



When a patient says No: The impact of informed refusal in PreEclampsia

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Background

The fundamental ethical principles of autonomy, beneficence, non-maleficence, and justice have long time served as the foundation for any successful medical practice. By allowing patients the opportunity to exercise their right to accept or refuse treatment once they have been educated on the risks, benefits, and alternatives to care, doctor-patient relationships are maintained and patient empowerment in decision-making is increased.

In the field of Obstetrics & Gynaecology, this decision-making process is unique in that considerations must be made for both fetal and maternal health. Due to this, a great deal of discussion should occur, especially in conditions that can lead to major neonatal and maternal morbidity and mortality.

One such condition, pre-eclampsia, affects 1 in 25 pregnancies in the United States¹ and 6% of pregnancy in the United Kingdom². Optimal management is centered around delivery of the placenta, but its ideal management is often a hand in hand approach between clinician and patient.

Case presentation

Day 1

43-year-old black female, G⁵P⁰⁺⁴ at 23+ weeks gestation, with known chronic hypertension and history of diabetes mellitus, presented to hospital with history of:

- non-compliance with chronic meds
- elevated blood pressures 242/ 136
- severe headache

Clinical assessment, laboratory and imaging investigations yielded:

- repeatedly increased elevated blood pressure levels
- elevated liver enzymes and uric acid levels
- A single viable fetus

Patient was assessed and admitted as chronic hypertension with superimposed pre-eclampsia and was:

- Commenced on an appropriate medication regime which she later started to refuse
- Advised by team for transfer to a specialized medical facility to aid in neonatal support in the event of early delivery
- Refusing transfer despite multiple attempts during clinical reviews and refused review by Psychiatry services to assess decision making capacity.

Day 2

- Patient signed out against medical advice

Discussion

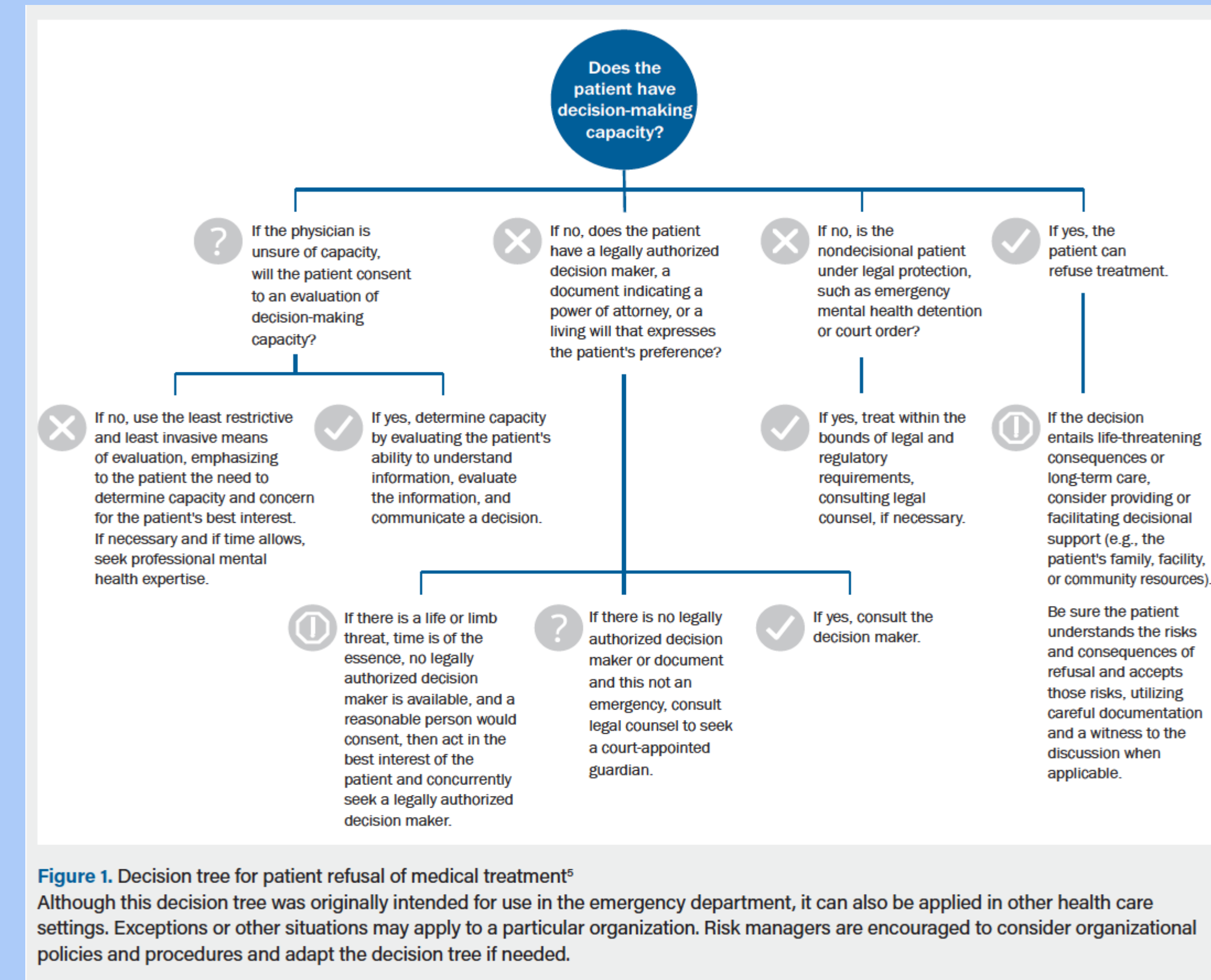


Figure 1. Decision tree for patient refusal of medical treatment[¶]
Although this decision tree was originally intended for use in the emergency department, it can also be applied in other health care settings. Exceptions or other situations may apply to a particular organization. Risk managers are encouraged to consider organizational policies and procedures and adapt the decision tree if needed.

Image Source: Rose, V. (2020). *When the Resident Says No: Best Practices for Informed Refusal*. Global Learning Network - Annals of Long Term Care. Retrieved June 5, 2022, from <https://www.hmpgloballearningnetwork.com/site/altc/articles/when-resident-says-no-best-practices-informed-refusal>

A patients right to refuse treatment is based on the principle of autonomy which states that capable patients are allowed to make informed decisions regarding their health care. Although adverse events such as maternal or fetal death, eclampsia, cerebrovascular accident, renal failure, premature delivery and her poor obstetric history among others were discussed, the patient acknowledged these very real complications but decided against further treatment and signed out against medical advice.

Cases of informed refusal often weigh heavily on clinicians as they are equipped with the knowledge to treat and have the foresight to

often prevent impending adverse outcomes. Therefore, one may understand why clinicians may question one’s reasons for informed refusal. This is because if known, further discussions and directive counselling could be attempted and increase the chance of positive outcomes. However, in the case described, the patient’s unwillingness to identify her reason made this impossible.

Conclusion

By allowing patients the right to make decisions that directly impact their care, one should be aware of the possibility of informed refusal. Policies and guidelines are available to ensure the appropriate medical specialty personnel are informed and involved with the case to ensure that the patient is of sound decision making capacity, has all the necessary resources to make an informed decision, and the relevant documentation is filled in order to avoid any potential medicolegal actions against the medical team.

References

1. Centers for Disease Control and Prevention. (2021, May 6). *High blood pressure during pregnancy*. Centers for Disease Control and Prevention. Retrieved June 1, 2022, from <https://www.cdc.gov/bloodpressure/pregnancy.htm#:~:text=Preclampsia%20happens%20in%20about%201%20in%2025%20pregnancies%20in%20the%20United%20States.&text=Some%20women%20with%20preclampsia%20can%20develop%20seizures>.
2. *Context: Hypertension in pregnancy: Diagnosis and management: Guidance*. NICE. (2019, June 25). Retrieved June 1, 2022, from <https://www.nice.org.uk/guidance/ng133/chapter/Context>