Abstract 40

Ethical Dilemma in the Preoperative Assessment Clinic: Can a Patient Refuse an Indicated Cardiac Workup? Can We Refuse to Anesthetize?

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Case: A 62-year-old diabetic woman with peripheral vascular disease presents for femoral-popliteal bypass for rest pain. She is seen in the preoperative assessment clinic 5 days preoperatively.

Past medical history includes coronary artery disease with a myocardial infarct 6 months prior. Subsequent percutaneous coronary intervention and stenting was done, but she continues to have chest pain, even at rest.

She is assessed as having an active cardiac condition for peripheral vascular surgery and referred to her cardiologist for further evaluation and optimization. She refuses any further testing. She repeats her request for surgery to relieve her intolerable rest pain and refuses to discuss the risks.

The surgeon is contacted and confirms that she only comes for medical attention when she needs help, and this is her standard response to cardiac evaluation.

He books the case.

The assigned anesthesiologist reviews the chart the night before surgery and cancels the case, pending cardiac evaluation.

Does the patient have a right to refuse further evaluation and optimization, thereby putting herself at risk? Is her consent informed? Do we have the right to refuse to treat?

Discussion: Anesthesiologists are well known for canceling cases. We have always had the dual roles of paternalistic "patient protector," keeping our patients safe from the knife-happy surgeon; and technician, facilitating the patient's surgery.

Anesthesiologists, in their technician role, have "stopped the line" if something is not working right, whether it be the laryngoscope battery, suction strength, plasma potassium, or expiratory wheeze. Knowing "what's best" has kept us in our comfort zone—but now modern attention to medical ethics has brought patient autonomy to the forefront with an emphasis on the role of the patient in medical decision making. To make a decision to accept or refuse an intervention, the elements of informed consent (voluntariness, information, and capacity) need to be satisfied. A physician has a right to refuse to treat if treatment goes against his or her moral values, including nonmaleficence—"do no harm."

Conclusion: An understanding of medical ethics—specifically the concepts of patient autonomy, nonmaleficence, informed consent, and the right to refuse to treat—is needed to know how to proceed in this case. The ethical arguments on both sides will be reviewed in the poster, enabling us to come to a more informed decision on what our moral duty is to this lady.