

Ethical Argument Essay

With increasing diversity in the United States, especially New York City, providers will encounter patients that not only speak different languages but who are of other cultures with distinct belief systems. With the patient-provider relationship so dependent on good communication, it's easy to see how language and cultural barriers would present challenges. However, the patient shouldn't have to pay the consequences of settling for lower quality care because barriers exist. The following case study from American Medical Association Journal of Ethics, written by Amy et al. (2021), presents a patient with language and cultural barriers, where the family members intervene with intentions to help, but instead creates an ethical dilemma that needs to be resolved.

The patient, Mrs. Z is a 70-year-old female from Pakistan that made the trip to the United States, where her children live, to have her swollen lymph nodes looked at by medical professionals. Mrs. Z has a family history of lymphoma, as her younger sister passed away from lymphoma six years ago despite treatment. After biopsy, Mrs. Z's results showed B-cell lymphoma, a fatal type of cancer unless treated with chemotherapy (Amy et al., 2021). Since Mrs. Z is older and doesn't understand the language, she allowed her eldest son and daughter-in-law access to her health information. When the family members became aware of her diagnosis, they requested the providers not to reveal it to Mrs. Z over concerns that she wouldn't tolerate the news and treatment due to age.

The family's proposition to hide medical information creates an ethical dilemma of autonomy vs. beneficence. Autonomy, because the patient has the right to make medical choices involving their own health. Although a patient's choice will certainly be influenced by family and others around them, Mrs. Z hasn't been given the opportunity to decide on medical treatment at all. This case involves beneficence because it's a core value of practice to act on the patient's best interest and well-being. Even though the patient is 70 years old, and generally older patients are less responsive and experience greater side-effects from cancer treatments, this is not a case of medical futility and there is a chance treatment could extend the Mrs. Z's life if that's what she wants. To handle an ethical case, the provider would take the medical indications, by gathering the medical facts including prognosis for such a disease, and factor in the patient preferences. However, it is difficult to work through this issue without first communicating with Mrs. Z to determine her wishes.

There must be a respect for the principles of autonomy and beneficence. But in the art of healing, things are not always black and white. It may seem natural to have a firm stance in this case,

push Mr. Z's family members to the side, and reveal the truth to Mrs. Z in the name of autonomy and beneficence. However, by doing this the provider would be undermining the importance of forming an alliance with the patient which also includes their support system. The provider must see the alternative and try to understand the family member's viewpoint or else the patient-provider relationship deviates creating division and lessening chances for any resolve. The family has good intentions behind not wanting Mrs. Z to know her diagnosis. They already have a negative experience with lymphoma as they lost a relative to the disease despite aggressive chemotherapy. They are feeling emotions of fear and hopelessness, so their intentions are to protect Mrs. Z from any emotional and physical suffering given her age. Also, the cultural component in this case can't be ignored. Perhaps the elder son sees it as his full responsibility to care for his mother, including making medical decisions for her, and maybe Mrs. Z is fine with that by default. This is why a conversation must be had with everyone involved despite the language barrier so that everyone's thoughts and concerns are heard.

This case would've been better handled with the presence of a certified medical interpreter from the start, meaning before the biopsy was done. This way Mrs. Z could've participated in her care from the beginning. Allowing the son to be the interpreter was the root of the problem here as it created a chance for Mrs. Z's autonomy to be compromised, and that's exactly what happened because Mrs. Z wasn't in the loop. However, now that there is a diagnosis, the provider should try to lessen the family's apprehensiveness of disclosing the diagnosis by educating the family on disease, suggesting the possibility that Mrs. Z could respond positively to treatment, and offering services to help Mrs. Z cope with the news. If the family remains reluctant their wishes can still be respected with the understanding that the provider would still like to have a conversation with Mrs. Z with the assistance of an interpreter. Dialog allows the provider and Mrs. Z more rapport, to get a better sense of what Mrs. Z's preferences are, including her family's role in her medical care; and to answer any concerns Mrs. Z may have currently or regarding the future. This is a fair middle-ground that salvages the provider-patient relationship and still leaves the door open in case Mrs. Z and her family have a change in heart. The case is a lesson to be learned on how language and cultural barriers can pose challenges to the principles of autonomy and beneficence and on overcoming those barriers by establishing early communication with the help of resources like professional medical interpreters.

References

Scharf A., Voigt L., Vardhana S., Matsoukas K., Wall LM., Arevalo M., Diamond LC. (2021). What Should Clinicians Do When a Patient's Autonomy Undermines Her Being Treated Equitably? *AMA Journal of Ethics: Illuminating the Art of Medicine*; 23(2):E97-108. <https://doi.org/10.1001/amajethics.2021.97>