



Administrative Medicine Part II Fellowship Examination 2011 Case Study 2

Q.2 You are the Program Director (Medical) of Critical Care in a regional referral centre.

During a recent influenza pandemic, a previously well patient of middle age years succumbed to influenza and developed respiratory failure. She became unwell while visiting relatives in another part of the country, and was transferred to their regional referral centre where she received prolonged ECMO (extra corporeal membrane oxygenation) without much improvement.

The immediate family members were understandably distraught, and after intensive internet perusal, requested that their loved one be treated with IV Vitamin C. After prolonged discussion and research, the physicians in that centre agreed to give the drug although they were well aware of the lack of evidence of its effectiveness and potential risks. The patient subsequently improved and the family requested her transfer back to your hospital. She was admitted to your Respiratory Unit.

The patient unfortunately deteriorated again after transfer, and the patient is now unconscious in your ICU. The family members are again insisting that further IV Vitamin C should be given. They have purchased the Vitamin C on the web and it is not 'approved' by your therapeutic goods administration system. Your nurses are also unhappy about giving it.

Your clinicians, well briefed by their colleagues from the other centre, feel most uneasy about this situation. Having themselves independently reviewed the literature on Vitamin C, they are reluctant to give any medication in doses well outside the normal recommendations, for any condition without good evidence that it is effective and safe.



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The family are very angry with your clinicians, and immediately contact the media, where the matter is taken up by a high profile television presenter.

What will you be advising your clinicians to do in this instance?

What will you be doing in the longer term?



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Key Points for Examiners

Issues - ethics, informed consent, media,

Immediate – lots of discussion, all the right clinical stakeholders, may need referral to a hospital ethics committee if already set up – may need referral to Guardianship Board, lots of documentation if decide to give.

Long term – referral to quality committee, ?need for special policy for guiding situation – communication strategy

This is unfortunately a real story from last winter in NZ. In fact ICU did give more Vit C to this person, who survived against the odds, and the family didn't go public until later when there was a major TV documentary. Our ICU staff stuck to their guns with a subsequent case and would not give it, and thank goodness that person survived.