You are consulted about a 47-year-old man with complaints of abdominal pain. A CT scan showed a 7-cm infrarenal abdominal aneurysm. The patient exercises daily and is in excellent physical condition except for a positive HIV. The patient has been on the state prison’s “death row” since his conviction and sentencing 3 years ago for multiple aggravated murders in your hometown. You remember the extraordinary ferocity of the crimes and their devastating emotional impact on your community acutely. The prisoner’s conviction and sentence are being appealed to higher courts. No execution date has been set. You have provided vascular surgical services for the state prison system under a capitated contract for many years. What is your most ethical course of action?

A. Recommend that the procedure be done out of state.
B. Perform the operation to your best ability.
C. Since the patient is condemned to die, recommend that surgery will not be cost-effective and is therefore not indicated.
D. Follow the aneurysm with monthly ultrasound scans until you know how long the appeals process will continue.
E. Tell the patient that his crimes deserve neither civility nor professionalism, and decline to operate.

The most ethically sound response is B; the least ethically defensible answer is E. As the designated surgeon for this patient population, you are clearly in a fiduciary relationship with the patient. The basic ethical component of this fiduciary role is the surgeon’s obligation to protect the patient’s health. This patient urgently requires surgical care, and there are no medical contraindications to surgery. The risk-benefit ratio unequivocally supports surgical intervention.

The patient’s HIV-positive status does not pose a significant threat to the surgeon or surgical team if standard infection-control procedures are observed. By contracting with the Department of Corrections, you have implicitly confirmed that you will provide high-quality medical care to incarcerated patients, without regard to any personal feelings. These feelings are irrelevant to your ethical obligations.

The surgeon’s responsibility is not to act as an agent of the criminal justice system, but as a physician with a duty to treat his patients’ ailments. The professional virtue of self effacement requires the surgeon to sublimate his personal repugnance at the patient’s crimes and remain silent about them during the course of treatment. The broad judgement permitted physicians in determining the best course for their patients does not include determining legal penalties, concluding that the criminal appeals process is too lengthy or stultifying, or implementing death sentences before the judicially appointed hour.

Because any certified vascular surgeon can operate on large aneurysms, Choice A, a recommendation to have the surgery performed out of state, is not based on a compelling need for locally unavailable specialized services. Instead, it is likely a reflection of your personal distaste at caring for a patient who has committed terrible crimes. Furthermore, this choice would violate your contract to provide the Department of Corrections with any indicated vascular surgical services you are capable of performing.

Choice C, evaluating the cost-benefit ratio of surgery in view of the patient’s death sentence, again removes the surgeon from his proper role as caregiver. The allocation of the prison’s medical budget is the responsibility of administrators and legislators, not contract surgeons. When and whether this patient will in fact die as punishment for his crimes is still to be determined by an ongoing appeals process and certainly should not be presumed by the surgeon. Death is effectively certain if the aneurysm is not surgically treated. The certainty of death by judicial execution has yet to be fully determined, and the surgeon has no proper role in this process.

Following the aneurysm with monthly ultrasound scanning, Choice D, is inconsistent with the standard of care for the clinical management of 7-cm aneurysms. This is either a gross medical error, or, as with Choice C, an attempt to disguise the surgeon’s ambivalence in a medical rationalization. The course and duration of the appeals process is irrelevant to the patient’s care.

Choice B, performing the indicated operation to the best of your ability, recognizes that your ethical obligations to all patients needing your care do not vary with...
their character, social histories, belief systems, or other features unrelated to their medical condition. Furthermore, Choice B properly leaves the prisoner’s punishment to those legally empowered to determine and administer it.

Choice E reflects the perils of physicians and surgeons implementing cultural judgments about the social worth of their patients. Nazi physicians\(^2\) and Tuskegee Syphilis Study scientists\(^3\) accepted contemporary cultural beliefs that some people had no social value and could be mistreated with impunity. Their professional integrity should have rejected this notion. The physician’s clear obligation during treatment is to relieve his patient’s ailments rather than society’s.

REFERENCES