



To tie or not to tie? *Ethical Considerations of Sterilization*

Procedure for Pregnant Patient with Schizophrenia

44yo G6P3023 at 26w2d presents for PPRROM

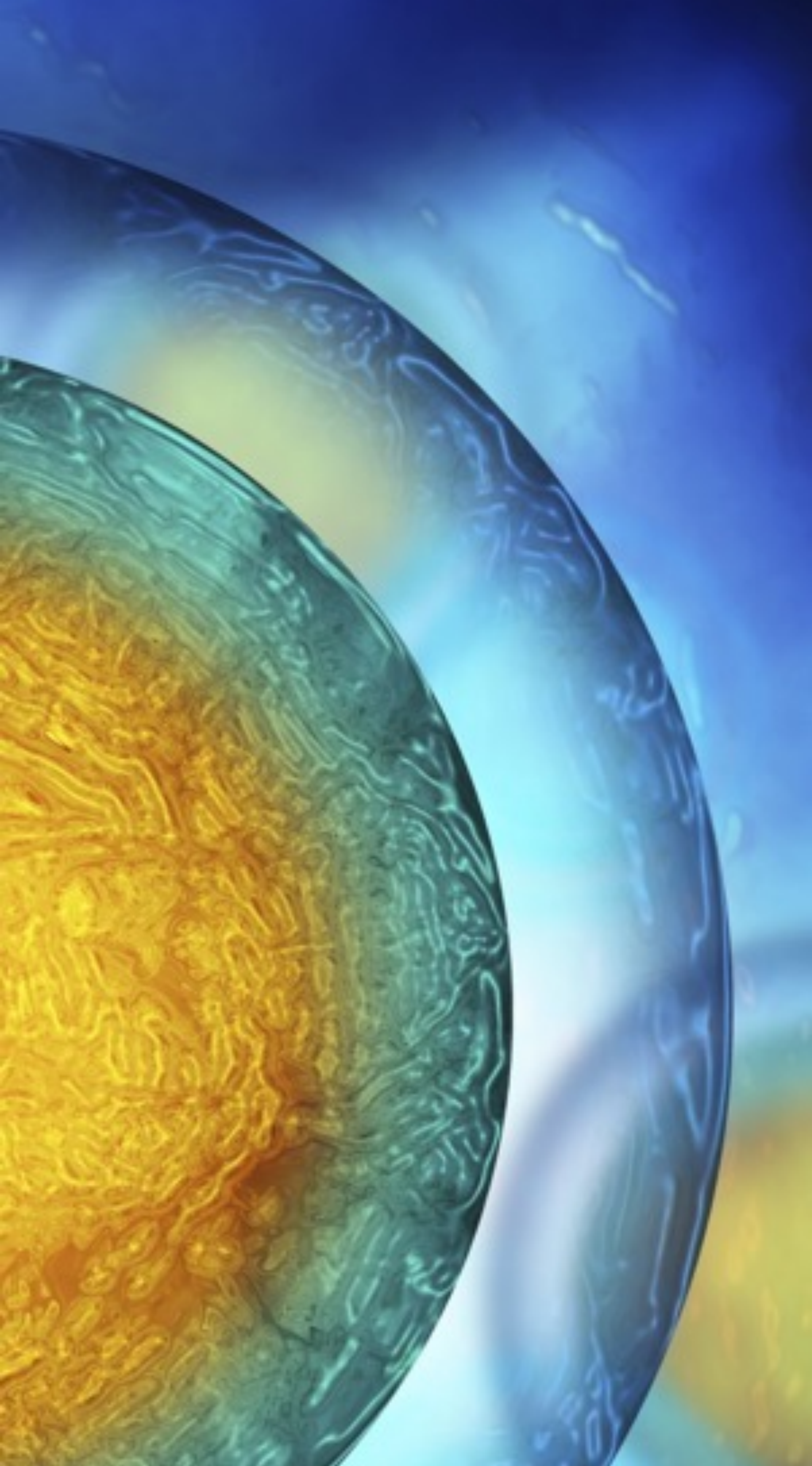
The patient's history was complicated by:

- Schizophrenia in **acute psychosis**
- C/S in 2015
- Housing instability
- Giant cervical fibroid
- Bilateral PCN tubes
- Desire for permanent sterilization

Due to acute psychotic presentation, decision making capacity (DMC) was not clear. She was accompanied by her partner.

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Ethical Considerations

1. State Law
2. Hospital Policy
3. History of Eugenic Sterilization

Case Progression

Ethics consult obtained:

- The patient lacked DMC
- Partner unable to consent to sterilization due to state law

Recommendation: reevaluate DMC on day of surgery

- Acute psychosis treated medically
- Determined to have DMC day of C/S
- PPTL performed



Discussion

DMC: Decision Making Capacity
SDM: Surrogate Decision Maker

When a patient lacks decision making capacity...

- SDM can help us provide care that is **aligned with patient goals**
- Limitations placed on SDMs help protect the patient from irreversible, life-altering procedures
- Protect vulnerable patients
- A patient's DMC is not static and can change throughout a hospitalization.
- Frequent reevaluation of DMC is required

*This report cites our state laws, which may differ state-to-state.

References

1. Reilly PR. "Eugenics and Involuntary Sterilization: 1907-2015," Annu Rev Genomics Hum Genet. 2015; 16:351-368.
2. State Library of Oregon. "Eugenics in Oregon." Digital Collections. Dec 2017. <https://digital.os1.state.or.us/islandora/object/os1:eugenics>.

