1 Ethical Elements Stemming out of Elective Surgery

Elective surgery is a procedure that is unnecessary and is done to prevent a condition that may or may not happen in the future. Some of these procedures include prophylactic mastectomies and elective amputations. The focus of this article is to discuss several ethical issues that occur in contemporary health care systems. One example is unethical behavior of the physicians, psychiatrists, and surgeons that assist or give approval to certain types of medical procedures. In doing so, the foundation of medical ethics is broken since these health care providers have breached the patient protective guidelines inscribed within the Hippocratic Oath.

2 Prophylactic Mastectomy and Elective Amputation

The Hippocratic Oath is used as a basis for defining ethical behavior. The Hippocratic Oath provides a clear understanding of the ethical practices that must be observed by the medical profession. Therefore, it is the responsibility of the healthcare provider to follow the oath. However, this does not always occur. For example, in the consultation or performance of unnecessary surgery such as the prophylactic mastectomy and the elective amputation, the ethical observance of a physician, psychiatrist, or surgeon is questionable. The portion of the Hippocratic Oath that is violated is the claim, “I will apply dietetic measures for the benefit of the sick according to my ability and judgment; I will keep them from harm and injustice” (The Hippocratic Oath, p. 3). One type of unnecessary surgery that could be in violation of the Hippocratic Oath is the prophylactic mastectomy. This type of mastectomy is the “removal of one or both breasts in an attempt to prevent the development of breast cancer” (Taber, 2001). In contemporary medicine, it is believed that the earlier an individual seeks treatment for any type of disease, the more successful the outcome will be. In order to enable this type of early intervention, technologies have been formulated to accomplish this goal. Such is the case with gene therapy in diagnosing breast cancer. Gene therapy is utilized in diagnosing breast cancer when an individual is found to carry breast cancer genes 1 and 2 (BRCA-1 and BRCA-2). A strong correlation has been found between the reoccurrence of these genes and the development of breast cancer. As a consequence, when many women and a small
percentage of men find out that they are carrying the BRCA-1 and/or BRCA-2 gene, they opt for a prophylactic mastectomy. To complicate the matter further, there is also a high occurrence of ovarian cancer in those that are carrying these genes (Harmon, 2007). To decrease the chances of developing any one of these cancers, many women will seek a prophylactic mastectomy and a hysterectomy to remove any tissue that might spring forth cancer cells. The problem with such procedures is that they are irreversible and the occurrence of developing breast and/or ovarian cancer is still only considered as a probable chance.

The reason why many of these prophylactic mastectomies are unethical is because they are performed on the vulnerable. The psychological/psychiatric trauma caused by obtaining cancer causes vulnerability in an individual. This crisis is caused because the individual is facing the possibility of developing a form of deadly cancer. A crisis is defined as an “unstable period in a persons life characterized by an inability to adapt to change resulting from a precipitating event” [?] (Taber, 2001). Even though informed consent is gained before these prophylactic mastectomies occur, the health care provider is not trained to account for the possibility of a patient undergoing a crisis. Not doing so leads to unethical practices. Another common elective surgery is the amputation of a limb. This type of surgery is usually reserved for the removal of necrotic tissue to prevent or stop gangrene. There is an ethical dilemma in this form of elective procedure because the patient will request from their surgeon the removal of a healthy limb solely for personal contentment [2](Bayne & Levy, 2005; Tomasini, 2006). This type of procedure is contradictory to the Hippocratic Oath because it is harmful to the individual who desires the amputation. It is harmful because a needless amputation instantaneously transforms an individual into a person with a disability. In being disabled, the individual encounters certain obstacles that might prevent one from ever achieving their previous quality of life.

The largest group of individuals who desire an elective amputation are usually individuals who have a history of mental illness. These individuals feel that their unwanted limb makes them incomplete and “not healthy” (Bayne & Levy, 2005) [2]. The unwanted limb causes so much internal conflict that having it attached is equated to having a grotesque physical appearance. Informed consent is not fully obtained in an elective amputation because it is likely that these individuals do not have a thorough understanding of what is involved in the operation. In the case of an individual with a mental illness, the underlying disorder might be the cause of desiring the amputation. The end result is the health care provider harming the patient by amputating a healthy limb instead of treating the mental illness.

3 Issues Associated with Gene Therapy

When a person undergoes gene therapy and it is found that the person carries a particular gene, the patient will be immediately notified of the correlation between the gene and the disease. In other words, gene therapy is used to iden-
tify possible relationships between the genotype and the phenotype. Genotype is defined as the coded makeup of genes whereas phenotype is the outward expression of the genotype. Gene therapy can help prevent diseases by identifying high-risk cases of developing a disease, making treatment more effective. Because of its use, gene therapy can influence people into going through with an elective surgery. Several ethical issues arise when gene therapy is used in deciding whether or not to go through with elective surgery, including the methodology of the procedure, the accuracy of the research, the impact of the results, and the allocation of funding in such procedures. Statistical methods are used to determine the relations between a gene and the genotype and the phenotype. Phenotypes are measured through markers such as physical appearance or unnoticed bodily conditions. However, it is important to note that the probability of obtaining accurate results is 90% or higher but not 100%. Often times the data analyzed includes pure computer simulations or a combination of real data and simulations. One of these statistical approaches used to obtain data is linkage analysis. Gene therapy depends on the accuracy of this method. For example, linkage analysis depends on the accuracy in identifying the specific genotype related to a disease. Several diseases are related to two or more genes. This becomes problematic because if a person has a particular disease, it does not necessarily mean that principal gene identified is the cause of that disease. In other words, it could be the case that the gene linked to a disease is not the principal gene but a secondary gene. This could result in a misdiagnosis.

Another ethical concern related to the efficiency of gene therapy is the use of computer simulation. Basing data acquisition on computer assimilations is problematic because it is possible for simulations to malfunction, affecting the data generated. In addition, assumptions in the interpretation of data can be made by the programmer or researcher that either narrow or generalize the study. The results of the procedures have a dramatic influence on the diagnosis and treatments that patients receive, often times being irreversible (Lander, 1995)[9]. People are affected by these “scientific” outcomes. Ethical considerations must be taken to account for the possibility that the results of such research are simply based on a “provocative paper that if incorrect can radically lead investigators down blind alleys and cause great damage” (Mills, 2002)[4]. Gene therapy methods rely on innovative theoretical approaches instead of focusing on established biological canons. When studying something that has not been established, the accuracy of these processes is debatable.

Optimal results for an elective procedure should be discussed with the patient prior to surgery. In some cases, the normal effects and benefits from a surgery may only be temporary (Ford-Martin, 2004)[?]. Physicians should properly address all of the consequences associated with the procedure. In the case of mastectomy, more women are choosing prophylactic mastectomies. This means that women diagnosed with breast cancer are increasingly choosing to have their other, healthy breast removed as a preventive measure even when there is no evidence that the cancer will spread to the healthy second breast. Doctors believe that many women may be making the choice for inappropriate reasons. Accord-
ing with Dr. Todd Tuttle, Chief of Surgical Oncology and Associate Professor of Surgery at the University of Minnesota Medical School, women are choosing it because they think it will improve their breast cancer survival.

Unfortunately, in many cases it does not (Doheny, 2007) [6]. Furthermore, it is unethical that only those that can afford treatments such as gene therapy are allotted a second chance of living cancer free. Gene therapy is not available to all. Only the more economically fortunate are allotted these types of diagnostic tools since gene therapy is usually self-paid or paid by private health insurance plans. Health insurance statistics show that both the economically disadvantaged and non-Anglo population as being uninsured. With the uninsured individual, chances are that they will not be given the option of gene therapy. For a person who is fortunate enough to afford it, an early diagnosis can allow for early intervention. As stated before, most women undergoing gene therapy can receive a prophylactic procedure even before it is necessary. This form of prophetic procedure can nearly guarantee a cancer-free life. On the other hand, those who cannot afford gene therapy typically wait until they show symptoms before seeking treatment. At times, waiting to be symptomatic is too late for women who have breast cancer. They will have to go through with the traditional course of chemotherapy, radiation, or surgery. It is unethical that financial means decide who gets treated or not.

There are several other examples of ethical lapses associated with these procedures. For example, it is reported in a study that a second year surgical resident in Chicago opted for a mastectomy because she tested positive for one of the BRCA genes (Harmon, 2007)[8]. Unfortunately, some patients of the facility that this resident attends to did not have the same opportunity. Another type of ethical issue is the notion of preference involved in cases when a patient undergoes unnecessary procedures such as the removal of a limb for personal reasons. It can be claimed that it is unethical to spend money that is directed toward a health care program when it is used for these types of unnecessary procedures instead of allocating those sources into programs that provide for those that are disadvantaged. Whereas access to publicly funded and effective treatment is limited or delayed, those who can afford to pay benefit because of the shorter waiting times (Williams et al., 2001)[13].

Efforts have been made by government agencies in order to amend the inequality of health care service. However, in order for this to be done, adequate health care research must be conducted. The research should examine the performance of the health care system by identifying ways to improve its accessibility and quality and by finding means to lower the costs of treatment. Addressing this problem can lead to significant changes in policy, health administration, patient care, and other services. Evidence that improvements have been made can be seen by comparing the American health care system to that of the British. For example, the British system has attempted to reduce health care disparities related to race, ethnicity, and community of residence. On the other hand, the American health care system has avoided this issue (Williams et al., 2000)[13]. America is the only major industrialized nation in the world who refuses to
offer subsidized universal health care. The documented deficiencies in the American health care system include patients harmed by avoidable medical errors, fragmentation, and inefficiency that result in poor-quality care and lost value. Consumers are forced into debt and bankruptcy to pay for medical bills thereby increasing the number of Americans who go without the security of health insurance coverage. Statistics show that forty-five million Americans do not have access to health insurance (Lichtenberg, 1999) [10]. According to the Institute of Medicine, a great majority of those who do not have access to medical insurance die prematurely each year due to the lack of health care coverage (Davis, 2007) [5]. All people deserve adequate access to health care regardless of their socioeconomic status and should be one of equal quality as well.

4 Ethics of Beauty and Race

It is impossible to ignore the fact that society has given an unimaginable value to physical appearance. When this is correlated with the severe change in appearance that elective procedures produce, an individual may be unable to cope with the experience. Society has defined beauty in such a way that following these beliefs can be more harmful than the risks associated with an elective procedure. When a woman opts for an elective procedure, one of the consequences is a severe change in appearance. Similarly, the individual who opts for an elective amputation does too. The ethical concern with this issue is whether a fully informed consent is made. Also, there is a violation of the Hippocratic Oath in elective amputations. When procedures such as the prophylactic mastectomy are performed, it is unethical for the physician to ignore the harmful repercussions of such disfiguring procedures. Given the standards and the societal expectation of feminine beauty, there are those surgeons who argue that women should be able to decide what type of surgical procedure should be performed on them. Other surgeons believe that elective surgery is a choice that women should make (Bewley & Cockburn, 2002)[3]. One medical professional, Doctor Sammons, argued that if a woman wants an elective procedure and “is happier for having it, it is necessary, even though on a pathological basis, it is not necessary...[If] the patient [is] fully informed of all the consequences, I would say that it is beneficial and therefore necessary” (Annas, 1979) [1]. Ethical problems originate from not being fully informed when consent to the procedure is given. Many may not be aware of the risks involved. Women and other minority groups have to be aware of possible discrimination that they may encounter that might prevent them from accessing elective procedures. In order to understand why it is so hard for these groups to access medical care, it is important to analyze discrimination on behalf of hospital administrations. There are “four areas of voluntary hospital activities in which discriminatory practices are likely to arise. They consist of education and training programs, employment, patient admission and treatment, and medical and professional staff appointment” (Yale, 1964) [14]. Discrimination in patient admission and treatment occurs when the patient is “subjected to what might be called administrative discrimination-segregation by room, ward
or the affixing of some distinctive badge of inferiority” (Yale, 1964) [14]. Elective surgery is undeniably a type of surgery that most minority groups will never obtain. Discrimination greatly influences the treatment options members of different ethnical backgrounds will receive. It is important to carefully consider the risks and benefits for elective procedure because it is a life changing experience that alters a patients societal atmosphere.

5 The Enigma Remains

To conclude, some unethical behaviors that occur in the health care industry are subtle. There is a lack of public attention to what occurs within the health care industry. Unfortunately, unless an individual is facing a terminal illness, is attempting to find a mechanism for early detection of a hereditary disease, attempting to find a way to pay for required health care services, or is a member of a historically marginalized group seeking better health, the ethical dilemmas of the health care system are not acknowledged. Public awareness is important to avoid these unethical practices. How that should be done is out of the scope of this paper and something for you, the reader, to consider.

References