A Blind and Psychotic Patient Refusing Cataract Surgery: Beneficent Paternalism or Irrational Autonomy?

The Gold Foundation Ethics for Lunch Seminar Series: 
A Difficult Case from the NewYork-Presbyterian Hospital Ethics Committee

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12:00 noon – 1:30 pm

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Dr. Kenneth Prager presented a complex case involving a man who was brought to the Emergency Room after being found unconscious outside a subway station in Queens. Although originally worked up due to abdominal pain, it was found that he also was blind with bilateral cataracts. Doctors believed that with a cataract extraction, a simple surgery, his vision could be restored. However, the patient, terrified of dying, refused the surgery. He was believed to be irrational and lacking decisional capacity.

An ethics consultation was conducted in order to investigate whether the cataract surgery should be performed against the patient’s wishes. The patient, who claimed to be twenty-one yet looked much older, spent his days unhappily lying in bed, refusing to ambulate or even listen to music. The Ethics Consult recommended a Psychiatry and Neurology evaluation. Psychiatry was able to obtain information from the patient, but it was either false or unable to be verified. He continually stated that he felt he would die whenever surgery was brought up. The Psychiatric evaluation concluded that the patient lacked capacity to refuse the cataract surgery as he did not understand his condition, or the benefits of the surgery, while he continued to exaggerate the risks. However, due to the surgery being an elective procedure, since the patient’s condition was not life-threatening, the psychiatric recommendation was to first treat the patient’s anxiety in hopes that he would change his mind about the surgery. Despite efforts, however, the patient’s mental exam remained unchanged. The Psychiatry attendings believed the patient suffered from a delusional disorder.

Reasons for surgery without consent were weighed against reasons against surgery. Although the cataract extraction would be elective surgery, it would greatly improve the patient’s quality of life, particularly in this case due to the man’s mental problems. It was considered that nearly every rational person would want this surgery performed if in the same situation. The patient had
stated several times that he wanted to see, and the risk of the surgery was negligible in this circumstance. On the other hand, it was also thought that no elective surgery should be performed without informed consent and against a patient’s wishes no matter how great the gain in quality of life. There was also the concern that the patient might be extremely upset after the surgery, rebelling against the violation that occurred. And finally, what if the patient refused to behave post-operatively, neither taking his eye drops nor following the directions of the medical care staff?

After many long discussions, because of the likely benefits to the patient’s quality of life, the Ethics Committee voted in favor of recommending the surgery despite the patient’s decision, and hence, surgery was scheduled. The morning before the surgery, the hospital Legal Counsel was consulted, and surgery was cancelled due to legal concerns.

In a heroic effort to find out the true identity of the patient and a Next of Kin, a tireless social worker persuaded police to fingerprint the patient. His identity was discovered as well as his sister, living in Boston. She was contacted and informed about her brother with whom she had lost contact over many years. She turned out to be the patient’s legal guardian and learning about her brother’s condition, gave permission for the cataract surgery. The surgery turned out to be more complicated than anticipated, but ultimately was successful. The patient regained the gift of sight and started smiling for the first time since admission to the hospital. He was discharged to a nursing home where apparently he was spending many hours watching TV.