WORKSHOP IN EHTICAL DILEMMAS: FAMILY MEDICINE

Estes Park, June 2010

Objectives:

- Discuss changing disease spectrum in clinical practice
- Consider ethical dilemmas related to insurance companies
- Develop approach for “difficult” patients
- Construct an ethical framework for moral dilemmas in reproductive medicine

Case #1:

SS is a 59 year old schizophrenic patient who requires repeated admissions for his DM II, which is poorly controlled. His Hg A1C level has ranged from 7 – 10 for the past 2 years, and he doesn’t come to group classes to learn about how to manage his disease. His feet are poorly cared for. Mental Health Clinic visits are scant. He lives with his brother (most of the time), but brother works and can’t come to appointments with him.

What factors make this patient difficult to care for?

Is this patient “difficult”? “Non-compliant”?

You are quality-monitored on diabetic care you provide – how do you grapple with his inability to follow the medical plan – ethically and professionally?

Case #2:

HG is a 55 year old divorced man whom you have followed in your clinic for the past 3 years. His cholesterol is a bit high, hypertension is easily controlled on hydrochlorothiazide, and he is on Prozac for depression. You see him about every 6 months. Today he states he has lost his job and insurance. He asks you to keep him as a patient, though your panel of uninsured patients is full.

Should you release him from your practice?

Would you feel differently if the patient had DM II and s/p 2 stents in 2009 and significant hyperlipidemia, requiring monthly visits?

Case #3:
KB is a 36 year old physician-patient, who presents with failure of her IUD, G3 P2 now at 8 weeks pregnant. She breaks down in the office, stating she is done with having kids, and that her husband has said he can't handle another child. She asks for RU-486. You don’t believe in abortions for “social” reasons.

What are your obligations as a physician?

Does the patient have all the autonomy in this situation?

Case #4:

ST is a 32 year old patient of 6 years in your group’s practice. She has been fired by multiple other providers in your and other physicians’ practices. She has chronic back pain, depression, fibromyalgia, hypothyroidism. She has been on 8 Percocet per day for the past 2 months, and wants to switch to Oxycontin. She lost her prescription for Percocet 2 months ago, and now is calling your practice early for refills. She has a remote history of drug abuse, and she drinks a “couple of beers” daily.

Should you dismiss her from your practice?

How do you “do good” for this patient?
FAMILY MEDICINE ETHICS REFERENCES


Relman A. The health reform we need and are not getting. NY Review Books. 2009 (July 2); accessed at http://www.nybooks.co/articles/22798.

