(7)

Dr. William Knees of George Washington University Medical Center has invented a computerized system to estimate the probability that a critically ill patient will live or die. The system, known as APACHE, estimates a patient;s short term probability of dying by comparing his or her characteristics -- such as age, blood pressure, and breathing difficulty -- to a compute analysis of 200,000 previous cases. APACHE, and similar systems, have been used by hospitals for about ten years to study death rates among groups of patients to evaluate the performance of different hospitals and the effectiveness of various treatment methods. For example, APACHE was used to compare the quality of intensive care units in 29 hospitals. According to Dr. Knees, APACHE predicted the death rates of more than 37,000 patients in this study with 90% accuracy. Now under intense pressure to cut costs, proposals are being put forward for hospitals to use APACHE to decide what to do with individual patients -- e.g. whether to initiate emergency treatment.

Should the APACHE system be used for this kind of purpose in connection with treatment decisions for individual patients? If so, why? If not, why not?

Moderator's Answer: It would be morally unjustifiable to use the Apache system to determine whether or not to initiate emergency treatment of a hospital patient. The Apache system is an appropriate tool for evaluating medical procedures, but not for making treatment decisions in connection with individual patients. Physicians have a professional responsibility to treat patients on the basis of an assessment of their individual needs. In the case of critical emergency treatment, the patients' need, clearly, is to survive. This rules out deciding whether to attempt a particular treatment of a patient upon an analysis of statistical data, as would be done with the Apache system.