

Reading

Atul Gawande, *Complications: A Surgeon's Note on an Imperfect Science*, Part One, pp 187-252

Class Business

Look at news articles from Boston Globe. We will explore when we have the time.

- Patient autonomy—Terri Schiavo case of PVS woman who suffered brain damage and has been intervened by Supreme Court/State/Jeb Bush, involved in day-to-day life decisions. Family vs husband fighting. Emotionally off-kilter—who should make the decisions when their “authentic” opinion cannot be expressed.
- Stem cell—legal research—will explore later. Also, effectiveness of touch therapy to address various forms of chronic pain and the ethical implications of so-called “alternative forms” of medicine. OSHER Institute.

Student presentation

See 2005/2/22 notes for background on Gawande

Final cut.

- Autopsies. A once routine procedure. No sense of respect for body. What does autopsy really accomplish? Seen as a tool of discovery, to identify cause of TB, Alzheimer's existence, etc. Maybe, MDs feel more confident about why patients die. Example—there are still major misdiagnoses. The nature of fallibility: ignorance; ineptitude; insurmountable/necessary. Who gets to decide if a patient needs autopsy? Each case is different. Who gets to choose if autopsy is needed? May also indicate physician incompetence. Doctors should ask for autopsies (not asking reduces number of autopsies).
- *Description of autopsy.* No longer the person? The culture of how the body should be treated.
- Tibetan sky burial. Taiwanese use of chanting during autopsies. Religion. Who/when will autopsies be allowed? Reductionist view. Death and dying. To be explored later.

The Dead Baby Mystery.

- Medical mystery—no one knows why these babies die. The pattern itself indicated homicide. What do you do when science only provide circumstantial evidence? “Should science be able to answer all our questions?”

- Mongolian spots on their back—thought that it was abuse. Science—can it erase uncertainties? It raises as many questions as it answers. Page 203. Tools of diagnosis—what people actually tell us.
- *Question: doctors are under obligation to report when they received evidence of abuse and whether or not they should intervene? FOUCAULT: an instance of medical policing, and under what circumstances are doctors under obligation to intervene? Where do you draw the line? Social problems, social inequalities in which people are living—do doctors have an obligation to address larger social and structural problems?*
- Example: leukemia child, from religious family that denied treatment—would that be considered as negligence or abuse? Denial of vaccinations, treatment. A moral quandary. Where doctors should be preventing harm—but what about addressing structural inequalities, poverty, an ethical obligation that not all doctors feel they hold. *A tough line to draw. Question of institution medicine of power—part of and yet outside the state. Where is the line? Legally?* Professor James will find out more for us.
- A moral obligation—to report something that seems suspicious. Should this be outlined in the job description? We will ask.
- *To what extent can your medical records be used against you? That is a whole another debate.*

Whose Body Is It, Anyway?

- Man with untreatable cancer to undergo surgery and stop. He ended up dying in a drawn out and painful death. Describes viewpoints of who should be making these decisions. Ultimately, Gawande left it to the patient (principle of patient autonomy).
- Physicians are less emotionally attached—if the MD feels that the patient is not equipped or cannot make a rational decision, is it the MD's responsibility to make the decision and what realm overlaps between patients and MD.
- *Question of quality of life. Should we raise the question of how people want to die? Should doctors try to steer their focus on quality of life questions? And also costs associated with the treatment. What heroic measures should be to prolong life when the outcomes are not certain?*
- Easy to leave the decision to the patient when it is insignificant, but that gets harder when it's an intermediate decision, not so straightforward. Because of the doctor's knowledge level, there is a moral responsibility.
- Some doctors don't even make a suggestion, just lay out the choices. But shouldn't doctors make a recommendation anyway, (because of the moral obligation) that their experiences carries with them.
- Patients tend to hold on to every possibility, in spite of risks, so MD should give advice. But it is ultimately the patients' body.
- *What is informed consent? Do patients understand?*
- The medical gaze
- A lasting sense of violation, that they did not make the decision—so ultimately the patient's decision, not anyone else's to regret

- Actual motives of doctors. What is their number one priority? We need to see the priorities of the doctor.
- (Next week's readings: "cultures" where patients and families do not believe that they should question the doctor.)
- *The idea that patients should be autonomous has changed. It originally was that doctor was all-knowing, a much more paternalistic style, viewing patients who were childlike and unable to make decisions for themselves and the rights of the patient became predominant. The issue of autonomy raised by Gawande is where autonomy is good for patients to have, even if it means to defer doctors' own authority. And we'll see in the next readings the intersection of autonomy/liberal idea of what a body is, and cross-cultural conceptions of the body, the history of the idea of the body. Notions of slavery, to OWN someone's body, the tradition where some people can own objects and people, still very strong in the "West" today.*
- Mr. Howe, the man who did not want to be put on any life-sustaining support, "no machines", Gawande brought in another doctor. Even one who states their wishes does not mean that the patient is competent (because the patient may change their mind afterward, may not be in the right frame of mind, etc.) and this outlines the inequalities in power, the interactions of the doctor and patients.
- Page 223. The conundrum remains that if both are fallible, but we've decided that patients are arbiters, but this is not the case when decisions need to be made quickly. Patient choice is an ultimate value? No, a value among many values, such as MD competence and kindness.

The Case of the Red Leg

- Melissa: A hopeful note to end the book on? About the case of the one patient who probably should not have survived but did. A 23-year-old woman who had cellulitis, but Gawande, based on case a few weeks ago, thought that the woman might have necrotizing fasciitis and decides to do a biopsy and four different surgeries lets her save her leg. Questions of the right way to make decisions: statistically, Gawande should not have done the biopsy. How useful was his intuition? Zebra cases—how do doctors know about these rare cases.
- *ALSO the patient did not want the biopsy done and what process finally let the patient come to agree that the biopsy should be done.* What if they hadn't agreed to the biopsy? Concern about a little scar versus losing her leg. UNCERTAINTY in medicine (and in life). Scientific practice—to what extent
- Don't you think that science is too idealizing and attempting to create certainty in a world of uncertainty????
- Paranoia—not hope. What we might be exposed to on a daily basis? Comforting—hopeful that it was not entirely a shot in the dark.
- Skeptical about 'intuition'. What about cases where intuition was wrong?
- Who is qualified to be a good doctor and what are the limitations of human capacity?
- What is a second opinion—affirming that the doctor is not nuts.

- *What it shows is the extent to which cultural values shape medicine as a science. It is not operating in a vacuum, racial prejudice and inequalities to produce the doctor and the representations of the patient, these are THERE, a medium through which one views the other and both ways, the situatedness of medicine.*
- Doctors are not as objective as we think they are—back to our discussion of doctors or patients decisions. How objective can doctors be? Issues of objectivity.
- Across different cultures, morals and customs change. Marshall and Koenig—things vary interculturally/intraculturally

Reflection Paper 1 Sharing

- Is there a balance between contextualized and decontextualized?
- The realm of morality—what is the absolute right or wrong? We cannot necessarily decide that.
- Refining your writing skills, basing in empirical data, bringing personal experience and conversations and ideas with colleagues.
- Touched on western bioethics—confidentiality is very important, but in “Africa”—that’s a big continent!—“a very small place”—“something, nation, community, something”. Physicians were worried that friends and colleagues would be involved in witchcraft and tell everything about what happened. *Find the reference!!!*
- Paternalistic style with poor patients, talk to patients’ families and gave biological tone to the illness, something that can be treated with medicine, not so much psychotherapy (what is really useful and effective?). Patients never questioned doctors. And also some condescension of doctors to patients. Haitian Vodou diagnoses can conflict with biomedical view. Haiti as a resource poor place. \$300 GNP.

Medical narratives

- Minor malpractice thing. Wart on her foot to get it taken out but the doctor put too much anesthesia and now has this permanent scar on her foot.
- Went to a doctor in China who told her that it was trachoma, even though it was just an eye infection/irritation; it’s a viral infection, eyes turn the other way, and when she came back to the USA, and it wasn’t trachoma (supposedly common in developing country)
- *Issues of tropical medicine in “developing” countries and in Haiti, there is a big risk of eye infections, stirs up bacteria, but again, it’s question of poverty, inequality of access to care, whether medical knowledge was “standard” or not, who knows. Questions of medicine in resource poor environments, there are many questions. (We’ll get to this in 3 weeks.)*