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TARGET CASE

Limited Medical Resources

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A volunteer medical team was sent to Haiti for a two-week period to provide medical treatment to children in the Port-au-Prince area. The team came across a 7-year old boy with severe kyphosis, a curvature of the spine that literally had him bent in half. This was not an S-shaped curvature that is most common, but an abnormality in the vertebrae where the anterior portion is narrow and the posterior is thicker, thus creating a spine that protrudes outward and in the back. This is similar to a “hunch back” but the protrusion is much lower in the back. When he walked, the child’s head hung as low as his waist.

The team was immediately aware that surgery to correct this condition could not be done in Haiti. The Haitian medical professionals lacked both the surgical expertise as well as the appropriate post-operative intensive care that would be needed for this type of surgery. To correct this condition the child would have to be sent to an appropriate hospital in the United States. If this condition is not corrected he would probably not survive into his twenties. This is a complicated surgery and the medical team informed the parents of all aspects of the diagnosis, prognosis, and treatment plan, including the fact that the child could die from the surgery and possibly never walk again. After hearing all the facts, the parents decided they wanted the surgery for their son.

The medical team began obtaining the necessary permissions and trying to recruit volunteer physicians to perform this surgery in the United States. In the process an anesthesiologist informed the team that because of the boy’s age and because he had developed for seven years in his misshapen body that his heart, lungs and major vessels which had been compacted in his chest cavity would be “stretched” during the straightening of the vertebrae. The boy had a 30-50% chance of mortality on the operating table. The boy had an even greater chance of becoming paralyzed or needing a tracheostomy (airway in the throat that aids breathing) and a ventilator for the rest of his life. If complications arose and the boy had to have a tracheostomy, he could not return home. His family lived in a very poor area of Haiti and his house was without electricity or running water.

The question confronting the medical team was - could the surgery be done without performing a tracheostomy if the need arose? The result would be to allow the boy to die on the operating table. Otherwise, if the boy received the tracheostomy, he would have to stay in the United States for the rest of his life. He would be separated from his parents, siblings and extended family who were very involved in his life. Immigration officials confirmed that the boy’s family would not be given permission to immigrate to the United States but that his mother would be granted a Visa one to two times a year to visit her son in the United States. The result would be that the boy would live in the United States alone with only visits from his mother.

Ethically, should the surgery be performed under these circumstances? Would it be ethical for the surgical team to withhold the tracheostomy from this child because he is from a Third World country that lacks the sufficient medical resources even though this procedure would not be withheld from a child in the United States because of economic reasons?