

Virtual Mentor

American Medical Association Journal of Ethics
October 1999, Volume 1, Number 2: 8.

CASE AND COMMENTARY

The Ethics of “Ghost” Surgery

Commentary by Audiey Kao, MD, PhD

Case

George G, a patient complaining of low back pain radiating into his left leg with numbness and tingling of his left foot, consulted Dr. Quimby, a surgeon. Dr. Quimby recommended that Mr. G undergo corrective surgery. Dr. Quimby informed Mr. G about risks associated with anesthesia, but did not discuss risk associated with drop foot. Before anesthesia was administered, a nurse came in and handed Mr. G a form, "Consent to Operation, Anesthetics, and Special Procedures." After the surgery, Mr. G developed a drop foot, and Dr. Quimby recommended that he undergo additional surgery. Mr. G wanted a second opinion and requested his medical records. He learned that because Dr. Quimby did not arrive on time to perform the surgery, another surgeon had performed the procedure. Mr. G was very upset that Dr. Quimby had not performed the surgery and that a "ghost surgeon" had been substituted.

Question for Discussion

May a "ghost surgeon" be substituted when the treating surgeon is unavailable?

See what the AMA Code of Medical Ethics says about this topic in Opinion 8.16 Substitution of surgeon without patient's knowledge or consent. American Medical Association. *Code of Medical Ethics 1998-1999 Edition*. Chicago, IL: American Medical Association; 1998.

Audiey Kao, MD, PhD is editor in chief of *Virtual Mentor*.

The people and events in this case are fictional. Resemblance to real events or to names of people, living or dead, is entirely coincidental. The viewpoints expressed on this site are those of the authors and do not necessarily reflect the views and policies of the AMA.

Copyright 1999 American Medical Association. All rights reserved.