



## Aggressive treatment

2014 (November) - DAY 2 - SUPPLEMENTARY

You are the Executive Director of Medical Services of a large teaching metropolitan hospital, and it's your first day at work after a long holiday overseas. You have just sat down to enjoy your cup of morning coffee when the Professor/Director of Haematology barges into your office.

Medical Leader	
Medical Expert	
Communicator	•
Advocate	•
Scholar	
Professional	•
Collaborator	•
Manager	□

He tells you without any preamble that there is a 17-year old patient in the ward with recently diagnosed leukaemia who has consented to receiving chemotherapy but has refused the required associated blood transfusions on the grounds that he is a Jehovah's Witness. Both his parents have also refused to consent to blood transfusions under any circumstances as they also are Jehovah's Witnesses.

The Professor tells you in no uncertain terms that if the patient does not get the chemotherapy the leukaemia will be fatal, and that the blood transfusions are a compulsory part of the protocol. He also says that with chemotherapy the prognosis is excellent. As you sit there stunned and contemplating the facts, the Professor swears at you, shakes his head at the uselessness of medical administrators, and leaves, slamming the door behind him.

Almost immediately afterward, the Director of Nursing rushes into your office. She tells you that her Oncology Nurse Unit Manager has just told her that the haematology team are moving ahead with blood transfusions despite having no consent from the patient or family. She also tells you that the patient is only 4 months away from turning 18.

Your telephone rings. You pick it up, and it's a reporter from a major television network. He is asking you about the 17-year old nephew of the current Minister of Health who is in your health service, who has leukaemia. The reporter wants to know how the son is going, given the current industrial action happening within hospitals with the election coming up, and the Minister refusing to budge on hospital wages while his nephew is in hospital.

### Questions

1. What are your immediate priorities in managing this situation?
2. What do you say to the reporter?



3. What is your strategic approach to strengthening clinical governance to address the longer term issues raised by this scenario?

## Guidance for Censors:

### ISSUES

1. Care of the patient
2. Medicolegal – informed consent, patient autonomy, cultural competence
3. Management of media
4. Health politics

The following would be appropriate points of discussion:

- The elements of informed consent in this case (age of patient)
- Meet with patient and family
- Arrange alternative and empathetic specialist care for patient
- Reinforce with specialist staff that treatment without consent is a tort.
- Is there a Jehovah's Witness liaison group to the hospital?
- Alternatives to blood – e.g. EPO – has it or could it be considered?
- Training for staff in cultural competence in dealing with Jehovah's Witness families.
- Review hospital blood management policies or specific policies regarding Jehovah's Witness patients
- Under no circumstances provide commentary to the media about a confidential clinical matter (remember, as well, the 17 y.o nephew of the Minister might not be your JW patient – it might be just as well to clarify this privately – not through the media). Seek advice from Media Liaison.
- Difficulty of managing hospitals through election campaigns.