Clinical Shorts A brief review of the literature

A matter of conscience

Do physicians have the right to refuse to provide treatments to which they object on moral grounds? If they refuse, are they obligated to present all treatment options or to refer the patient to another physician who does not object to the requested procedure? There has been much debate over these questions, but little is known about what physicians think their obligations are in this situation.

A cross-sectional survey addressing these questions was sent out to a stratified, random sample of 2000 practising American physicians (9% could not be contacted). More than 60% of the physicians responded (1144/1820). The researchers looked at what judged these physicians to be their ethical rights and obligations when patients request a legal medical procedure to which the physician objects for either religious or moral reasons. These procedures included contraception in adolescents without parental approval, abortion for failed contraception, or terminal sedation in dying patients.

Most physicians surveyed believed the following.

- It is ethically permissible for doctors to explain their moral objections to patients (63%).
- Physicians are obligated to present all treatment options (86%).
- Physicians are obligated to refer the patient to another clinician who does not object to the requested procedure (71%).

When the researchers looked at specific scenarios, only 17% of those who responded objected to terminal sedation. More than 50% objected to abortion due to failed contraception, and 42% to prescription of birth control without parental consent.

Those who objected to referring a patient or presenting all options were more likely to be male, to be religious, or to have personal objections to morally controversial clinical practice.

Bottom line

- Although most physicians believe that they are obligated to disclose all treatment options or to refer if a patient requests a morally controversial but legal procedure, patients might not be aware that some physicians do not consider themselves to have these obligations.

Source: *Curlin FA, Lawrence RE, Chin MH, Lantos JD. Religion, conscience, and controversial clinical practices.* N Engl J Med *2007;356(6):593-600.*

The beat goes on

The rate of ischemic stroke in patients with atrial fibrillation (AF) untreated with antithrombotic therapy is around 4.5% per year. Guidelines recommend the use of antithrombotic therapy for stroke prevention in AF, but are these medications being prescribed?

A population-based study was conducted within a large nonprofit health maintenance organization based in Seattle. Researchers looked at the medical records of members aged 30 to 84 who were newly diagnosed with AF (572 patients) over a 1-year period. Patients were stratified by risk factors according to the American College of Chest Physicians' criteria.

American College of Chest Physicians' guidelines for prevention of stroke in patients with atrial fibrillation

RISK	CLINICAL FEATURES	RECOMMENDATION
Low	Age <65 y and no other risk factors	ASA (325 mg/d)
Intermediate	Age 65-75 y and no other risk factors	ASA (325 mg/d) or warfarin*
High	Any risk factor: • Prior ischemic stroke, transient ischemic attack, systemic embolism • Age >75 y • Moderate or severe left ventricular systolic dysfunction or congestive heart failure • History of hypertension or diabetes	Warfarin*

Adapted from *Chest* 2004;126:429S-56S.
ASA—acetylsalicylic acid, INR—international normalized ratio.
* Target INR = 2.5 (2.0-3.0).

Over 70% (418/572) had evidence of antithrombotic therapy within 6 months. Most (76%) were at high risk of stroke; however, almost one quarter of this group was not treated. In those who were treated in the high-risk group, 59% were treated with warfarin and 28% with acetylsalicylic acid. The best predictor of warfarin use was AF classification, rather than risk level. Those with intermittent or sustained AF were more likely to be treated than those with transitory AF.

Bottom line

- Patients with atrial fibrillation (AF) should be prescribed antithrombotic therapy based on their risk level for stroke, rather than AF classification.

Source: *Glazer NL, Dublin S, Smith NL, French B, Jackson LA, Hrachovec JB, et al. Newly detected atrial fibrillation and compliance with antithrombotic guidelines.* Arch Intern Med *2007;167(3):246-52.*