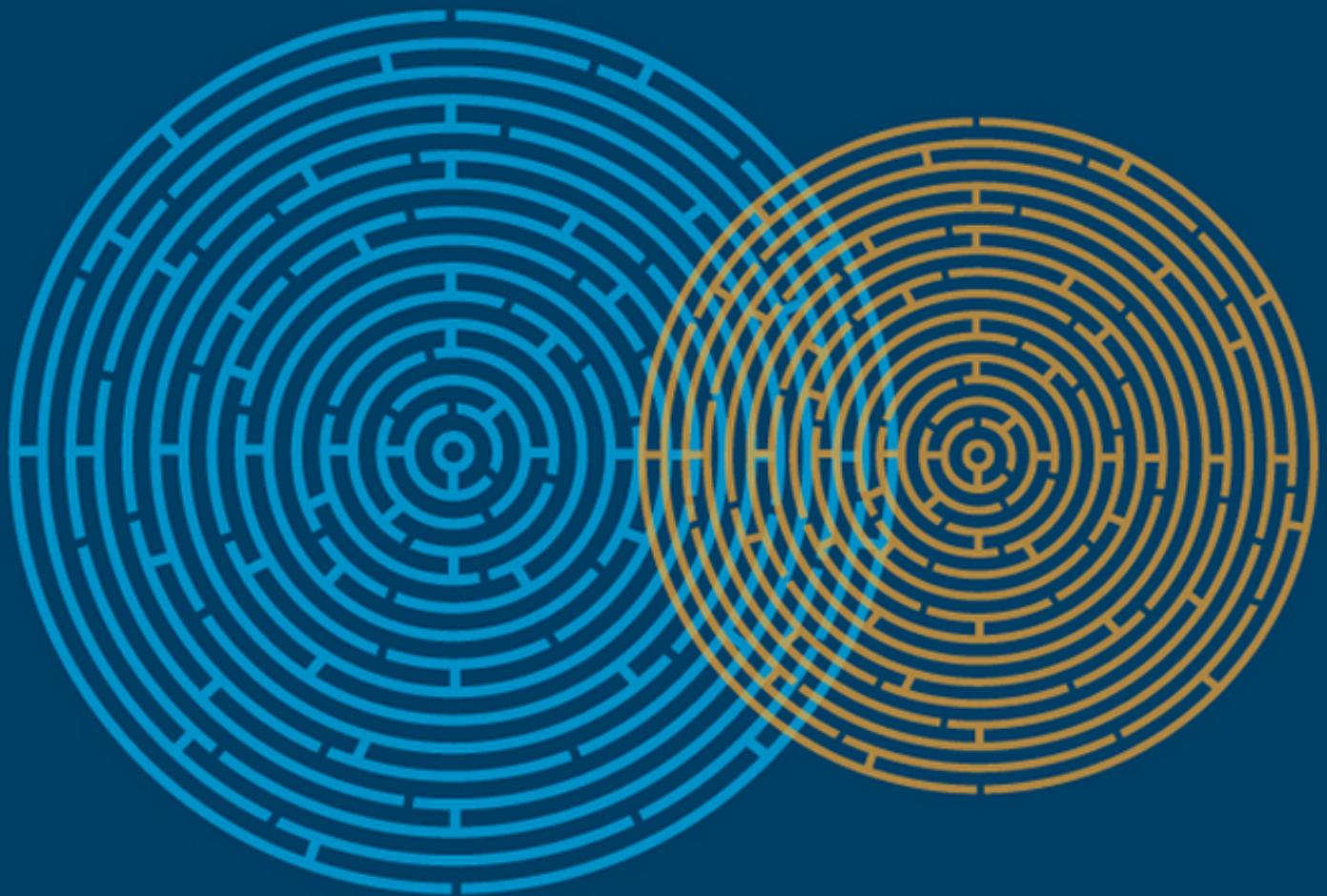


Ethical Problems in Emergency Medicine

A discussion-based review

Editor-in-Chief John Jesus · Senior Editor Peter Rosen

CURRENT TOPICS IN EMERGENCY MEDICINE



 WILEY-BLACKWELL

Table of Contents

[Cover](#)

[Current Topics in Emergency Medicine](#)

[Title page](#)

[Copyright page](#)

[Contributors](#)

[Preface](#)

[SECTION ONE: Challenging professionalism](#)

[1 Physician care of family, friends, or colleagues](#)

[Section I: Case presentation](#)

[Section II: Discussion](#)

[Section III: Review of the literature](#)

[Section IV: Recommendations](#)

[2 The impaired physician](#)

[Section I: Case presentation](#)

[Section II: Discussion](#)

[Section III: Review of the literature](#)

Section IV: Recommendations

3 Disclosure of medical error and truth telling

Section I: Case presentation

Section II: Discussion

Section III: Review of the literature

Section IV: Recommendations

4 Conflicts between patient requests and physician obligations

Section I: Case presentation

Section II: Discussion

Section III: Review of the literature

Section IV: Recommendations

5 Judgmental attitudes and opinions in the emergency department

Section I: Case presentation

Section II: Discussion

Section III: Review of the literature

Section IV: Recommendations

6 Using physicians as agents of the state

Section I: Case presentation

Section II: Discussion

Section III: Review of the literature

Section IV: Recommendations

SECTION TWO: End-of-life decisions

7 Family-witnessed resuscitation in the emergency department: making sense of ethical and practical considerations in an emotional debate

Section I: Case presentation

Section II: Discussion

Section III: Review of the literature

Section IV: Recommendations

8 Palliative care in the emergency department

Section I: Case presentation

Section II: Discussion

Section III: Review of the literature

Section IV: Recommendations

9 Refusal of life-saving therapy

Section I: Case presentation

Section II: Discussion

Section III: Review of the literature

Section IV: Recommendations

10 Revisiting comfort-directed therapies: death and dying in the emergency department, including withholding and withdrawal of life-sustaining treatment

Section I: Case presentation

Section II: Discussion

Section III: Review of the literature

11 Futility in emergency medicine

Section I: Case presentation

Section II: Discussion

Section III: Review of the literature

Section IV: Recommendations

Acknowledgement

SECTION THREE: Representing vulnerable populations

12 The care of minors in the emergency department

Section I: Case presentation

Section II: Discussion

Section III: Review of the literature

Section IV: Recommendations

13 Chemical restraints, physical restraints, and other demonstrations of force

Section I: Case presentation

Section II: Discussion

Section III: Review of the literature

Section IV: Recommendations

14 Capacity determination in the patient with altered mental status

Section I: Case presentation

Section II: Discussion

Section III: Review of the literature

Section IV: Recommendations

15 Obstetric emergency: perimortem cesarean section

Section I: Case presentation

Section II: Discussion

Section III: Review of the literature

Section IV: Recommendations

SECTION FOUR: Outside influence and observation

16 Non-medical observers in the emergency department

Section I: Case presentation

Section II: Discussion

Section III: Review of the literature

Section IV: Recommendations

17 Religious perspectives on do-not-resuscitate (DNR) documents and the dying patient

Section I: Case presentation
Section II: Discussion
Section III: Review of the literature
Section IV: Recommendations

18 Non-physician influence on the scope and responsibilities of emergency physicians

Section I: Case presentation
Section II: Discussion
Section III: Review of the literature
Section IV: Recommendations

19 Privacy and confidentiality: particular challenges in the emergency department

Section I: Case presentation
Section II: Discussion
Section III: Review of the literature
Section IV: Recommendations

SECTION FIVE: Emergency medicine outside the emergency department

20 Short-term international medical initiatives

Section I: Case presentation
Section II: Discussion
Section III: Review of the literature

Section IV: Recommendations

21 Disaster triage

Section I: Case presentation

Section II: Discussion

Section III: Review of the literature

Section IV: Recommendations

22 The emergency physician as a bystander outside the hospital

Section I: Case presentation

Section II: Discussion

Section III: Review of the literature

Section IV: Recommendations

23 Military objectives versus patient interests

Section I: Case presentation

Section II: Discussion

Section III: Review of the literature

Section IV: Recommendations

SECTION SIX: Public health as emergency medicine

24 Treatment of potential organ donors

Section I: Case presentation

Section II: Discussion

Section III: Review of the literature
Section IV: Recommendations

25 Mandatory and permissive reporting laws: conflicts in patient confidentiality, autonomy, and the duty to report

Section I: Case presentation
Section II: Discussion
Section III: Review of the literature
Section IV: Recommendations

26 Ethics of care during a pandemic

Section I: Case presentation
Section II: Discussion
Section III: Review of the literature
Section IV: Recommendations

SECTION SEVEN: Education and research

27 Practicing medical procedures on the newly or nearly dead

Section I: Case presentation
Section II: Discussion
Section III: Review of the literature
Section IV: Recommendations

28 Ethics of research without informed consent

Section I: Case presentation

Section II: Discussion

Section III: Review of the literature

Section IV: Recommendations

Appendix: useful resources

Index

Current Topics in Emergency Medicine

Series editor-in-chief, Peter Rosen

Associate series editor-in-chief, Shamai A. Grossman

Ethical Problems in Emergency Medicine

A discussion-based review

John Jesus, MD

Chief Resident, Department of Emergency
Medicine
Beth Israel Deaconess Medical Center
Boston, MA, USA
Clinical Instructor, Department of Emergency
Medicine
Christiana Care Health System
Newark, DE, USA

Shamai A. Grossman, MD, MS, FACEP

Vice Chair for Resource Utilization
Director, Cardiac Emergency Center
Division of Emergency Medicine
Beth Israel Deaconess Medical Center
Assistant Professor of Medicine, Harvard
Medical School
Boston, MA, USA

Arthur R. Derse, MD, JD FACEP

Director, Center for Bioethics and Medical
Humanities
Julia and David Uihlein Professor of Medical
Humanities
Professor of Bioethics and Emergency
Medicine
Institute for Health and Society
Medical College of Wisconsin
Milwaukee, WI, USA

James G. Adams, MD

Professor and Chair, Department of
Emergency Medicine
Feinberg School of Medicine
Northwestern University
Northwestern Memorial Hospital
Chicago, IL, USA

Richard Wolfe, MD

Chief of Emergency Medicine
Beth Israel Deaconess Medical Center
Associate Professor of Medicine
Harvard Medical School
Boston, MA, USA

Peter Rosen, MD, FACS, FACEP

Director of Education
Beth Israel Deaconess Medical Center
Senior Lecturer in Medicine
Harvard Medical School
Boston, MA, USA

 **WILEY-BLACKWELL**

A John Wiley & Sons, Ltd., Publication

This edition first published 2012 © 2012 by John Wiley & Sons, Ltd.

Wiley-Blackwell is an imprint of John Wiley & Sons, formed by the merger of Wiley's global Scientific, Technical and Medical business with Blackwell Publishing.

Registered office: John Wiley & Sons, Ltd, The Atrium, Southern Gate, Chichester, West Sussex, PO19 8SQ, UK

Editorial offices: 9600 Garsington Road, Oxford, OX4 2DQ, UK

The Atrium, Southern Gate, Chichester, West Sussex, PO19 8SQ, UK

111 River Street, Hoboken, NJ 07030-5774, USA

For details of our global editorial offices, for customer services and for information about how to apply for permission to reuse the copyright material in this book please see our website at www.wiley.com/wiley-blackwell

The right of the author to be identified as the author of this work has been asserted in accordance with the UK Copyright, Designs and Patents Act 1988.

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, except as permitted by the UK Copyright, Designs and Patents Act 1988, without the prior permission of the publisher.

Designations used by companies to distinguish their products are often claimed as trademarks. All brand names and product names used in this book are trade names, service marks, trademarks or registered trademarks of their respective owners. The publisher is not associated with any product or vendor mentioned in this book. This publication is designed to provide accurate and authoritative information

in regard to the subject matter covered. It is sold on the understanding that the publisher is not engaged in rendering professional services. If professional advice or other expert assistance is required, the services of a competent professional should be sought.

The contents of this work are intended to further general scientific research, understanding, and discussion only and are not intended and should not be relied upon as recommending or promoting a specific method, diagnosis, or treatment by physicians for any particular patient. The publisher and the author make no representations or warranties with respect to the accuracy or completeness of the contents of this work and specifically disclaim all warranties, including without limitation any implied warranties of fitness for a particular purpose. In view of ongoing research, equipment modifications, changes in governmental regulations, and the constant flow of information relating to the use of medicines, equipment, and devices, the reader is urged to review and evaluate the information provided in the package insert or instructions for each medicine, equipment, or device for, among other things, any changes in the instructions or indication of usage and for added warnings and precautions. Readers should consult with a specialist where appropriate. The fact that an organization or Website is referred to in this work as a citation and/or a potential source of further information does not mean that the author or the publisher endorses the information the organization or Website may provide or recommendations it may make. Further, readers should be aware that Internet Websites listed in this work may have changed or disappeared between when this work was written and when it is read. No warranty may be created or extended by any promotional statements for this work. Neither the publisher nor the author shall be liable for any damages arising herefrom.

Library of Congress Cataloging-in-Publication Data
Ethical problems in emergency medicine : a discussion-
based review / John Jesus ... [et al.].

p. cm.

Includes bibliographical references and index.

ISBN 978-0-470-67347-8 (pbk.)

1. Emergency medicine--Moral and ethical aspects. 2. Medical ethics. I. Jesus, John.

RC86.95.E834 2012

174.2'96025-dc23

2011049653

A catalogue record for this book is available from the British
Library.

Wiley also publishes its books in a variety of electronic
formats. Some content that appears in print may not be
available in electronic books.

Contributors

Matthew B. Allen, BA

Research Assistant, Department of Emergency Medicine
Brigham and Women's Hospital
Boston, MA, USA

Shellie L. Asher, MD, MSr

Associate Professor, Department of Emergency Medicine
Albany Medical College
Albany, NY, USA

Chloë-Maryse Baxter, MBChB, BSc MHPE

Pediatric Emergency Medicine Advanced Trainee
Sydney Children's Hospital
Randwick, NSW, Australia

Alexander Bracey, BS

Clinical Research Assistant Beth Israel Deaconess Medical
Center
Boston, MA, USA

Laura G. Burke, MD, MPH

Clinical Instructor of Medicine, Harvard Medical School
Harvard Affiliated Emergency Medicine Residency
Beth Israel Deaconess Medical Center
Boston, MA, USA

Jonathan Burstein, MD, FACEP

OEMS Medical Director, Commonwealth of Massachusetts
Assistant Professor, Harvard Medical School
Department of Emergency Medicine
Boston, MA, USA

Michael N. Cocchi, MD

Instructor of Medicine, Harvard Medical School
Attending Physician, Department of Emergency Medicine
and Department of Anesthesia Critical Care
Associate Director, Critical Care Quality

Beth Israel Deaconess Medical Center
Boston, MA, USA

Arthur R. Derse, MD, JD FACEP

Director, Center for Bioethics and Medical Humanities
Julia and David Uihlein Professor of Medical Humanities
Professor of Bioethics and Emergency Medicine
Institute for Health and Society
Medical College of Wisconsin
Milwaukee, WI, USA

Paul DeSandre, DO

Assistant Chief, Section of Palliative Medicine
Atlanta VA Medical Center
Associate Program Director, Fellowship in Hospice and
Palliative Medicine
Assistant Professor, Emergency Medicine and Hospice and
Palliative Medicine
Emory University
Atlanta, GA, USA

Christine Dyott, BA

Clinical Research Assistant, Department of Emergency
Medicine
Beth Israel Deaconess Medical Center
Boston, MA, USA

Kirsten G. Engel, MD

Assistant Professor, Department of Emergency Medicine
Feinberg School of Medicine
Northwestern University
Chicago, IL, USA

V. Ramana Feeser, MD

Assistant Professor of Emergency Medicine, Department of
Emergency Medicine
Virginia Commonwealth University (VCU)
VCU Medical Center-Main Hospital
Richmond, VA, USA

Joel Martin Geiderman, MD, FACEP

Co-Chairman, Department of Emergency Medicine
Professor of Emergency Medicine, Cedars-Sinai Medical
Center

Los Angeles, CA, USA

Shamai A. Grossman, MD, MS, FACEP

Vice Chair for Resource Utilization
Director, Cardiac Emergency Center
Division of Emergency Medicine
Beth Israel Deaconess Medical Center
Assistant Professor of Medicine, Harvard Medical School
Boston, MA, USA

Kathryn L. Hall-Boyer, MD, FACEP

CEP America, Attending Emergency Physician
Memorial Medical Center
Colonel, Army Reserve (Retired)
Modesto, CA, USA

Cherri Hobgood, MD

The Rolly McGrath Professor
Chair of Emergency Medicine, Department of Emergency
Medicine
Indiana University School of Medicine
Indianapolis, IN, USA

John Jesus, MD

Chief Resident, Department of Emergency Medicine
Beth Israel Deaconess Medical Center, Boston, MA, USA
Clinical Instructor, Department of Emergency Medicine
Christiana Care Health System
Newark, DE, USA

Ajay V. Jetley, MD

Resident Physician, Department of Emergency
Medicine
University of Toledo College of Medicine
Toledo, OH, USA

Christopher Kang, MD, FACEP, FAWM

Director of Research, Attending Physician, Department of

Emergency Medicine
Madigan Army Medical Center
Tacoma, WA, USA

Dave W. Lu, MD, MBE
Acting Instructor, Department of Medicine
Division of Emergency Medicine
University of Washington School of Medicine
Seattle, WA, USA

Catherine A. Marco, MD, FACEP
Professor, Department of Emergency Medicine
University of Toledo College of Medicine
Toledo, OH, USA

Kenneth D. Marshall, MA, MD
Resident Physician, Department of Emergency Medicine
Beth Israel Deaconess Medical Center
Boston, MA, USA

Abhi Mehrotra, MD
Assistant Professor Emergency Medicine, Department of
Emergency Medicine
University of North Carolina School of Medicine
Chapel Hill, NC, USA

Glen E. Michael, MD
Assistant Professor of Emergency Medicine
University of Virginia
Charlottesville, VA, USA

Peter Moffett, MD
Captain, United States Army
Medical Corps
Director of Research, Department of Emergency Medicine
Carl R. Darnall Army Medical Center
Fort Hood, TX, USA

John C. Moskop, PhD
Wallace and Mona Wu Chair in Biomedical Ethics
Professor of Internal Medicine, Wake Forest School of

Medicine

Winston-Salem, NC, USA

Jennifer V. Pope, MD

Clinical Instructor of Medicine, Harvard Medical School

Assistant Residency Director

Harvard Affiliated Emergency Medicine Residency

Beth Israel Deaconess Medical Center

Boston, MA, USA

Tammie E. Quest, MD

Interim Director, Emory Palliative Care Center

Chief, Section of Palliative Medicine

Atlanta VAMC

Fellowship Director, Hospice and Palliative Medicine

Division of Geriatrics and Gerontology

Associate Professor, Department of Emergency Medicine

Director, EPEC-EM

Atlanta, GA, USA

Raquel M. Schears, MD, MPH

Associate Professor of Emergency Medicine, Department of

Emergency Medicine

Mayo Clinic

Mayo Graduate School of Medicine

Rochester, MN, USA

Terri A. Schmidt, MD, MS

Professor of Emergency Medicine, Department of

Emergency Medicine

Health and Science University

Portland, OR, USA

Jeremy R. Simon, MD, PhD

Assistant Professor of Clinical Medicine

Scholar-in-Residence, Center for Bioethics

Columbia University

New York, NY, USA

Christian M. Sloane, MD

Associate Clinical Professor of Emergency Medicine,

Department of Emergency Medicine
University of California
San Diego, CA, USA

Avraham Steinberg, MD

Professor and Director, Medical Ethics Unit
Senior Pediatric Neurologist
Shaare Zedek Medical Center
Jerusalem, Israel

Jessica H. Stevens, MD, MPH

Clinical Instructor, Harvard Affiliated Emergency Medicine
Residency Program
Beth Israel Deaconess Medical Center
Boston, MA, USA

Taku Taira, MD

Assistant Program Director
Assistant Clinical Professor, Department of Emergency
Medicine
Stony Brook University Medical Center
Stony Brook, NY, USA

Carrie Tibbles, MD

Instructor in Medicine at Harvard Medical School
Department of Emergency Medicine
Beth Israel Deaconess Medical Center
Boston, MA, USA

Michael C. Tricoli, MD

Resident, Department of Emergency Medicine
University of Toledo Medical Center
Toledo, OH, USA

Zev Wiener, BA

Medical Student
Harvard Medical School
Boston, MA, USA

Michael P. Wilson, MD, PhD

Clinical Research Fellow, Department of Emergency
Medicine

University of California
San Diego, CA, USA

Preface

The emergency department (ED) is a setting in which medicine is practiced with limited time and information, where relationships with patients are stressed and fleeting, and the diversity of population and the human condition is extraordinary. At once humbling and extreme, these situations are replete with ethical conflicts with which emergency clinicians continually grapple. This book is designed to consolidate the relevant literature as well as the thoughts of professionals currently working in the field into a practical and accessible reference for the emergency medical technician, student, nurse, resident, and attending emergency physician. Each chapter is divided into four sections: case presentation, discussion, review of the current literature, and recommendations. Designed to serve simultaneously as a learning and reference tool, each chapter begins with a real case that was encountered in an ED setting. The case presentation is followed by a short discussion of the case, as if at a morbidity and mortality conference, by a panel of experienced attending physicians explaining how they would approach the ethical dilemmas associated with the case, and a review of the existing literature. In the interests of convenience and ease of reading, in the discussion section, the male pronoun alone is often used when referring to a physician or patient. The concluding section contains recommendations, which, in and of themselves, may be used as a quick review and reference guide while caring for patients. Although the book is written from the viewpoint of physicians practicing in the USA, several principles would apply to physicians working in other countries as well.

The concept of this book originated from two sources: the first was a conversation with Richard Wolfe about the relative dearth of literature on ethical problems in emergency medicine. What does exist often appears to be theoretical, derived by professionals who do not practice emergency medicine and are oblivious to the nuances of making decisions in a severely time-constrained environment. The second source of inspiration came from the success of the discussion format used in the difficult airway section in the *Journal of Internal and Emergency Medicine*.

The case-based format of the book is based on the weekly morbidity and mortality conferences at the Beth Israel Deaconess Medical Center in Boston, Massachusetts, USA. This conference has been one of the most successful forms of education of our residency program in emergency medicine. We therefore felt there is educational value in presenting problems based on cases.¹ Each case is presented by the chapter author(s), and then discussed by a panel comprising the book's editors and special guests for the topic when appropriate. The editors were chosen to represent different institutions and schools of thought. We also deliberately chose editors and authors with different amounts of experience and practice, so that we could represent different generations of clinical practice. While we hoped to attain consensus on an approach to ethical dilemmas, you will quickly note that we rarely all agree. Common among all discussants, however, is a shared belief in human dignity and a respectful and collaborative approach to solving ethical problems.

Current medical literature places a heavy emphasis on "evidence" based on prior research. As one who reads any evidence-based literature knows, however, quality of evidence is hard to define, and is often referenced against the gold standard of a prospective, randomized clinical trial.

Although clinical trials are possible within the field of medical ethics, generalizable answers to ethical dilemmas can be elusive. Contributing to this frustrating reality is the concept that there are no hardline principles or rules that apply to all ethical dilemmas. The often cited principles that serve as the basis for US federal regulations include respect for persons, justice, beneficence, and non-maleficence. What is not as commonly understood, is that these principles are all equally important and should be used as a framework, rather than as strict rules, to assess moral problems in the pursuit of the “‘greatest possible balance’ of right over wrong.”² We violate the principle of respect for persons when we physically and chemically restrain the agitated suicidal patient in the ED, for example, because we identify the beneficence in our efforts to protect patient safety from self-harm as more important. In addition, the value of life in and of itself is not among this list of principles obscuring what should be the fundamental tenet of ethics in medicine.

What about citing prior ethical opinions? This is, in fact, one of the foundations of medical ethics, that prior opinions are useful in helping one to decide what to do. Although useful considerations, they often will not solve a modern dilemma since attitudes change drastically on emotionally charged medical ethical issues. Although we will refer to opinions cited, we will not assign weight or term of evidence for such opinions. Instead, we hope to demonstrate realistic attitudes towards problems that are based not only on generation, but to some degree culture, and individual physician experience. This is not to provide an “answer” that will satisfy all, but rather perspective on how emergency physicians make ethical decisions.

We have tried to cover the major ethical dilemmas discussed in the emergency medicine literature over the past decade, in an attempt to make this work as relevant

and useful as possible. That said, we are sure to have omitted important topics readers might deem more important than the ones we chose to discuss. Nevertheless, no book can be infinite in scope, and if our methodology works, readers may find insight herein that may better inform their decisions and approach to ethical problems not specifically discussed. The point of the book is to remember that ethical dilemmas in the ED occur on a daily basis. If one does not reflect on them and establish a coherent management strategy before they are encountered clinically, one can be paralyzed from acting appropriately. It is our hope that this book will help medical professionals reflect on ethical problems, and help guide their decisions before they encounter the real-life situations. We believe that while we may not have always reached a consensus about the ethical dilemmas discussed in this volume, the reader will understand that all decisions about ethical problems are not equal, that reasonable people can and will disagree over how ethical problems ought to be managed, and that there are some decisions that are clearly wrong. However, equally important during disagreements is a serious attempt at respectful resolution through reasoned argument. In the following pages, we hope to stimulate thought, discussion, and perspective on what are difficult ethical problems we all encounter in the modern practice of emergency medicine.

John Jesus, MD
Shamai A. Grossman, MD, MS, FACEP
Arthur R. Derse, MD, JD FACEP
James Adams, MD
Richard Wolfe, MD
Peter Rosen, MD, FACS, FACEP

References

1. Rosen R, Edlich RF, Rosen CL, et al. (2008) Becoming a specialist in emergency medicine. *J Emerg Med.* 34(4), 471-6.
2. Beauchamp TL, Childress JF. (2009) *Principles of Biomedical Ethics*, 6th ed. New York, NY: Oxford University Press, USA.

SECTION ONE

Challenging Professionalism

1

Physician Care of Family, Friends, or Colleagues

Taku Taira,¹ Joel Martin Geiderman²

¹Assistant Program Director and Assistant Clinical Professor,
Department of Emergency Medicine, Stony Brook University
Medical Center, Stony Brook, NY, USA

²Co-Chairman, Department of Emergency Medicine,
Professor of Emergency Medicine, Cedars-Sinai Medical
Center, Los Angeles, CA, USA

Section I: Case Presentation

Dr. Ralph Smith is a 50-year-old emergency physician who has been practicing for 20 years. The 10-year-old son of one of the other emergency physicians, with whom Dr. Smith has worked for 15 years, is brought in by his parents for a 3-cm simple laceration on the mentum of the chin. Dr. Smith is asked by the charge nurse to see this patient. What is the proper response?

Dr. Ralph Rogers' cousin Bob and wife Joan are visiting from Texas, and their luggage is lost. The airline informs them that they have no idea where their luggage is, and cannot give them an estimate of when they will be able to locate and deliver the bags. All of Joan's medications were in her checked luggage. On the way to Dr. Rogers' house, she stops by the emergency department (ED) where he is working, asks him to come to the waiting room, and then requests him to write her prescriptions. Dr. Rogers knows Joan is a smoker and has some mild chronic obstructive pulmonary disease and hypertension, but does not know any more of her medical history. She is on an albuterol inhaler, furosemide, atenolol, sertraline, and alprazolam. How should Dr. Rogers handle this situation?

Dr. Walter St. John is the Chairman of the ED at a large metropolitan hospital, and has been on staff for 30 years. Dr. Bob Schwartz, an internist on staff for the past 25 years is brought in with vomiting, diarrhea, abdominal pain, and fever. Should Dr. St. John treat Dr. Schwartz?

Dr. Elliott Alexander is on duty at a busy ED with several physicians on duty. His brother, age 63, presents with paroxysmal atrial fibrillation with a rapid response. His vital signs are: blood pressure 80/50 mmHg; heart rate 140-150