

A young woman in her twenties who is a Jehovah's Witness had a condition that required immediate surgery. She was told before surgery that she would need to be transfused, and, in accordance with her religious beliefs, she unequivocally refused to have this done to her, even after she was told that her refusal might result in her death. During her operation she experienced severe blood loss, and her hemoglobin dropped to a dangerously low level. She was near to death. In order to save her life the medical team adopted a radical strategy. The physicians slowed her life processes by putting her into a chemical coma. She was then placed on a ventilator in the intensive care unit of the hospital for a period of two weeks, during which she received an expensive drug to address the hemoglobin problem. The strategy worked. The woman's life was saved, but at a cost of \$100,000 that the hospital had to absorb in its entirety.

Is a hospital morally obligated to authorize attempting to save a patient's life by adopting a strategy involving enormous expense when the patient has indicated a refusal to be transfused? If so, why? If not, why not?

MODERATOR'S ANSWER: In this particular case the medical team was morally obligated to adopt the radical, and expensive, strategy it employed, which saved the woman's life. The woman consented to surgery with the reasonable expectation that every attempt would be made to prevent a fatal outcome, with the sole exception of attempts involving use of the procedure from which she explicitly withheld her consent. A hospital is not morally obligated, however, to adopt a general policy of authorizing every attempt to save a patient's life, regardless of cost, when a patient indicates unwillingness to undergo standard medical procedures in surgery, such as blood transfusion. It is reasonable instead for a hospital to take the position that, given the great expense of certain procedures, their use should be limited to circumstances of pure medical necessity, in which all other possible strategies to save a patient's life have been attempted without success. Such a policy, however, should be communicated clearly prior to surgery to all patients who indicate their refusal to undergo standard medical procedures in connection with surgery.

Case from the February 3, 1996 Intercollegiate Ethics Bowl. Copyright Robert Ladenson, Center for the Study of Ethics at the Illinois Institute of Technology, 1996.