Reminder of important clinical lesson

Ethical indications for radiological procedures: a clearer picture

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An 80-year-old gentleman presented with long-standing diarrhoea and weight loss. A large bowel malignancy was suspected but his co-morbidity precluded major abdominal surgery. At the time of treatment CT colonography was not in common use and the investigation of choice was barium enema. Due to the invasive nature of this procedure the medical team decided it would not be in his best interests to subject him to further investigation. Uncertainty surrounding his diagnosis was distressing for him and his family who felt that a firm diagnosis would allow them to plan his ongoing care needs. The patient accepted the risks and underwent a barium enema that confirmed the presence of a large bowel carcinoma that was inoperable. The case highlights how application of the ethical principles can aid the decision making process in difficult scenarios and emphasises the importance of treating the individual and not the disease.

BACKGROUND

Medical interventions carry significant risks and it is widely agreed that an investigation should not be performed if the benefits do not outweigh the risks.¹ The increasing squeeze on economic resources during a recession puts pressure on clinicians to be prudent with resources and the emphasis is on providing investigations or treatments that provide 'measurable outcomes.' A measurable outcome is usually thought of as something that either directly or indirectly alters prognosis, relieves symptoms or offers a complete cure.

Clinicians must bear in mind that measurable outcomes sometimes do not explicitly deal with the main concerns of our patients and we sometimes need to look beyond this and consider the wider aspects of our patient management. Although the medical investigations in this case are now outdated it is still a good example of how the application of the ethical principles will allow a holistic approach.

CASE PRESENTATION

An 80-year-old gentleman presented with long-standing diarrhoea and weight loss in excess of a stone in the preceding 3 months. He had co-morbidity of ischaemic heart disease, atrial fibrillation and chronic obstructive pulmonary disease.

A provisional diagnosis of carcinoma of the large bowel could not be confirmed by clinical examination. CT colonography was not in widespread use at the time when this gentleman was treated and the preferred radiological investigation was a barium enema. The medical team felt that this was a rather invasive medical test to put the patient through given his frailty.

The patient and his family were made aware of the suspected diagnosis and were told that given his co-morbidities he would not be fit enough to survive surgical intervention. The preference of the medical team at that stage was not to investigate any further and to implement symptomatic management allowing discharge home when appropriate support could be provided.

The patient found the uncertainty surrounding his condition was difficult to deal with. His family were worried about how his care should be structured and when they should be seeking additional medical input. They were anxious to confirm the diagnosis as they felt it would allow the correct support services to be arranged and would provide guidelines for when to seek further medical help.

INVESTIGATIONS

The risks involved in performing a barium enema were discussed at length with the patient and his family before the investigation was undertaken.

OUTCOME AND FOLLOW-UP

The barium enema confirmed the presence of a carcinoma of the ascending colon. The radiological appearances and the implication of the diagnosis were discussed with the patient and his family who were relieved to have an established diagnosis. The patient had the information he required to understand his problem and why his condition was deteriorating. Palliative measures were put in place and he avoided wasting the time he had left on appointments with doctors or further investigations.

DISCUSSION

In the words of Aristotle 'All men by nature desire knowledge.' It is too easy to forget how valuable imparting information on a patient's condition can be on their quality of life and this must remain a high priority when considering patient care. Equally some patients prefer not to know the exact reasons for their decline and every patient should be treated as an individual and their wishes should be respected. Treatment does not always constitute cure and the input of palliative care teams cannot be overlooked.

Although the radiological techniques outlined in this case are now outdated the application of the ethical principles in patient care has remained exactly the same. If this gentleman presented today he would likely receive a CT scan that would likely have confirmed the primary tumour

as well as detected potential metastatic spread, giving a clearer picture of the overall physical status of the patient but the considerations regarding whether to perform the investigation remain the same. This case is not unique and all physicians will be faced with patients in similar situations during their career and it is important to balance the opposing ethical principles in each case.

In this patient the medical team initially felt that by not pursuing an invasive radiological investigation they would have done the least harm and successfully applied the principle of non-maleficence. However, this principle applies to the psychological as well as the physical well being of the patient and in this case the distress caused by an uncertain diagnosis could be deemed to have done more harm than the potential side effects of a barium enema! The opposing ethical principle of beneficence did not seem to be initially apparent as it seemed unlikely that an invasive test in a patient who could not undergo curative surgery would be of benefit.

In a healthcare system with limited resources such as the National Health Service where every patient is expected to have access to medical care there is increasing pressure to conserve resources where possible. Aiming to improve measurable outcomes across as many patients as possible may seem to be the fairest approach and therefore the best way to apply the principle of justice. However, not all outcomes are measurable and so justice must be weighed up in light of the other ethical principles. In this case our patient would not have had further investigation if the other principles were ignored.

Ultimately the decision on whether or not to undergo a barium enema in this case lay with the patient who exercised his right for autonomy. Although all the ethical principles should be given consideration it is ultimately the decision of the patient that takes highest priority unless exceptional circumstances are present.

Perhaps this case highlights that as doctors the greatest treatment we can offer our patients is compassion.

Learning points

- Ethics is not something learned in medical school and then forgotten – it is applied on a daily basis and is essential for holistic patient management.
- Listen and be compassionate.
- Manage the patient and do not just treat the disease.
- The benefit of an investigation or treatment may be different to a patient than it appears in the eyes of the medical team.

Competing interests None.

Patient consent Not obtained.

REFERENCES

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