

## The ethics of navigating an inappropriately canceled inpatient dermatology consultation



**Dear Dr Dermatoethicist:** While on the dermatology consult service, I received a consult. I reviewed the photos of the rash briefly via secure electronic medical record software on a mobile phone. When I got to my desk 30 minutes later, the consult had been canceled. I reviewed photos more formally at a computer and noted obvious, diffuse retiform purpura. A review of the patient's chart noted that no workup was underway. I immediately notified the team's nurse practitioner via a secure messaging service that I strongly recommended that the consult be restored so that we could evaluate the patient. She declined, stating that the team had concluded that the cause of the skin findings was benign. Given my continued concern, I spoke with my attending, who called the attending surgeon to reiterate our concerns, but despite this, the consult was not placed. I am worried about the patient's examination findings. What should I do?

—Concerned Resident

**Dear Concerned Resident:** The images that you reviewed show that the patient has skin findings indicative of a potentially life-threatening systemic process, and therefore, you were ethically obligated to contact the team to discuss the implications of these findings, as you had done. I particularly applaud the direct phone call, because such a recommendation made via a secure messaging service may not be taken as seriously. Given that they refused your help, other avenues, such as contacting your or the primary service's chairperson, are warranted. Above all, the patient comes first.

When a hospital consultation is ordered, a relationship is established between the patient and the consult service. In this scenario, you reviewed the photographs, and then the consult was canceled. Although technically the formal relationship you were about to undertake with the patient has been severed, now that you have identified skin findings indicative of a potentially life-threatening systemic process, further workup is required.<sup>1</sup> If the consult had never been placed, you would have never known about the serious skin findings and wouldn't

be able to intervene; however, the consult had been placed, and you did review the images before cancellation. Thus, you are ethically obligated to use your expertise to act in the best interest of the patient. Therefore, you must pursue alternative avenues so that the consult can be restored and the patient can undergo formal examination and workup. The primary team refused to reorder the consult, but you should not relent because the patient's well-being is at stake. In the spirit of nonmaleficence and beneficence, you should escalate this issue to your department's or the primary service's chairperson.

The main medical ethic driving the dermatologist's decision process is beneficence.<sup>2</sup> Beneficence is the obligation, ethically and morally, that a physician act in the best interest of the patient. The best interest of the patient is to proceed with an appropriate laboratory and histopathologic workup. If the patient refused further workup and dermatology consultation, then given the principle of autonomy, his or her wishes should be respected.

—Dr Dermatoethicist

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