REFUSING AN AIDS PATIENT: THE RIGHT BELONGS TO THE PHYSICIAN

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[Assignment: Write a persuasive essay in which you take a debatable position on a controversial issue; support that position through references to outside sources; and refute the major opposing point(s) of view.]

(1) Imagine yourself as a successful doctor—a surgeon who has been practicing for ten years. You have a wonderful spouse, two young children, and another baby on the way. You are told that you have a patient who needs surgery within the next two days. Your first instinct as a doctor is to help someone in need. In checking through the patient's files, however, you notice that the patient has AIDS (Acquired Immune Deficiency Syndrome), the deadly new epidemic which attacks the human immune system.

(2) Now how do you feel about performing surgery on this patient? There is a chance you could incur a needle-prick during the procedure, making you susceptible to the HIV-virus which leads to AIDS. You could die. What about your spouse? What will happen to your children? If you develop AIDS, you may never see your unborn child graduate from high school.

(3) This is something many physicians must think about today: the risk of getting AIDS. The annual risk for a surgeon contracting AIDS is approximately two percent, assuming the surgeon suffers 40 needle-sticks during the year (with 4.6 percent of those needles being HIV-infected and a one percent chance of infection from each of those 4.6 percent) (Emanuel 1688). Although two percent may seem negligible, the deadly risk still exists. Currently, there is no cure of AIDS making this disease a death sentence.

(4) Some individuals feel that for a doctor to refuse treatment of an AIDS-infected patient is discrimination and much the same as refusing a patient based on race or religion. They feel it is the physician's professional duty and obligation to treat all persons in medical need, despite any personal risk involved. However, only 27 percent of 958 surgeons in a recent survey (August 1991) agreed that physicians should be legally required to provide care for patients who have tested positive for HIV (Colombotos 7). I, too, believe that all physicians have the right to take any precaution to maintain their health and safety, including the right to reject an AIDS patient.

(5) The claim that refusing treatment to an AIDS patient discriminates against those patients is a valid argument. Some feel that physicians, by refusing an AIDS patient, are actually saying, "Why should I risk my life for the like of homosexuals and intravenous drug abusers?" (Fox 17). Even if this were fair, it would not necessarily be true since more and more of the recently reported AIDS cases, such as "Magic" Johnson's, are among heterosexuals. However, while refusing any patient on the grounds
of a disease, race, or religion is clearly discrimination, in the case of refusing an AIDS patient, we have to consider the risk to personal safety.

(6) Although the personal risk for many physicians contracting AIDS is very small, some are at higher risk than others. For instance, surgeons, emergency rooms personnel, and obstetricians carry a greater risk because they are more prone to needle-sticks, punctures from sharp equipment, and blood splashing. Dr. Lorraine Day, chief of orthopedics at San Francisco General Hospital, estimates that as many as one-third of her patients could be HIV-positive; she claims that she "may get stuck 20 times in the next six months," making her cumulative risk 49 percent (Emanuel 1688). According to Dr. Day, even "surgeons who follow proper infection-control precautions will inevitably contaminate themselves (qtd. in Emanuel 1688).

(7) The greatest controversy concerning a physician refusing an AIDS patient centers on the interpretation of the Hippocratic Oath and a physician's professional duty because of this oath. Those who feel refusing an AIDS patient is wrong claim, "A physician may not ethically refuse to treat a patient whose condition is within the physician's current realm of competence solely because the patient is seropositive" (test positive for the HIV-virus) (Freedman 24). The American Medical Association has always felt that when an epidemic strikes, physicians must continue their duties without regard for the physician's own health (Freedman 24).

(8) However, this "duty" is not clearly defined. The Hippocratic Oath is a promise physicians make to help those in medical need; the oath does not legally bind doctors to provide for a patient when a personal risk is involved. One interpretation of a physician's duty is that care can be denied, but only for moral reasons. The Texas Medical Association Board of Counselors holds the position that the "physician must either accept the responsibility for the care and treatment of a patient with AIDS, HIV . . . or refer the patient to an appropriate physician who will accept the responsibility for the care and treatment of the patient" (Emanuel 1687). The Arizona State Board of Medical Examiners maintains that refusing an AIDS patient is only unprofessional if the physician does not make an effort to find another physician for the patient (Emanuel 1687).

(9) With such diverse interpretations, it is difficult to determine exactly what a physician's obligation is to an AIDS patient. There exists no historical duty for a physician to treat a patient; there is only a self-perceived duty (Fox 13). According to Dr. Colombo, "Most health care workers acknowledge their professional and ethical obligation to provide care for HIV-infected patients, but physicians object to being forced to do so by law" (1). This is also a time of great physician oversupply, when there are thousands of competent physicians for a patient to choose from. "No physician's services are so essential to patients that they confer a moral obligation"(Emanuel 1689) to serve every sick person. The patient, if refused by one physician, will not go unaided; other competent physicians exist who will be willing to help an AIDS patient.

(10) While physicians have a long tradition of caring for patients afflicted with infectious diseases with compassion and courage, not everyone is emotionally able to deal with a patient suffering from AIDS.
With the average age of patients with AIDS 30 to 39 (Greene A23), it is difficult for some physicians of the same age group to work with people so young, and watch them slowly disintegrate and die before their very eyes. In such a case, especially if the physician has not been trained to cope with an AIDS patient, only discomfort and confusion can result which is not healthy for either of the parties involved. Treatment would be more effective if the patient could be treated by a physician who has been trained to deal with AIDS patients, and is willing, rather than merely legally bound, to help that patient. Indeed, in some cases, it may be more beneficial for the patients if the physician refused an AIDS patient. Also, since AIDS is a relatively new medical problem, not every physician is entirely familiar with it.

Many people feel that refusing to treat AIDS patients is discrimination and a violation of the physician's professional duty. They fear that if physicians have the right to refuse AIDS patients, no one will care for them. These fears are not at all realistic, nor do they take into consideration the physician's personal rights. There will be physicians who will volunteer to treat AIDS patients, despite the risk involved. In fact, 40 percent of 958 physicians polled for Dr. Colombotos' report in August 1981 said they are completely willing to treat AIDS patients (6), and many more would consider it.

The physicians simply want the choice about whether or not to take on the risk and responsibility of an AIDS patient. They should not be legally bound to treat any patient, especially if there is a risk involved. It should be their individual right to protect themselves. The right to health and safety is one which all United States citizens deserve--including physicians.

Works Cited


