

Featured Article Summary

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Doctor Knows Best? Tubal Litigation in Young, Childless Women

*Case study with commentaries by Kathryn Goldrath and Lauren B. Smith, *The Hastings Center Report*, 2016¹*

Case summary:

- A twenty-one-year-old woman makes an appointment with her gynecologist. She is determined to have tubal litigation and would like to schedule an appointment as soon as possible.
- The gynecologist has been her doctor since she started college. The woman is now in her senior year and is planning to pursue a graduate degree.
- She has had a boyfriend for the past year, and he accepts her decision about tubal litigation.
- She states that she would “never want to bring a child into this screwed up world.”
- The doctor feels uncomfortable with the situation and considers whether to suggest that she wait six months and reconsider her decision. He consults the hospital ethics committee.

Main arguments presented by Kathryn Goldrath:

The physician struggles to reconcile respect for patient autonomy with the principle of nonmaleficence. The patient’s young age is the primary reason for the physician’s hesitation to meet her request. Goldrath argues that refusing to meet an adult patient’s request for tubal litigation on basis of her young age alone would be paternalistic and unethical. Moreover, delaying the process by forcing the patient to wait and reconsider may cause otherwise avoidable harm to the patient, such as an unintended pregnancy.

Goldrath concludes that the patient’s wish must be met, provided that her request is considered reasonable. Should the patient’s decision be at odds with the physician’s personal beliefs it would be unethical of the physician not to meet her request for tubal litigation. It is the responsibility of the doctor to discuss the matter with the patient, ensuring that information about alternative treatment options is provided, to allow the patient to make a fully informed decision of her own.

¹ Goldrath, Kathryn (2016): Doctor Knows Best? Tubal Litigation in Young, Childless Women, Commentary. *The Hastings Center Report*, 46: 5, 9-10.

Smith, Lauren B. (2016). Doctor Knows Best? Tubal Litigation in Young Childless Women, Commentary. *The Hastings Center Report*, 46: 5, 10.

Main argument presented by Lauren B. Smith:

Smith argues that the principle of non-maleficence may be reconciled with respect for patient autonomy by requesting the patient to go through a “waiting time”, during which she can try out an alternative form of contraception. Entering the doctor-patient relationship is done on voluntary basis and a physician has no obligations to provide services that he or she deems to be harmful or not medically indicated. Moreover, if tubal ligation is in opposition to the physician’s religious beliefs, the ethical thing to do would be to refer to patient to another physician who would be willing to perform the procedure.

Smith concludes that if, after the “waiting time”, the patient’s preference remains to have tubal ligation performed, the doctor should honor her decision, whether it is by performing the procedure or by referring her to another physician willing to perform it. Not honoring the patient’s decision after the waiting time would be unethical.