic diagnosis for a condition which does not require medical treatment?

Case 18

Adele is a 39-year-old solicitor. She has been married to her husband for 8 years. Although they have both always wanted a family, Adele initially wanted to focus on her career and then struggled to conceive. When she finally fell pregnant, both Adele and her husband were thrilled. Unfortunately, following her first trimester scan, a nuchal screening test indicated that the foetus had a high risk of suffering from Down's syndrome. She decided to undergo further diagnostic testing, and amniocentesis confirmed Down's syndrome. The couple is distraught. They had waited a long time to conceive and wanted the 'perfect' baby to fit into their busy lifestyles. Adele does not feel she would ever be able to return to work if she had to care for a disabled child and thinks having to give up her career would be detrimental to her mental health. After much deliberation she visits her doctor to discuss termination of pregnancy.

Questions

- What is the extent of a woman's reproductive autonomy?
- At what stage of gestation, if at all, does the moral status of the foetus limit a woman's right to choose?

Case 19

Sophie has had her 20-week anomaly scan and has discovered she is expecting another boy. This is her fourth pregnancy. She already has three sons and she and her husband decided to have another child in the hope of having a daughter. Sophie and her own mother had a very close bond growing up, and she had dreamt of recreating the mother–daughter bond with her own child. This desire had been made stronger due to the recent death of her own mother. You are her GP and when she comes to see you she is visibly distressed. She confides that she has already booked an appointment with a counsellor at the British Pregnancy Advisory Service. She does not want to continue with the current pregnancy as she does not feel she could give enough love to another son. She also tells you that her husband is supportive of any decision she chooses to make as he too has a preference to have a daughter.

Questions

- What are the grounds for a lawful termination of pregnancy?
- Is it lawful to terminate a pregnancy on the grounds of foetal sex?
- Does the potential father have any legal rights?

Case 20

Adele is a 39-year-old solicitor. She is 16 weeks pregnant with her first child. Following her first trimester scan at 13 weeks she was informed that she was high risk for having a child with Down's syndrome. She underwent further diagnostic testing in the form of amniocenteses which confirmed the diagnosis. The couple is distraught as they had tried for a long time to conceive, but Adele does not think she can cope with a baby with Down's syndrome. Despite counselling, Adele is now sure that she wants to terminate the pregnancy. She visits her GP to request a termination. However, the GP is a practising Roman Catholic with a strong faith, and he does not wish to participate in abortion services.

Questions

- In what circumstances can a healthcare professional refuse to be involved in a termination of pregnancy?
- Are there any other medical situations when conscientious objection can be used by a healthcare professional?