From the Summer/Fall 2002 Newsletter

ETHICS ROUNDS

Patient Refusal of Care by a Trainee

Medical trainees provide a large percentage of patient care in teaching hospitals, and most patients do not object.[1] What should a care team do, however, if a patient refuses treatment involving medical trainees? What ethical issues are raised when a patient refuses care by an entire category of providers because they are still in training?

Consider the following fictionalized case. A patient presents to the emergency department of a VA Medical Center reporting blood in his urine. The patient is admitted, and after several imaging and diagnostic exams, a diagnosis is made: cancer of the urinary bladder. The attending physician recommends resection of the tumor. The patient is willing to have the surgery, but only if no medical trainees (students, interns, and residents) participate in his care. The attending explains to the patient that trainees perform an essential role on the surgical team and, therefore, cannot be excluded from a case entirely. The patient continues to insist on no trainee involvement whatsoever, and on this basis refuses surgery and signs out against medical advice.

Over the course of the next six months the patient presents to the emergency room three more times with similar symptoms. Each time, he is admitted and each time he refuses surgery unless medical trainees are excluded from all aspects of his care. The attending repeatedly urges the patient to undergo resection of the tumor as soon as possible. On the fourth admission, the patient consents to surgery and agrees to let medical trainees participate. A resection of the bladder tumor is performed, with positive results.

The conflict between the attending physician and the patient in this case resulted in the delay of treatment for a serious medical condition. While the treatment was eventually a success, the delay endangered the health of the patient. How might the attending have handled this case differently?

One place to look for guidance when attempting to resolve ethical difficulties is within existing local and national policy. Although VHA informed consent policy states that patients have the right to refuse any medical treatment or procedure offered to them, the policy does not comment on whether patients have a right to demand treatments that are not offered or modifications to treatments that are offered.[2] Nor does the VHA resident supervision policy specifically address patient requests to exclude medical trainees from their care. Therefore, the staff in our fictionalized case had to resolve the conflict without national policy guidance.

The ethical tension in this case resides not only in the relationship between the attending physician and the patient but also at the organizational level. For VHA, respect for patient preferences is an explicit goal.[3,4] However, respect for patient preferences does not mean that *all* patient demands must be honored. While patients have the right to refuse any recommended medical care, they do not necessarily have the right to dictate that care be delivered in a particular fashion.

To what extent should a physician or health care system be expected to alter the usual care provided in order to accommodate a patient's request? Reasonable requests should be honored whenever possible, but there is no obligation to honor unreasonable requests. Requests for deviations from usual care may be refused for one of several reasons. First, such requests should be refused if they would require the physician or the health care system to participate in care that is inappropriate or substandard or if they would likely do more harm than good. An example would be a patient's request for an MRI scan for which there is no medical indication or a request for a particular medication by a patient with a condition for which it is contraindicated. Requests for deviations from usual care may also be refused if they would require a change in the system of care that would unfairly consume staff time or resources or otherwise interfere with the care of other patients. For example, some patients need and want surgery, but do not want to receive any blood products. VHA accommodates such requests at the discretion of the individual surgeon, but stops short of requiring all surgeons to learn to perform bloodless surgery, which would require an inordinate expenditure of resources for the benefit of a relatively small number of patients.[5] Requests for things that a patient should not reasonably expect to receive as part of VHA's uniform benefits package may also be refused. For example, it would be reasonable to deny a patient's request for a 100% down pillow or an exotic food item.

Requests for a change in health care provider should sometimes be honored and sometimes refused depending on the specifics of the case. For example, if a patient who has a personality conflict with a particular provider requests a new one, and another provider is available, the request should generally be honored. On the other hand, if a patient requests that an entire category of providers be excluded from his or her care simply because he or she is prejudiced against individuals in a particular ethnic or cultural group, this request should generally not be honored.

In the case at hand, the request for exclusion of medical trainees from a patient's care is, on the face of it, not unreasonable. However, for a facility that relies on medical trainees for day-to-day patient care, fulfilling such a request might require the facility to alter not just the care of this one patient, but its overall system of care. In particular, it may not be feasible for the facility to replace all of the functions normally performed by medical students, interns, and residents with attending physicians, nurses, and other health care professionals. The facility might not be able to fulfill this patient's request without unduly burdening the

system or compromising the care of other patients. If that were the case, the attending physician and VHA would be well justified in denying the patient's request.

What should an attending physician do when faced with a request to exclude trainees from care? First, the attending should attempt to understand the patient's rationale. Gathering and clarifying facts to ensure a mutual understanding between physician and patient is essential. If the patient is concerned about medical trainees' skill, the attending physician could explain in detail VHA's resident supervision policy. This policy gives residents increasing responsibility commensurate with their training and experience to ensure that patients receive care only from those with the necessary knowledge and skill.[6,7] The attending physician might also inform the patient about research evidence indicating that, compared with non-teaching hospitals, teaching hospitals are associated with higher quality health care and lower mortality rates.[8-12] Presenting and explaining this information may help relieve the patient's concerns.

If, on the basis of discussions with the patient, the physician has reason to suspect that the patient lacks decision-making capacity, a formal capacity assessment would be in order. One indication of incapacity might be a lack of coherence in the patient's explanations. Assuming that the patient's decision-making capacity is intact, the attending physician has several options. First, the attending could attempt to negotiate with the patient regarding his care. For instance, the attending could offer to perform the surgery without the assistance of medical trainees provided that the patient agrees to permit medical trainees to be involved in pre- and post-operative care. Alternatively, the attending could ask the patient if he would like to talk to anyone else, such as a chaplain or patient representative, in attempting to resolve his concerns. The attending physician could also call on the local ethics committee to consult on the case and attempt to gain a mutually acceptable resolution. The attending physician might also inform the patient of his option to seek care elsewhere. Whatever the outcome, this issue should be addressed definitively as soon as possible. A six-month delay in treating a malignancy because of a disagreement over who will provide care is not good for the patient and does nothing for the cause of medical education.

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