

Module 1

Case 1.1: Potential Patients—A Call from the Emergency Department

Case Presentation

Dr. Kale has decided to retire and has begun to tell his patients that Dr. Stevens, a partner in the practice, will assume care for his patients. Harry Jones, one of Dr. Kale's patients, tells Dr. Kale he would like to switch since he has heard that Dr. Stevens is good with diabetic patients. Dr. Kale says he will talk with Dr. Stevens. When Dr. Stevens learns that Mr. Jones wants to become his patient, he reads Mr. Jones's file and discovers that he is HIV positive, on medication, and has high T scores. In addition to being seen in the internal medicine practice, Mr. Jones is being treated at an HIV clinic.

Mr. Jones, who is middle aged, was diagnosed with borderline Type II diabetes 6 months prior. The treatment plan was that he would monitor his diet, begin an exercise routine and be checked every 3 months. Medication was not initially necessary. However, subsequent blood tests have shown that Mr. Jones's glucose level is rising to the point where metformin by mouth is indicated. Dr. Kale has talked with him regularly about the potential consequences of not sticking to his diet and exercise plan.

One afternoon Mr. Jones suddenly feels very light-headed and begins sweating profusely. He starts to slur his words and becomes frightened that perhaps he is having a stroke. He calls Dr. Stevens' office and is told via the options menu that if it is a medical emergency, he should call 911. Mr. Jones does so. The paramedics arrive and determine that he is in an acute hyperglycemic state. They stabilize Mr. Jones and tell him he needs to be taken to the emergency department for further assessment and treatment. Mr. Jones agrees. The nearest ER is in the hospital where his doctors are on staff so, when asked if he has an internist, Mr. Jones gives the name of Dr. Stevens, his "new" doctor.

The emergency room physician pages Dr. Stevens. Dr. Stevens returns the emergency room's page and is told that a "Mr. Jones" has been brought in by ambulance and has stated that Dr. Stevens is his doctor. Although Dr. Stevens is new to the group practice and would like to build his patient base, he is not sure that he is knowledgeable enough about the treatment of HIV complicated by diabetes. Dr. Stevens hesitates before responding to the ER doctor.

What should Dr. Stevens tell the ER doctor? (select an option)

- A. [That he has never actually seen Harry Jones and cannot take responsibility for his care.](#)
- B. [That Mr. Jones is going to be a new patient, so admit him to the hospital with Dr. Stevens as his physician.](#)
- C. [That he will provide consultation during the emergency, but Mr. Jones will need to be referred to another doctor for follow-up care.](#)
- D. [That since Mr. Jones is HIV positive, he will not take him as a patient.](#)

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Option Assessment

- A. Telling the emergency room physician that he has never seen Harry Jones and therefore cannot take responsibility for him is an **acceptable** action according to the *Code*. Regarding the acceptance of potential patients, Principle VI of the AMA Principles of Medical Ethics states: "A physician shall, in the provision of patient care, except in emergencies, be free to choose whom to serve...." This basic principle is reconfirmed in Opinions 10.05, "Potential Patients," 9.06, "Free Choice" and 8.11, "Neglect of Patients." The opinions state that physicians have the "prerogative to choose whether to enter into a patient-physician relationship." Because other physicians are meeting Mr. Jones's emergent needs, Dr. Stevens has no specified obligations to Mr. Jones.
- B. Informing the emergency room that Harry Jones is in fact his patient is the **preferred** option because Dr. Stevens has already indicated that he will accept Dr. Kale's patients. This option is also supported by the *Code* in Opinion 8.11, "Neglect of Patient:" "Once having undertaken a case, the physician should not neglect the patient." Whether or not Dr. Stevens has undertaken the care of Mr. Jones can be disputed, but Mr. Jones is already operating under the presumption that Dr. Stevens is his doctor.
- C. The emergency nature of the situation complicates the issue of what Dr. Stevens "should" do. Agreeing to consult during the emergency situation while not becoming Mr. Jones's primary care physician is **acceptable**. Opinion 10.05 (4), "Potential Patients" states that "greater medical necessity of a service engenders a stronger obligation to treat." Dr. Stevens' familiarity with Mr. Jones's medical history is such that Mr. Jones's medical treatment may be substantially improved by Dr. Stevens' involvement.
- D. The prerogative of the physician to decline a patient is not absolute. HIV status is not a sufficient reason to decline a potential patient, thus this option should be **avoided**. Opinion 10.05 (2b) states "physicians cannot refuse to care for patients based on race, gender, sexual orientation or any other criteria that would constitute "invidious discrimination." Nor, according to Opinion 2.23, "HIV Testing," can a physician discriminate against patients with infectious diseases or HIV seropositivity: "It is unethical to deny treatment to HIV-infected individuals because they are HIV seropositive."

[Compare these options](#)

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Option Comparison

Option B—informing the emergency room that Mr. Jones is his patient—is the preferable choice because accepting Mr. Jones as a patient concretely fulfills the purpose of medicine, which is to "provide competent medical care, with compassion and respect for human dignity and rights" (Principles of Medical Ethics I.). Options A and C present "acceptable," though conflicting, options for the physician. Option A—telling the ER that Dr. Stevens cannot take on the care of Mr. Jones—is acceptable because up to this point Dr. Stevens has had no patient-physician relationship with Mr. Jones. Option C—providing care during an emergency without accepting him as a patient—is also acceptable because it acknowledges the acute nature of the situation and the assistance Dr. Stevens may be able to provide. Option D should be avoided because HIV status, by itself, does not justify refusing care.

Preferable: Option B

Acceptable: Options A and C

Avoid: Option D

[Additional discussion and information](#)

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Additional Information

Physicians are professionals who have obligations to use their skill and knowledge for the benefit of society. Although physicians retain a great degree of control over their practice, they often must subjugate their self-interest to the interests of patients. Physicians may not always have the prerogative of choosing whom to serve. Professional responsibilities to provide care, the need for patients to receive care, and the responsibility to act in the best interest of patients, all place limits on physicians' prerogative to select their patients.

Giving physicians some choice in "whom they serve" arises from the notion that the patient-physician relationship is generally one of "mutual consent." There are two bases for physicians' prerogative to choose whom to treat. The first is a general privilege held by all members of society that accords them a right to choose with whom to associate. Physicians do not give up their freedom of association merely by becoming professionals. But they do assume certain obligations that place limits on their choices in the context of serving patients.

The second aspect of the physicians' prerogative stems from the notion of professionalism. Physicians are granted considerable autonomy within the context of the patient-physician relationship, and this autonomy includes the freedom to choose whether to undertake the treatment of a particular patient. However, this autonomy is not designed to further physicians' self-interests and is not without qualifications. The *Code* balances individual choice with the greater concern of providing access to care, greater responsibility in emergency situations, and continuity of care. In Opinion 10.05, "Potential Patients," the *Code* provides clear guidance about when it is unethical to refuse a patient, as well as when such refusals are justifiable. It states:

Opinion 10.05, "Potential Patients"

(2) The following instances identify the limits on physicians' prerogative [to refuse patients]:

- a) Physicians should respond to the best of their ability in cases of medical emergency...
- b) Physicians cannot refuse to care for patients based on race, gender, sexual orientation, or any other criteria that would constitute invidious discrimination...
- c) Physicians may not refuse to care for patients when operating under a contractual arrangement that requires them to treat...

(3) In situations not covered above, it may be ethically permissible for physicians to decline a potential patient when:

- a) The treatment request is beyond the physician's current competence.
- b) The treatment request is known to be scientifically invalid...

c) A specific treatment sought by an individual is incompatible with the physician's personal, religious or moral beliefs."

Generally physicians have greater latitude in refusing potential patients when the refusal occurs prior to the establishment, or the appearance of an establishment, of a patient-physician relationship. Once a professional relationship has been initiated, it is clearly unacceptable to neglect the care of a patient.

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