The Case of Marguerite M. and The Angiogram

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Abstract

In this case scenario, there were two patients, both in critical condition, and both needed immediate care. The first patient was Marguerite M., an 89-year-old widow who had a heart attack and needed an angiography. She was scheduled to be operated on soon, but in the meantime, another patient came who was younger than the first one and needed a balloon angiography immediately. The hospital staff, due to a lack of operation theaters and the angiography team, decided to operate on Sarah first. Her operation was successful, but Marguerite died. It is a serious ethical and legal issue as the hospital staff changed the line of work for another patient. The hospital staff and Marguerite M.'s doctor, Dr. K., give their justifications to the family of the deceased. In all the scenarios, the major fault was the lack of hospital resources.

The case of Marguerite M., an eighty-nine-year-old widow, presents both legal and ethical problems. The decisions made by the hospital staff were unethical at every step. This is because the team had arranged to treat Marguerite in the first place, but the hospital staff treated Sarah first without the consent of Dr. K. or Marguerite's family. It is the duty of doctors to save every patient without any discrimination. The reason given by doctors to treat Sarah first was that she was young and had a higher chance of recovery, which was morally incorrect as this shows that the doctors discriminated against a patient of her age. It was utterly wrong that the hospital staff took the life of Sarah more seriously than the life of Marguerite. In the field of medicine, discrimination by age, sex, race, or disability is prohibited (Hall, Orentlicher, Bobinski, Bagley, & Cohen, 2018). This case also presents legal problems because the hospital staff made interventions based on their standards and rational thinking. It is against the policy of hospitals to change the line of tasks for someone. The team should have maintained the line of treating Marguerite first, as she was there first, and arrangements were made for her.

In every hospital, the staff comes across such scenarios where they have to make certain difficult choices regarding the treatment of the patients. Therefore, it is essential for hospitals and doctors to have a set of standard criteria that can help them choose an appropriate solution. The first rule for a physician should be the quality of life. The life of every person is important and holds the same value. Marguerite needed immediate treatment, and denying it resulted in her death. The physician should assess who came first and who needs treatment immediately, as well as the timing of procedures for

both patients and the available resources. It is essential that every physician obtain the consent of both the patients and their families and make a rational decision, keeping all the points mentioned above in mind when it comes to making a choice for one patient over the other. In the case of Marguerite M., it is essential to consider the criteria for admitting Sarah to the hospital in the first place. Before admitting a patient, the physicians must ensure that the patients who are already present in the hospital are not affected. Addressing this problematic condition, an organization known as the World Federation of Societies of Intensive and Critical Care Medicine gave four necessary criteria, which are input from other medical staff, triage algorithms and protocols, available resources, and the condition of the patient (Blanch et al., 2016).

In the case of Marguerite, Dr. K. was not informed about the change. The decision was made by the hospital staff, but as he was the doctor of Marguerite M., he had to face her family members. In this scenario, Dr. K. can justify to the family that Sarah's procedure was more severe and that it could not be delayed (Paul Walker, Terence Lovat, BLITT, & THM, 2016). It is a general protocol for doctors to treat a patient who is more severe and cannot wait. Although the decision taken by the hospital staff was wrong in every sense, their choice can also be justified by the fact that Sarah had a greater chance of surviving as she was younger than Marguerite M. It is also a fact that the hospital staff made the decision after much thought and rationalizing. Dr. K. can justify the decision made by the hospital staff on moral grounds. The hospital staff made the intervention because they thought that Sarah could be treated quickly and they would have time to address Marguerite M. before her six hours were over. Unfortunately, it took longer to stabilize Sarah, and Marguerite's six hours were over, and she died. The hospital lacked resources, which can also be cited as a justification by Doctor K.

Choosing Sarah over Marguerite was a difficult thing to do. There was a possibility that the angiography team or the caregivers for her would have disagreed with the hospital staff to operate on Sarah first. In this condition, it was possible for the hospital staff to find another way that could have saved the lives of both of the patients. The first option would have been not to take Sarah to the hospital in the first place. Another option for the angiography team or caregivers for Marguerite was to transfer any of the patients to another nearby hospital. Marguerite had 6 hours, and she could have been moved to another hospital within the six-hour window where Dr. K. could operate on her. Sarah could also be transferred to another hospital after stabilizing her.

I believe that the most important factor that was responsible for the death of Marguerite M. was not the hospital staff but the resources available at the hospital in the first place. In the scenario mentioned above, it is obvious that all the trouble was caused by the hospital having only one operation theater and only one angiography team. When Marguerite was brought to the hospital, there was no angiography team present, and the doctor had to call them from home. If the hospital had the team present in the emergency department, the treatment of Marguerite would have been on time, leaving time for the other patient. In a study conducted in 2016, it has been observed that sometimes, in an emergency, the issue of prioritizing the patient occurs. There are different standard criteria upon which the doctors and the supporting staff make a rational choice, but recent studies

have shown that it is better to allocate resources effectively not only in hospitals but also in ambulances (Sung & Lee, 2016). The given case scenario is a familiar occurrence in overcrowded hospitals, so it is essential to provide the hospitals with basic training in rational decision-making. The hospital staff chose Sarah over Marguerite and saved her life. It was not an entirely irrational decision, but it was ethically wrong on many grounds. It is also important to allocate resources in the hospital as this had a significant impact on the life of Marguerite M. and her family. The scenario would have been different if the hospital had been fully equipped or the staff had been well-trained to make a rational choice.

References

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