



Ethical Decision Making in Endoscopic Treatment of a Jehovah's Witness With Severe Upper Gastrointestinal Bleeding

Sarah Beilke, MD¹; Robert T Simril III, MD²; Frank I Scott, MD²; Eric Swei, MD²

¹ Department of Medicine, University of Colorado School of Medicine, Aurora, Colorado; ² Division of Gastroenterology, University of Colorado School of Medicine, Aurora, Colorado

INTRODUCTION

- Informed consent and shared decision making are critical for endoscopic procedures
 - Goal: increase patient autonomy & decrease medical paternalism
 - Possible Biases
 - Significant risk of harm
 - Patients with differing belief system
- This is a case of a Jehovah's Witness who underwent endoscopic intervention despite a high risk of mortality emphasizing the importance of shared decision making

CASE: Day of Admission

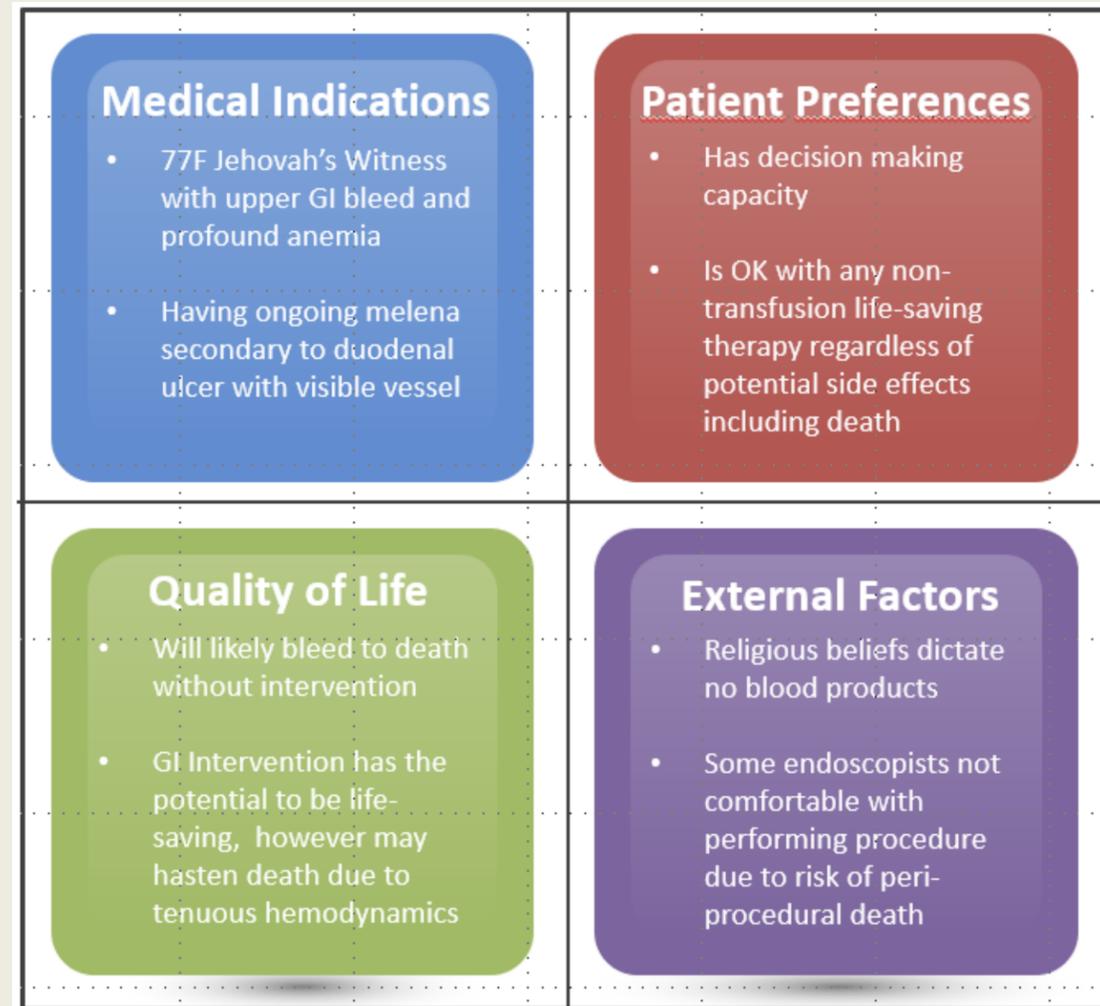
- 77-year-old female Jehovah's Witness presented with hematemesis and hemoglobin 4.9 grams/deciliter (g/dL)
- First endoscopy:
 - Informed consent obtained
 - Identified duodenal ulcer with a visible vessel
 - Treated with hemostatic powder alone (Figure 1)



Figure 1. duodenal ulcer

CASE: Hospital Day 3

- Hospital day 3: recurrent melena with hemoglobin to 2.8 g/dL
- Discussion with the patient and providers with decision to pursue all interventions despite high risk of death (Figure 2)



*Adapted from Jonsen, Siegler, and Winslade *Clinical Ethics*, 7th edition. McGraw-Hill, 2015

Figure 2. "Four-Box Method" completed for our patient

CASE: Hospital Course cont.

- Second Endoscopy:
 - Redemonstrated duodenal ulcer with a large pulsatile visible vessel
 - Ulcer was injected with epinephrine and an over-the scope clip was successfully placed (Figure 3)
- She initially stabilized, however on hospital day 5, she developed melena with hemodynamic instability.
- After discussion with her family, she transitioned to comfort care measures and expired that evening.



Figure 3. Duodenal ulcer with clip

DISCUSSION & CONCLUSION

- When faced with high-risk interventional procedure gastroenterologists may withhold interventions.
 - Ethical principal of non-maleficence.
- Patient characteristics may also lead to bias.
 - In this case the Jehovah's witness refusal of blood may be misinterpreted as refusal of all treatments.
- We recommend shared decision making as part of the informed consent process
 - Combine patient's values and physician's expertise
 - Upholds patient autonomy and self-determination.
 - Used when more than one reasonable option exists