

Module 4

Case 4.2: Practicing a Procedure on the Newly Deceased—Mrs. Milos's Pericardiocentesis

Case Presentation

Maia Desai is a third-year emergency medicine resident in a large urban teaching hospital. Dr. Desai has 2 fourth-year medical students under her supervision. Lydia Santos and Carl Meyers have a few days remaining in their month-long rotation. Dr. Desai, a conscientious clinician and teacher, is pleased with Lydia's and Carl's performances during their rotation. Each has gained a good knowledge base and is acquiring skills in suturing lacerations, wound debridement, and assisting in advanced CPR codes.

On the students' last day in the ER rotation, Mrs. Milos, a 76-year-old woman with a history of two previous MIs, is brought in by ambulance from a local skilled nursing facility. Mrs. Milos was already intubated when the EMTs wheeled her into the ER. She suffered cardiac arrest en route, and the ambulance crew administered shock and pharmacologic treatment while continuing chest compressions. Mrs. Milos's son arrived by car soon after Mrs. Milos was wheeled into a treatment room. He was kept away from the resuscitation attempts and awaits news.

Despite all attempts to resuscitate Mrs. Milos, Dr. Desai calls off the code approximately 20 minutes after her arrival in the ER. After calling off the code, Dr. Desai realizes there's a chance that some pericardial blood has collected. This is an opportunity for Lydia or Carl to do a pericardiocentesis. Lydia and Carl recently practiced the techniques of pericardiocentesis on anatomical mannequins. Now they can take the next step in the learning process.

What should Dr. Desai do? (select an option)

- A. [Tell Lydia or Carl to attempt a pericardiocentesis.](#)
- B. [Inform Mrs. Milos' son of her death and ask for consent to have a medical student attempt a pericardiocentesis.](#)
- C. [Inform Mrs. Milos' son of her death and choose not to pursue this training opportunity.](#)
- D. [Tell Lydia or Carl to inform Mrs. Milos' son of her death and ask for consent to attempt a pericardiocentesis.](#)

The people and events in this case are fictional. Resemblance to real events or to names of people, living or dead, is entirely coincidental. The viewpoints expressed on this site are those of the authors and do not necessarily reflect the views and policies of the AMA.

© 2005 American Medical Association. All Rights Reserved.

Module 4

- [e-mail](#) |

Case 4.2: Practicing a Procedure on the Newly Deceased—Mrs. Milos's Pericardiocentesis

Option Assessment

- Telling Lydia or Carl to attempt pericardiocentesis should be **avoided**. It violates *Code Opinion 8.181*, "Performing Procedures on the Newly Deceased for Training Purposes": "physicians should obtain permission from the family before performing such procedures."
- Informing Mrs. Milos's son of her death and asking for consent to have a medical student attempt a pericardiocentesis is **preferable**. By obtaining permission from Mrs. Milos's son, Dr. Desai would satisfy the requirements expressed by the *Code* in Opinion 8.181, "Performing Procedures on the Newly Deceased for Training Purposes": "physicians should obtain permission from the family before performing such procedures."
- Simply informing Mrs. Milos's son of her death is **acceptable** in that it does not violate the *Code*, but it is not the best alternative because it does not help the students progress in their professional training. Because this situation provides an opportunity for a medical student to practice a valuable procedure, it should be pursued, so long as the teaching of this skill is, as Opinion 8.181, "Performing Procedures on the Newly Deceased for Training Purposes" stipulates: "the culmination of a structured training sequence" and not a random opportunity for which the trainees are unprepared.
- Telling Lydia or Carl to inform Mrs. Milos's son about her death and ask for consent to attempt a pericardiocentesis should be **avoided** because it violates the *Code* in Opinion 8.18, "Informing Families of a Patient's Death": "It would not be appropriate for the attending physician or resident to request that a medical student notify family members of a patient's death."

[Compare these options](#)

The people and events in this case are fictional. Resemblance to real events or to names of people, living or dead, is entirely coincidental. The viewpoints expressed on this site are those of the authors and do not necessarily reflect the views and policies of the AMA.

© 2005 American Medical Association. All Rights Reserved.

Module 4

- [e-mail](#) |

Case 4.2: Practicing a Procedure on the Newly Deceased—Mrs. Milos's Pericardiocentesis

Option Comparison

The difficulty of performing pericardiocentesis suggests that the opportunity for Lydia or Carl to learn by attempting the procedure on the recently deceased should be pursued. Accordingly, option B (in which the resident seeks Mrs. Milos's son's permission for the procedure) is the preferable option. Nonetheless, it is not a mandate of the *Code* for students to practice procedures on the recently deceased, so option C is an acceptable alternative.

Option A—performing pericardiocentesis without permission—should be avoided because it may violate the wishes of both Mrs. Milos and her son regarding the treatment of her body after death. Respect for patient and family preferences, even for procedures on the newly deceased, requires that permission be obtained. Option D should also be avoided because medical students should not be assigned the task of informing a patient's family members of his or her death.

Preferable: Option B

Acceptable: Option C

Avoid: Options A and D

[Additional Discussion and Information](#)

The people and events in this case are fictional. Resemblance to real events or to names of people, living or dead, is entirely coincidental. The viewpoints expressed on this site are those of the authors and do not necessarily reflect the views and policies of the AMA.

© 2005 American Medical Association. All Rights Reserved.

Module 4

- [e-mail](#) |

Case 4.2: Practicing a Procedure on the Newly Deceased—Mrs. Milos's Pericardiocentesis

Additional Information

Performing procedures on the newly deceased for training purposes without gaining permission from the family violates the norm of respect for deceased patients and their families. It also threatens to undermine the trust in the medical profession that is so pivotal to its relationship with the community. Because the patient receives no benefit, the traditional concept of presumed consent does not apply here, and there can be no waiver of informed consent.

Opinion 8.181, "Performing Procedures on the Newly Deceased for Training Purposes"

Physicians should work to develop institutional policies that address the practice of performing procedures on the newly deceased for purposes of training...[that] ensure that the interests of all parties involved are respected under established and clear ethical guidelines...The following considerations should be addressed before medical trainees perform procedures on the newly deceased:

- (1) The teaching of life-saving skills should be the culmination of a structured training sequence, rather than relying on random opportunities. Training should be performed under close supervision, in a manner and environment that takes into account the wishes and values of all involved parties.
- (2) Physicians should inquire whether the deceased individual had expressed preferences regarding handling of the body or procedures performed after death. In the absence of previously expressed preferences, physicians should obtain permission from the family...When reasonable efforts to discover [such] preferences...or to find someone with authority to grant permission...have failed, physicians must not perform procedures for training purposes on the newly deceased patient.

This opinion challenges the claims put forward by both the President's Commission [1] and the American Heart Association [2] regarding intubation—both have argued that this non-invasive procedure can be performed without consent. This will remain a contentious issue, but the primacy of respect for patient and family preferences suggests that even these non-invasive procedures require permission. Similar to the views on organ donation in the United States, there should be a presumption of refusal which can only be overcome by previously expressed preferences or family permission.

Regardless of Dr. Desai's decision about attempting a pericardiocentesis, in Opinion 8.18, "Informing Families of a Patient's Death," the *Code* is clear that Lydia and Carl should not be asked to inform Mrs. Milos's son of her death. If Dr. Desai has some prior experience informing families of a patient's death as the treating physician in the ER, she may be in the best position to inform the patient's family. Outside of the ER, it is much more likely that the resident on the case would not be primarily responsible. Instead, as Opinion 8.18 explains: "Physicians in residency training may be asked to participate in the communication of information about a patient's death if that request is commensurate

with the physician's prior training or experience and previous close personal relationship with the family."

References

1. President's Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research, Research Involving the Comatose and Cadavers in Implementing Human Research Regulations. Washington, D.C. Government Printing Office. 1983:39-41.
 2. Emergency Cardiac Care Committee and Subcommittee, American Heart Association. Guidelines for Cardiopulmonary resuscitation and Emergency Cardiac Care, VIII: Ethical Considerations in Resuscitation. *JAMA*. 1992;268:2282-2288.
[View Article](#) [PubMed](#) [Google Scholar](#)
-

[Module 4 Feedback Questionnaire](#)

The people and events in this case are fictional. Resemblance to real events or to names of people, living or dead, is entirely coincidental. The viewpoints expressed on this site are those of the authors and do not necessarily reflect the views and policies of the AMA.

© 2005 American Medical Association. All Rights Reserved.

Module 4

- [e-mail](#) |

Module 4: Medical Student Participation in Patient Care

Feedback Questionnaire

In Module 4 on student involvement in patient care, how would you rate the relevance of the cases?

- Excellent
- Very good
- Good
- Fair
- Poor

How would you rate the explanation of courses of action?

- Excellent
- Very good
- Good
- Fair
- Poor

How would you rate the overall coverage of the topic?

- Excellent
- Very good
- Good
- Fair
- Poor

[View results](#)

[Module 4 Table of Contents](#)

[Virtual Mentor January 2005 Table of Contents](#)