Special cases

Applying the Four Principles

Autonomy	The patient explicitly asked for the truth — this is a direct, competent request that carries strong ethical weight.
Beneficence	Truthful disclosure, delivered with compassion, generally serves the patient's best interest and preserves trust.
Non-maleficence	Withholding the diagnosis risks harm too: loss of trust, inability to plan, and exclusion from his own care.
Justice	The family's cultural concern deserves respect and a compassionate conversation — not automatic authority over the patient's own information.

1

Autonomy vs. Paternalism/Beneficence

- **Informed Consent Under Pressure** A surgeon needs to obtain consent from a patient for a high-risk procedure, but the patient is anxious and clearly doesn't fully understand the risks. The surgical schedule is tight, and a nurse notices the surgeon rushing through the consent conversation, minimizing potential complications to keep the patient calm and the schedule.
- **Recommended Action**

2

Autonomy vs. Paternalism/Beneficence

- **Cultural and Religious Conflict in Treatment** A pediatrician recommends a blood transfusion for a child in critical condition, but the parents refuse on religious grounds. The medical team must navigate the child's welfare, parental rights, religious freedom, and possible legal intervention.

Recommended Action

3

Impaired or Incompetent Practice by Colleagues

- **The Junior Doctor and the Senior Consultant's Errors** Dr. M, a first-year resident, notices that a senior consultant frequently prescribes medications based on habit rather than current guidelines, occasionally causing avoidable drug interactions in elderly patients. Dr. M is intimidated by the consultant's reputation and worried that raising the issue could damage her career prospects, but she's concerned about patient safety.

- **Recommended Action**

4

Impaired or Incompetent Practice by Colleagues

- **The Impaired Colleague** Dr. S notices that a fellow anaesthetist seems to be showing signs of impairment — unsteady hands, subtle changes in speech, occasional lapses in attentiveness during procedures. Dr. S has no direct proof of substance use but is increasingly worried about patient safety. Reporting a colleague on suspicion alone feels drastic and could ruin a career and friendship if wrong.
- **Recommended Action**

5

Justice and Resource Allocation

- **Resource Allocation in the ICU** During a surge in patients, an ICU physician must decide how to allocate the last ventilator between two critically ill patients — one significantly older with comorbidities but higher social support, one younger with a poorer overall prognosis due to unrelated illness. Hospital guidelines are vague, and the physician feels the weight of the decision alone.
- **Recommended Action**

6

Autonomy vs. Paternalism/Beneficence

- **Withholding Information from a Dying Patient** A family insists that their elderly father, terminally ill, not be told his diagnosis, fearing it will cause him to "give up." The attending physician believes the patient has a right to know and make decisions about his remaining time, creating tension between respecting patient autonomy and honoring family wishes and cultural values.
- **Recommended Action**

7

Whistleblowing and Institutional Power

- **The Trainee Witnessing Substandard Consent for Research** A medical student observes that a principal investigator on a clinical trial is encouraging vulnerable, low-income patients to enroll by overstating potential benefits and downplaying risks, in order to hit recruitment targets. The student is early in training and worried about retaliation or being seen as disloyal to the research team.
- **Recommended Action**

8

Whistleblowing and Institutional Power

Whistleblowing on Institutional Cost-Cutting A hospital administrator quietly reduces nurse staffing ratios below safe levels to cut costs, technically staying within a gray area of regulations. A charge nurse observes rising patient falls and medication errors as a result and must decide whether to escalate internally, go external, or stay silent to protect her job.

- **Recommended Action**

9

Confidentiality vs. Duty to Protect Third Parties

- **Confidentiality vs. Duty to Warn** A psychiatrist's patient reveals violent thoughts about a specific identifiable person during a session. The psychiatrist must weigh patient confidentiality against a potential duty to warn the threatened individual or notify authorities, uncertain how serious or credible the threat truly is.
- **Recommended Action**

10

Honesty and Disclosure

- **Disclosing a Medical Error** A junior physician realizes that a medication error made by a senior colleague during a previous shift likely contributed to a patient's complications, though it wasn't caught at the time. The physician must decide whether and how to disclose this — to the patient, to the senior colleague, or to hospital administration.
- **Recommended Action**

Complex: Impaired or Incompetent Practice by Colleagues , Professional Hierarchy and Power Differentials (cross-cutting)

- Dr. S is becoming increasingly frustrated with patients who come to her either before or after consulting another health practitioner for the same ailment. She considers this to be a waste of health resources as well as counter-productive for the health of the patients. She decides to tell these patients that she will no longer treat them if they continue to see other practitioners for the same ailment. She intends to approach her national medical association to lobby the government to prevent this form of misallocation of healthcare resources.
- **Recommended Action**

Evaluate and decide!

- An immigrant family, with limited English proficiency, is asked to consent to a complex surgery for their child. No professional interpreter is available on short notice, so a bilingual janitor is asked to translate. The consent is obtained, but a resident later suspects the family didn't understand the risks of a rare but serious complication that later occurs.

Recommended Action

Evaluate and decide!

- A junior surgeon realizes mid-way through a difficult case that a colleague's earlier surgical note contained a significant inaccuracy that contributed to the current complication — but she also recognizes her own decision an hour earlier worsened the outcome. She must decide how to document what happened, knowing full disclosure implicates both her colleague and herself,

- **Recommended Action**

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Evaluate and decide!

- A hospital pharmacist notices that a senior oncologist has been prescribing a specific expensive drug far more often than peers, for cases where a cheaper, equally effective alternative exists. She later learns the oncologist has been receiving paid speaking fees from the drug's manufacturer. The pharmacist is new and reports to a pharmacy director who has close ties to the oncologist.

- **Recommended Action**

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