

## **Duty to Treat**

### **School of Medicine – Transition to Residency – Professionalism, Ethics & Law**

Imagine one of our worst fears—the H5N1 (“avian flu”) virus has mutated in Asia, the number of affected humans is growing rapidly, and human-to-human transmission rates of up to 90% are reported in pregnant or immunosuppressed patients. Patients are isolated now with strict precautions, but the effectiveness of these measures remains unknown. Treatment or vaccine is still unavailable, and overall mortality remains 40-70%.

You are a resident on an infectious disease rotation. You are called to see Tim Carter, a 25-year-old Peace Corps volunteer who has just returned from Viet Nam. Two weeks ago he stayed with a family on a large poultry farm while doing some community organizing. He is admitted now with cough, fever, and bilateral pulmonary infiltrates, with an O<sub>2</sub> saturation of 86% on 4 L of O<sub>2</sub> by nasal prongs. He has no prior health problems and takes no medications. His physical exam is unremarkable except for temperature 102, pulse 110, and bibasilar rales. Lab work, including HIV testing, is unremarkable except for mild lymphopenia.

The patient was seen by the pulmonary consult resident regarding possible bronchoscopy. Her attending heard the case but declined to visit the bedside, instead reviewing reasons why bronchoscopy was not indicated. When the resident asked the attending to confirm her exam findings, he said that the patient might well have avian flu and that he did not want to take the risk of contracting and transmitting the disease since he had young children at home. The pulmonary resident signed off the case without revisiting the patient. Some of the nursing staff have declined to care for the patient. The primary care team has now called infectious disease for help managing the case.

As you read the chart, you think about your wife who is three months pregnant and your attending who has a reputation for asking about details of the history and physical.

- 1. As the infectious disease resident, do you have an ethical duty to see and examine Mr. Carter? A legal duty?**
- 2. Can the pulmonary attending claim a conscientious objection to treating Mr. Carter?**
- 3. Would you be willing to call an attending for help even at a late hour?**