



ETHICAL DIMENSIONS

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Doctors Refuse Smoker's Bypass

After Harry Elphick's first heart attack last winter, doctors told him he would need a coronary bypass. They also told him they would not consider the heart surgery until he gave up his 25-a-day cigarette habit. Mr. Elphick, 47, quit smoking, but suffered a second heart attack and died the day he was scheduled to return for a surgical evaluation and tests. This case has caused a fierce debate in Britain: Should doctors and hospitals deny or postpone treatment to a smoker or any other patient whose behavior they regard as self-destructive? A cardiologist at the hospital clarified that this was not a moral view, simply a pragmatic stance. Statistically, people who continue to smoke are poor risks for heart surgery, and even when they survive the operation they don't live much longer than those who haven't had the surgery. Most of the public seems to agree with a newspaper editorial that said: "A doctor's job is to heal, not judge." Physicians also pointed out that with limited money and bed space, there was nothing wrong with doctors "discriminating against those with the least chances of survival in favor of those with the best." The British Medical Association and the British Cardiac Society disapproved of systematic denial of treatment to smokers, but supported the right of doctors to use their clinical judgment in deciding whether to postpone procedures or advise patients to reduce risky behavior like smoking. But some doctors pointed out that some surveys suggest that survival rate for nonsmokers was only slightly higher than it was for smokers.

This case can be considered from the perspectives of individual ethics, institutional ethics and societal ethics. Please answer the following questions in these areas using this scale:

1 strongly agree 2 agree 3 not sure 4 disagree 5 strongly disagree

Individual Issues

1. Individuals are responsible for their own health status.

1 2 3 4 5

2. A patient who is a heavy smoker has no right to expect costly treatment for disease that is brought on by smoking.

1 2 3 4 5

3. A physician's job is to heal not to judge.

1 2 3 4 5

4. A patient's job is to live with healthy habits not suicidal ones.

1 2 3 4 5

5. A physician should follow her clinical judgment about which patients can best benefit from scarce medical resources.

1 2 3 4 5

Institutional Issues

1. Medical societies should declare prolonged smoking-cessation as a prerequisite for the treatments of diseases related to the consequences of smoking.

1 2 3 4 5

2. Hospitals should invest more in smoking cessation programs.

1 2 3 4 5

3. The media should hammer away at the severe health consequences of smoking.

1 2 3 4 5

4. All health facilities should prohibit smoking anywhere on their property.

1 2 3 4 5

5. Schools don't do nearly enough to discourage students from smoking.

1 2 3 4 5

Societal Issues

1. A national health program should have strong incentives against smoking.

1 2 3 4 5

2. Because smoking is strongly related to socio-economic status punitive structures will once more punish the poor.

1 2 3 4 5

3. If tobacco tax supports health care this may deter us from reducing smoking as aggressively as we should.

1 2 3 4 5

4. Public policy concerning smoking can easily be based on presumptions and prejudices.

1 2 3 4 5

5. Tobacco taxes should be dedicated only to programs that help reduce smoking by education and addiction treatment.



OPINIONS AND FEELINGS ARE FREQUENTLY A PERSONAL TRIUMPH OVER GOOD THINKING
YOU DEFINE REALITY BY WHAT YOU KNOW, WHAT YOU BELIEVE, AND WHAT YOU DO ABOUT IT.