Bioethics Case Analysis

Case Presentation:

Mrs. P is a 79 year-old Caucasian female with a history of congestive heart failure who presents with acute onset shortness of breath. She was diagnosed with congestive heart failure secondary to chronic hypertension five years ago, and has been evaluated in our emergency department more than ten times since her diagnosis. In the past year, she has been seen in our emergency department four times. On each visit she has had multiple tests performed including physical examinations by medical students, residents, and attending physicians; blood work including cardiac enzymes, brain natriuretic peptide, and serum chemistries; as well as radiological tests including chest x-rays, nuclear stress tests, and echocardiograms. Her symptoms on this admission are consistent with a CHF exacerbation, and acute myocardial infarction has been ruled out by serial cardiac enzymes.

As is customary, Mrs. P was seen and examined by a medical student prior to being seen by the internal medicine resident on call. The student completed a thorough history and a careful physical examination paying special attention to the cardio-pulmonary examination as well as the neck veins, abdomen, and extremities. The student chose not to perform a rectal examination given that it would be unlikely to yield helpful information in this case. The student completed the exam, left the room, and presented
the patient to the resident who then saw the patient. The resident took his own history and physical, and also omitted the rectal examination. Having completed his exam and having reviewed the labs, he explained to the patient that she was likely suffering from an exacerbation of her current condition, CHF, and that an echocardiogram was indicated to document her current functional status.

Upon hearing her diagnosis and the diagnostic plan, she stated, “I have been here several times with these same problems this year. I knew this was my heart failure acting up; the same thing happens every time. I have had at least three of those ‘echo’s’ this year, and I’m tired of it. I don’t want any more tests.” The resident then asked what she would choose to do in the event that she was having a heart attack. Mrs. P responded, “I would not want you to do any tests: no catheter, no balloon, no stent, no nothing. I don’t want any more tests.” The resident then explained that the team would do as she wished, but that the medical recommendation was for an echocardiogram. She expressed her desire to be discharged from the hospital. The resident stated that we would discuss the case with the attending, and that we would be back to see her shortly.

The medical student and resident sat down at the nurses’ station and began to work on Mrs. P’s paperwork. As they recorded the findings of the history and physical, the resident noticed that a rectal examination had not been performed; neither he himself nor the medical student had completed this part of the physical examination. The resident looked at the student and instructed him to return to Mrs. P’s room and perform a rectal examination. As this particular resident was known among the medical students for insisting on rectal examinations; the student laughed. Surely the resident was joking, as this patient had just refused any further invasive or non-invasive testing and requested
hospital discharge. The resident was not joking. He said that the physical examination needed to be completed, and that the medical student had better get in there and “do a rectal.” Should the medical student do as he is told, perform a rectal examination on Mrs. P, or should he refuse to do as he is told in light of Mrs. P’s statements during the exam?

**Discussion:**

The student in this case believes that a rectal examination is not consistent with the wishes of his patient. The patient has stated that she does not want any further invasive or non-invasive testing and wishes to be discharged as promptly as is possible. A rectal examination, in addition to being an “invasive” component of the physical examination is also highly unlikely to yield relevant information in Mrs. P’s case. As the patient has refused further testing and intervention, the medical student has a clear interest in acting in accordance with his patient’s wishes, and as such preserving her autonomy.

The medical student is assigned to an internal medicine team of other students, residents, and physicians for a period of 4 weeks at our institution. He will work with this resident every day for the rest of his rotation. Medical school evaluations are largely subjective. Despite an effort to include standard measures in the evaluation process such as nationally standardized examinations, nearly half of the evaluation process is based on surveys completed by residents and attending physicians. As such, the student has an interest in following the resident’s instructions. Refusing to do as he is told could result in an unpleasant remaining four weeks. The resident is also in a position to negatively impact the student’s evaluation in a significant way.
In this case, the student chose not to complete a rectal examination of the patient. This was clearly the most legally and ethically defensible choice under the circumstances. Had the medical student performed a rectal examination on the patient without her consent (or worse yet, against her will), the student would be subject to the charge of Battery. According to expertlaw.com, Battery is defined as follows:

A battery is the willful or intentional touching of a person against that person’s will by another person, or by an object or substance put in motion by that other person. Please note that an offensive touching can constitute a battery even if it does not cause injury, and could not reasonably be expected to cause injury. A defendant who emphatically pokes the plaintiff in the chest with his index finger to emphasize a point may be culpable for battery (although the damages award that results may well be nominal). A defendant who spits on a plaintiff, even though there is little chance that the spitting will cause any injury other than to the plaintiff’s dignity, has committed a battery.

While it is difficult for this layman to articulate, the medical student in this case is charged with weighing his obligations to the individuals around him in order to arrive at the most ethically defensible position. On one hand, he has an obligation to his superiors to carry out their instructions and to help them with the tasks to which he is assigned. On the other hand, the medical student has an obligation to his patient. The medical student has a responsibility to do no harm, to act in the patient’s best interest, to maintain patient confidentiality, and to act in accordance with the patient’s goals and wishes. Had the resident told the student to run Mrs. Ps fluids at four times maintenance, the student would have likewise refused as this would have harmed the patient. The principle of *primum non nocere* outweighs the obligation to follow the chain of command.
The medical student could have bolstered his case by entering the patient’s room, explaining the purpose of the rectal examination, and asking for permission to perform that portion of the exam. The patient’s outright refusal would have made the student’s case a stronger one, rather than deriving the refusal from her broader statement about diagnostic testing in general.

In a 2001 issue of the *British Medical Journal*, Hicks and others demonstrated that most of the ethical dilemmas faced by medical students involve the delivery of patient care, and that most of these dilemmas are not resolved by the time the student graduates from medical school. An article by Len Doyal, in the *British Medical Journal* suggests that policies may help students avoid partaking in unethical situations. He points out that students often examine patients and do procedures without the informed consent of patients, under the wing of their supervisors. He notes that a patient should understand that a medical student’s role is primarily an educational one, and the patient should have ample opportunity to refuse student involvement in their care.

Doyal argues that students are learning about medical ethics on the job; students that have already developed a firm ethical framework may be disenfranchised by the disconnect between ethical principle and practice, as they are thrown into examinations and procedures for primarily educational purposes where appropriate informed consent has not been obtained. He goes on to point out that the “future bad doctors” of tomorrow may have their “. . . immaturity reinforced and conclude that they do not have to take professional or personal ethics seriously.”

**Conclusion:**
This case presentation brings out a conflict between a medical student’s interest in maintaining patient autonomy and an interest in following the instructions of a superior, in this case a resident physician. While the most ethically defensible position in this case is fairly clear – the student chose to disobey his instructions for the sake of maintaining patient autonomy – this case highlights a larger problem in medical ethics. Despite ongoing clamor about informed consent, despite additional signed documents on charts, true informed consent is still a rarity in medical practice.

It may serve medical education well to instruct students that they themselves are ethical agents, and have a relationship with each of their patients that is independent of the resident physicians, attending physicians, and other students. Perhaps students should begin to obtain their own, verbal, informed consent from patients when it is not obtained for them: “Ma’am, I would like to perform a physical examination on you at this time. This examination will likely be of little or no benefit to you, but will help me learn a proper history and physical, and may help me take care of patients like you in the future.” Perhaps if students get in the habit of obtaining informed consent during their early training, it will translate into a higher number of resident and attending physicians obtaining truly informed consent in the future.