



ETHICS IN ACTION

Jean Abbott, MD, MH

**Emergency Medicine and Center for Bioethics and Humanities
University of Colorado School of Medicine**

The following case comes from the revised 2012 SAEM Ethics Curriculum, Module 8: Professional Responsibilities. The entire curriculum and multiple provocative teaching cases are available on-line at the SAEM website.

A 26 year old man presents with severe tachycardia, tremors, a history of alcoholism, and signs of significant alcohol withdrawal. He doesn't respond adequately to ED interventions. As you prepare to admit him, he asks you not to tell his mother and grandmother, since he lives with both of them. He is enrolled in Alcoholics Anonymous, has had a DUI conviction and is being monitored by the courts. He is worried that telling his family will jeopardize his current probationary status, and he doesn't want to "get into trouble."

CASE QUESTIONS:

1. Should you agree to the patient's request?
2. What should you say to the family when they ask what is going on and if this is related to alcohol?
3. Do you have any obligation to the larger society in this instance?

DISCUSSION:

Professional codes – whether the general Code of Ethics by the AMA or the more specific Code of Ethics for Emergency Physicians – outline the special obligations that emergency physicians have towards patients, colleagues, themselves and society.

One area where the Codes may be less than helpful is the area of confidentiality and truth telling. These are important values described in all codes. Some exceptions to confidentiality are clear: when a patient is an imminent threat to himself/herself or others, beneficence and public safety warrant overriding patient confidentiality. But cases where the patient asks you not to disclose intoxication, or to not reveal HIV status, or an unexplained pregnancy are not as clear-cut. Likewise, truth telling (to this patient's family, for instance) can sometimes conflict with respect for patient, the family unit or traditions in some cultures. Balancing short-term good will vs. long-term beneficence for the patient, non-imminent but real risks to family, friends and the rest of society, make these ethical choices difficult for the professional.

In this case, the family asked the EP straight out if the patient was drinking and if that caused his medical problem. Rather than breaking the confidence of this patient, the physician has a few choices:

- Encourage the family to ask the patient.
- Inform the family that the patient has asked that he not discuss the medical issues with the family.
- Go back to the patient and try to convince him that the family should know.

This case is difficult for several reasons. First, physicians don't want to be accused of paternalism, and we are perhaps not sure what is really in the patient's best interest. Would disclosure ultimately be in the patient's best interest? Would disclosure harm the family interactions? Would it be helpful, in that "medicalizing" alcoholism and being non-judgmental about a very serious medical condition is a way to break down barriers to talking about a sometimes-taboo subject?

Next, it is important not to abrogate your professional responsibilities by hiding behind his autonomy straight off ("Oh, I have to honor whatever he says."). The patient's initial "autonomous" request should be approached with caution. You are obligated to discuss the implications of his choice with him, and perhaps to advocate for the benefits of being honest to his family and acting responsibly to take charge of his health. We do this knowing that patients sometimes make bad choices that we can't prevent or override.

Finally, we need to consider how we balance our obligation to the patient and his family relationships with an obligation to keep the rest of society safe from alcoholics. Though we don't know if this patient engaged in dangerous behaviors while drunk, as EPs we worry about the personal and societal impacts of alcoholism and we see them first-hand in the ED all too frequently.

As with most ethical dilemmas, different people come down honestly on different sides of the argument about whether or how you should disclose the patient's clinical diagnosis of alcohol withdrawal. What would you do? ▀