132 What Would You Do? Case Studies in Laboratory Ethical Dilemmas

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This session will cover ethical topics using a case-based format, including forensics, hospital autopsy service, blood bank, and HLA. Interactive discussion will focus on rationing scarce resources, informed consent, and disclosure of medical information.

- Recognize ethical dilemmas that arise in the course of practice.
- Learn ethical principles that can guide conduct in a variety of situations.
- Reason through cases and learn about resources that are available when confronting ethical issues.

FACULTY:

Lauren Smith MD

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WHAT WOULD YOU DO?

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Case studies in Laboratory Ethical Dilemmas

DISCLOSURES

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INTRODUCTION

- Ethical issues arise in all areas of medicine, including pathology.
- Ethical concepts will be introduced.
- Cases will be presented to illustrate complicated topics that arise.
- Possible solutions will be discussed.
### BASIC ETHICAL PRINCIPLES
- **Autonomy:** The patient or surrogate must provide consent for procedures/medical care.
- **Beneficence:** The physician should always act in the best interest of the patient.
- **Non-maleficence:** First do no harm (*primum non nocere*).
- **Justice:** Fairness and equity in the distribution of scarce resources.

### GUIDING PRINCIPLES
- **Privacy:** Patient information should be kept confidential.
- **Futility:** An intervention or specific type of care cannot be mandated by the patient in the absence of data that it is indicated.
- **Honesty:** Healthcare providers should be truthful in answering patient/family questions.
- **Cultural sensitivity:** Cultural requests and integrated into care in certain situations.
CASE #1
- Mr. S was found unconscious in his apartment by his daughter. He was transported to the hospital and pronounced dead on arrival. The family does not want an autopsy. In their religion, the body must be buried within 24 hours of death. The medical examiner is requiring an autopsy prior to release of the body to the funeral home.

DOES AN AUTOPSY REQUIRE CONSENT?

ISSUES IN CASE #1
- The patient’s family is refusing an autopsy.
- As the cause and manner of death are unclear, the medical examiner is requiring an autopsy.
- Don’t the principle of autonomy require informed consent?
In the case of a hospital-based autopsy, consent by the next of kin is required.

In a forensic case, the consent is not required because the medical examiner is ensuring the death was not a homicide.

In this way, he is acting on behalf of the patient (who cannot speak for himself) and society (beneficence and justice).
BODY RELEASE

- Death reviewed by resident
- Routine
- Suspicious/Unusual circumstances
- Medical examiner contacted
- Accepts case
- Body released to funeral home
- Declines case
- Mandated autopsy prior to release

RESOLUTIONS

- Explain the ethical basis for requiring autopsy to the family.
- Expedite the process, if possible, to allow the burial of the patient on the specified date.

COMMENTS?

QUESTIONS?
Mr. M dies in the hospital after a long battle with lung cancer. An autopsy is requested by the team and the family consents. The body is later released to the funeral home and buried two days later. The patient’s son happens to know an employee in the morgue and discovers that large portions of his father’s lungs and other tissues were retained in the autopsy suite in a “save bucket.” He is enraged and calls his lawyer.
IS IT ETHICAL TO RETAIN TISSUE FROM AN AUTOPSY?

ISSUES IN CASE #2

- The son is upset that his father’s body was buried without all of the tissues replaced after the autopsy.
- Tissue is often required for histopathologic diagnosis and re-examination if unexpected findings arise.

NCI AUTOPSY GUIDELINES

- "During dissection, small blocks of tissue from all organ sites are fixed in formaldehyde. (Please refer to AFIP manual for instructions on blocking an autopsy). These blocks are placed in labeled plastic "save" jars and are trimmed after 24 hours’ fixation. The save jars are stored on each resident’s individual shelf until the autopsy is signed out. Representative large sections of all the organs are saved in a large metal canister. After the gross conference, any excess bulk tissue can be disposed. The remaining wet tissue is retained for 60 days after the autopsy is signed out. After these deadlines, the tissue is incinerated. If unusual circumstances make it necessary to save tissues for longer periods of time, write "SAVE" on the jar or canister."
For decades, whole organs were saved from autopsy cases.

Discovery of these organs in 1999.

Other hospitals in England were found to have done the same.

Dutch pathologist faced prosecution and was banned from medical practice.

Lawsuits were filed.

Is it ethical to retain tissue from an autopsy for diagnosis?

The retention of tissue is part of the consent form (autonomy).

The purpose is to provide the best clinical diagnosis/cause of death (beneficence).

If it is only for research, separate permission would be required.

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RESOLUTIONS

- Make families aware of this policy in a consent form.
- Ensure that only the tissues absolutely necessary are retained routinely.
A 65-year-old woman with metastatic carcinoma was admitted to the hospital with a gastrointestinal bleed. She had prior radiation therapy which controlled the growth of the tumor; however now and it has penetrated her colon. The physicians have not been able to stop the bleeding and she currently requires 6-8 units of blood/day. She is not ready to give up and wishes to continue with the transfusions indefinitely.

Is it ethical to continue to provide her with this large quantity of blood?

What options should the patient and family be given?
**ETHICAL ARGUMENT**

- The patient has “consented” to continued blood transfusions (autonomy).
- The principle of justice would support the idea of carefully allocating a scarce resource.
- Questions of futility arise—ie. whether the patient will really benefit from the treatment in a substantive way.

**RESOLUTIONS**

- Discuss the situation with the patient and explain the scarcity of blood.
- Ask family members to donate blood for other patients.
- Place a limit on the number of days or units that will be provided.
- Nature could ultimately limit the ability to transfuse indefinitely.
An oncologist contacts the ethics committee. His patient, a 45-year-old man with treated cancer, called him because his wife is pregnant. He wants to know if his prior chemotherapy could cause birth defects in the unborn baby. The oncologist does not believe that it is possible that this patient could father a child after the treatment regimen he received. He doesn’t know what he should tell the patient.
The oncologist doesn’t want to be dishonest.

This information could be unwanted and/or very upsetting for the patient.

It isn’t the information that the patient actually requested.

SHOULD THE ONCOLOGIST TELL THE PATIENT HE MAY NOT BE THE FATHER?

NO

Paternal exclusion arises in the HLA laboratory as part of the testing that occurs prior to transplant.

These results are not disclosed to the patient or the family.

There is no national policy, but generally it is agreed that these findings should not be disclosed.

Paternity testing has important regulations that must be followed based on AABB guidelines.
ETHICAL ARGUMENT

- The physician’s role is to first do no harm (non-maleficence).
- The oncologist should remember the question that was asked in deciding the course of action.
- While this information may be important to the patient, the physician is not the person who should speculate or provide this information at this time.

RESOLUTION

- On further questioning, the oncologist admitted that there is a small chance the patient could father a child.
- The patient was given evidence-based information that babies born after chemotherapy have not been shown to have an increased risk of birth defects.
The pathology resident is called at 3 a.m. by the blood bank technologist because a physician is requesting platelets for an urgent neurosurgical procedure. The patient only has a platelet count of 35 K/uL and 100 K/uL is required for the procedure. A platelet shortage is present and a new shipment will not arrive from the Red Cross until the following afternoon. A liver transplant is scheduled to begin in the next few hours.
WHO SHOULD GET THE PLATELETS?

ISSUES IN CASE #5

- The neurosurgical patient emergently needs the platelets for a life-saving procedure.
- Use “First come, first served” argument?

WHAT IF?

- The neurosurgical patient was unlikely to survive?
- In that case, could the surgery be attempted with fewer platelets in order to use them in the case that would be more successful?
**ETHICAL ARGUMENT**

- "Rationing" issues raised.
- Also relevant to disaster preparedness (i.e. H1N1).
- Justice arguments can be used to justify a plan of action.

**RESOLUTION**

- Participate in a discussion with neurosurgeons about the necessity of the transfusion and whether it may be possible to adjust the number of platelets needed.
- Determine whether there is an opportunity to mobilize more platelets from another institution or transfer the transplant patient to another hospital for the scheduled liver transplant.
All areas of medicine have ethical issues that arise daily.

Pathology has some unique issues.

Some issues will be controversial and there may be no “right” answer.

Application of basic ethical principles can help guide decision-making.