Ethical Implications in Assessment of a Patient Reporting Sexual Assault: A Case Report and Discussion

Maria Sarmiento, DO, Deepika Sundararaj, MD

Psychiatry Department, Baystate Health, Springfield, MA

BACKGROUND

- Ethical principles are inherently intertwined in clinical medicine
- We will discuss the application of the four main ethical principles: beneficence, nonmaleficence, autonomy, and justice - while reviewing a sexual assault case[4]

CASE

Psychiatry was consulted to evaluate a 32 y.o female with history of BPAD, PTSD and repeat presentations to the emergency department (ED) reporting sexual assault. Each time, the patient described the assault with almost identical detail. In this particular incident, ED consulted psychiatry for evaluation due to recurrent presentations raising concern for delusional thinking. SANE examiner also deferred assessment until the patient was assessed psychiatrically. On evaluation, patient did not have symptoms of psychosis, and per documentation, she did have a history of sexual trauma.

ETHICAL CONSIDERATIONS

AUTONOMY

- Patient was requesting evaluation and treatment for sexual assault
- She had decision making capacity

BENEFICENCE

- Patient's mental and physical well-being was key
- Victims of sexual assault benefit from timely assessment and treatment

NONMALEFICENCE

- Weighing risk of invasive evaluations and use of prophylactic medications vs risk of psychiatric decompensation from the accusation of making a false report of sexual assault

JUSTICE

- Fair allocation of time and hospital resources vs fair medical treatment

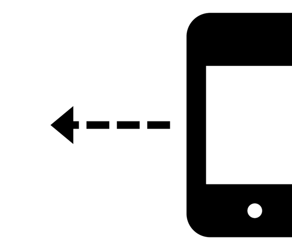
DISCUSSION

Perhaps our patient was presenting to the ED as a way to relive the original traumatic event in the hopes that each presentation would lead to a better outcome. Per literature review, there seems to be a protective factor from delusion formation[2] and repression of negative memories[3], particularly when the associated event generates negative emotion.

For our patient, we ultimately decided to prioritize the principles of autonomy and beneficence by recommending that the ED proceed with evaluation and treatment as planned, recognizing that timely treatment is key. We also planned for a multidisciplinary meeting to create a care plan that could address future visits to the ED.

The psychiatry and ethics teams were left considering this final question:

In the face of not being able to prove a negative (whether the assault had truly occurred or not), should we consider challenging the patient with regards to the repeat presentations in order to break the cycle and find a healthier coping mechanism?



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