Pharmacy 543 Ethics Cases – Cross-Cultural

Case 1

A twenty-seven-year-old female named YP arrives in the emergency department of a large teaching hospital at midnight. She has sickle cell anemia and is in the midst of a sickle cell crisis. She has severe pain in her thighs, arms, hands, and feet. She is dehydrated and anemic. An ED resident instructs a nurse to give her a shot of Demerol for pain and to start a normal saline IV. She is admitted to the hospital. In the hospital, she asks the nurses many questions about the pain medications she is receiving, and she continues to complain about her pain. The following day, two residents, a medical student, and the attending physician visit YP during morning rounds. Neither the physician nor the residents know YP or have seen her before. In the conversation, they discover that she knows a great deal about her disease. When she is not having a crisis, she is able to use a nonsteroidal anti-inflammatory drug, (usually Motrin) to manage her pain. She claims that during a crisis, intravenous morphine provides her with the most effective pain relief, and she asks whether she can be given this drug instead of Demerol (meperidine). She even suggests dosage levels and schedules. In the past, she says that she has used a PCA pump to administer morphine. The pump allows her to have a morphine drip on a "round the clock' (RTC) basis as well as extra morphine on a "prescribe as needed" (PRN) basis for breakthrough pain.

The medical team is somewhat dumbfounded by YP's request. The attending physician tells YP that they will consider this option, but that they would like to continue treatment with Demerol on a PRN basis. He also asks YP who has treated her in the past so that the team can talk to a physician who knows her well. YP says that she has no primary care physician, but she does name several hospitals where she has received treatment in the past few years. After leaving YP's room, the team discusses her case. One of the residents questions YPs request for a particular kind of pain medication. He is concerned that she may be an addict trying to get a fix and that she likes the euphoria from morphine. Another resident points out that Demorol provides a more euphoric effect than a morphine drip or another opioid, such as methadone.

Adapted from The Hastings Center Report 2001;31(3):29-30.

Case 2

Bishop P is a sixty-year-old man who suffers from quadriplegia and persistent infections. He is the retired prelate of a church that emphasizes faith healing. One year ago, he developed Staphylococcus aureus meningitis, epidural abscess, and pneumonia. During his hospitalization, Bishop P developed quadriplegia, respiratory failure, renal failure, and persistent fevers. After he returned home, his wife worked part time while also providing home care. His daughter stopped her graduate studies to devote herself to his care.

Ten months later, Bishop P was admitted with urosepsis with Enterobacter cloacaec. His course was complicated by hypotension, respiratory arrest, stroke, and seizures. He was discharged, but returned to the hospital after three weeks because of persistent fevers. During a five-week hospital stay, he developed ventilatory and renal failure, which required intubation and dialysis.
Despite multiple courses of antibiotics, his blood cultures remained positive for Enterobacter cloacae, which are resistant to all antibiotics. His ascites fluid cultures also remained positive for several organisms. As a complication of his antibiotics, he developed autoimmune hemolytic anemia and thrombocytopenia, which required daily infusions of red cells and platelets. He also developed a total body rash, caused by a medication for his seizures. His skin sheared away around his bandages and electrocardiogram leads. The physicians predicted that he would not survive the hospitalization and that attempts at cardiopulmonary resuscitation (CPR) would be futile and disfigure his body. Bishop P could not state his preferences for care. His family insisted that everything be done, because he believed that all life was sacred.

Adapted from Alpers & Lo. J Law Med & Ethics 1999;27:74

Case 3

A fifty-five-year-old Native American man, Mr. B, presented with hypertension for a routine clinic appointment. On this visit, as on previous visits, the patient's blood pressure was elevated. In the past, the physician had devoted considerable energy to educating Mr. B about high blood pressure: its etiology, natural history if untreated, and the benefits of controlling it. In addition, he had stressed the importance of non-pharmacologic measures, such as restricting salt, moderating alcohol use, exercising appropriately and losing weight. At the time of this visit Mr. B was being treated with two drugs. The physician considered adding a third drug; however, he was concerned that Mr. B would not adhere to a new medical regimen. Mr. B had not followed the physician's recommendations pertaining to diet and exercise in the past, and the physician suspected that he had not taken medication with prescribed frequency. Despite the physician's efforts, Mr. B's blood pressure was elevated and he was at risk for stroke, renal injury and coronary artery disease.

Complicating the situation was the fact that the physician's ordinary manner of relating to patients involved disclosing negative possibilities and risks in order to inform and educate patients. In this situation, his inclination was to stress to Mr. B the negative risks associated with his refusal to follow medical advice. Mr. B, however, was a traditional ***** and his expectations reflected his culture's ideas about healing as a process of moving the patient from a negative state of illness or "imbalance" to a positive state of harmony and health. Hopefulness and positive thinking are perceived as integral to healing, while negative thinking is regarded as potentially deleterious. Thus, "***** emphasize that if one thinks of good things and good fortune, good things will happen. If one thinks of bad things, bad fortune will be one's lot." According to traditional ***** , people can acquire disease through a process of "witching". Witching involves manipulating agents that produce disease, and can occur through explicit discussion of potential morbid events.

Adapted from Jecker NS, Carrese JA, Pearlman RA. Caring for patients in cross-cultural settings. Hastings Cent Rep 1995 Jan-Feb;25(1):6-14

Case 4

A grant has been given by a US university to the research unit of a Ministry of Health of a West
African country to conduct a double blind study to evaluate the impact of periodic doses of high
dose Vitamin A on the incidence of diarrhea and acute respiratory infections (ARI) in children
less than five years of age. A traditional leader and council of elders governs the community in
its daily affairs though the national government retains control of tax collecting, the police,
military, etc. To inform the community of the impending study the village was called together
by the chief and council. In a festive environment, the investigators described the study and
answered all question from members of the community and council. After the description, and
question and answer period, the village chief and council met briefly and gave their approval.
Shortly thereafter, in accordance with the guidelines provided by the Institution Review Board
of the university, the principal investigator and his field staff began going house to house to
obtain signed informed consent from the parents giving permission for their children to
participate in the study. The mothers (usually the one at home during the visit) said that the
chief had already approved and therefore they did not need to sign anything; besides they
usually do not sign anything because they cannot read what they are signing. On the second
day the field team making the home visits was summoned to the chief’s house where they were
politely informed that approval had been give for the study and it was both unnecessary and
unacceptable to seek individual signatures. That the chief/council had approved was enough.
When the field staff said that they were required by the grant agreement to obtain a signed
informed consent form, they were told that if they insisted on doing so they would have to
leave the community.

A summary of the study design is as follows: high dose vitamin A capsules or placebo would be
administered in a double blind fashion every four months for one year to children from 6
months to 5 years. A record of morbidity (diarrhea and ARI) and mortality data would be
measured by weekly and blood samples would be drawn (less than 2cc) at 0, 6, and 12 months
for Vitamin A status.

Case 5

A plant common to South Asia, "thankuni" (Hydrocotyle asiatica), when dried, ground up, and
added to water is reported to be effective in the treatment of bloody diarrhea. One paper
suggesting that "thankuni" has an affect on decreasing bloody diarrhea, has appeared in an un-
refereed journal from an institute of traditional medicine in India. "Thankuni" is the only
ingredient of a popular traditional medicine, "Ajorno", which is produced by a local company, is
widely available, very popular, and quite inexpensive. No clinical studies have been conducted
on this product and the specific chemical composition has not been determined. An investigator
at an international research institution in Bangladesh is intrigued by this product and wishes to
evaluate its clinical effectiveness. The present treatment for dysentery (by far the most
common cause of bloody diarrhea in the country) is fluid and ampicillin. Ampicillin, however, is
often unavailable outside the major cities (80% of the population is rural) and when available is
too expensive for most people. The investigator reasons that if the traditional medicine proves
effective, therapy will be more accessible to everyone because of availability and cost.

He submits a protocol to the study committee of the institute for a well-designed double-blind
study that compares the clinical effectiveness and bactericidal properties of "Ajorno" against
ampicillin. Adult patients admitted or seen on an outpatient basis with a history of dysentery
will be randomly assigned to one of the treatment groups after a rectal swab has been taken for a bacteriological diagnosis. "Ajorno", which is in a powdered form, will be put into a gelatin capsule so that it is indistinguishable from the antibiotic.

The study committee meets and votes not to approve the protocol for the following reasons: (1) the specific chemical composition of "Ajorno" is not known; (2) the prior reports of effectiveness has been for "bloody diarrhea" which might include any number of diagnoses including dysentery and amoebiasis; and (3) there are no studies reported in referenced journals that have indicated that the traditional medicine is effective or have suggested a mechanism for its reported effectiveness. The investigator notes that it would be next to impossible to define all the ingredients of this traditional medicine and if done would be a costly undertaking. Besides, he argues, it is the interaction of the different ingredients that probably are the reason for the drug's reported effectiveness. Lastly he suggests that those on the review panel who voted against approval are biased against traditional medicines, are denigrating the indigenous science of the country, and trying to impose their own "Western" biases on scientific research.