

Ethical Issues in Family Practice

MULTI-DRUG RESISTANT TUBERCULOSIS: A MORAL DILEMMA

Dr. A: I need your help. It is a conundrum that looks like it is unsolvable.

Dr. B: Let's open the debate. What's it about?

Dr. A: Multi Drug Resistant Tuberculosis (MDR TB). MDR TB is a global problem, but this case is from South Africa in particular.

There is a TB hospital in a province that manages both TB and MDR TB patients. They have a dedicated support service and such a dynamic education programme that all their patients are aware of the threat and consequences of acquiring MDR TB. The problem is that all the beds in the MDR TB ward are full. It is not possible because of the threat of further contamination to discharge any of these patients and there is not enough physical space to put in extra beds. But the hospital has additional patients who are MDR TB culture positive who need to be admitted. The patients in the general TB ward have threatened physical harm to any MDR TB patients admitted to their ward. So what should be done with these MDR TB patients?

Dr. B: First, let us overview the problem of tuberculosis (TB) and MDR TB. In the last decade, TB has reemerged as one of the leading causes of death (nearly 3 million annually) worldwide. The estimated 8.8 million new cases every year correspond to 52,000 deaths per week or more than 7,000 each day. In many developing countries, although the disease has always been endemic, its severity has increased due to the HIV pandemic, poor governance, social transformation, war and displacement of peoples, and rapid industrialization. TB has always been a public health problem worldwide, now it is a global emergency.

Dr. A: Let us focus on the problem of the MDR TB patients who need admission, but there are no beds in the MDR TB ward. MDR TB is defined as resistance to Isoniazid and Rifampicin whether there is resistance to other drugs or not. In South Africa, a TB/HIV co-infection rate of 2,540 per 100,000 persons and a fatality rate of 166 per 1,000, five times the global fatality rate was reported by the World Health Organisation (WHO). It is important to realise that MDR TB is a human-made occurrence.

Dr. B: That is correct. A strain of MDR TB originally develops when a case of drug-susceptible TB is treated improperly or incompletely. This happens primarily when doctors

misdiagnose TB from the onset, (and thus do not prescribe proper treatment regimens) when they under-treat, or when patients are unable or unwilling to comply with regimens such as the Directly Observed Therapy Short-course (DOTS) or DOTS plus for MDR TB and HIV positive patients. When this happens, the bacilli that have become resistant to a drug proliferate and eventually the majority of bacilli become drug resistant.

Dr. A: And to add to that, despite longer and much more expensive courses of treatment, the cure rate decreases from over 90 percent for nonresistant strains of TB to 50 percent or less for MDR TB. The problem is that if a person acquires resistance to one, some, or all of the anti-TB drugs, she can pass on that very drug resistant strain of TB to other persons through the air in droplet nuclei—just for example by singing, laughing, sneezing, or coughing.

Dr. B: The bottom line is that to put MDR TB patients in wards with TB patients would be morally irresponsible. This is because TB patients already debilitated and perhaps many of them HIV positive would be more susceptible to acquiring MDR TB. The more MDR TB patients, the less chance of cure, and the greater chance of spreading more MDR TB!

Dr. A: But what should be done in our case? Clearly, if the TB hospital authorities choose to put MDR TB patients in the general TB ward they will not only contribute to the spread of MDR TB, but also place these patients in physical harm because of the knowledge of their MDR TB status by other patients.

Dr. B: On the other hand, if they choose to refer these known MDR TB patients to another hospital, and we must remember that this hospital is the only one in the province with a dedicated MDR TB ward, they also contribute to the greater spread of MDR TB. Further, the greater the number of untreated MDR TB cases or delays in treatment results in a greater chance of new strains developing; strains that are resistant to even more of the available drugs.

Dr. A: What about referring these patients to dedicated MDR TB wards outside the province? That seems to be a possible solution.

Dr. B: Some of the provinces do not have any dedicated MDR TB wards and those ones who do, are experiencing

the same problem - rapid rise in MDR TB cases, thus no beds available. Nationally, declining resources and lack of will are such that management of even TB cases is becoming problematic.

Dr. A: It seems that there is an urgent need on the part of government to address the problem of MDR TB and shift funds for the development of more MDR TB wards. But as urgent as that need is, it does not solve the current problem on how to manage these MDR TB patients.

Dr. B: Specific to this case, I do not see any option other than referring these particular MDR TB patients to another hospital. If the authorities make the decision that these MDR TB patients should be admitted to the general TB ward then they will ultimately be held responsible should any additional physical harm befall these patients.

Dr. A: Isn't that an 'easy way out'? What if the hospital to which these patients are referred, refuses them because they have either no MDR TB facilities or because they simply do not accept MDR TB patients? After all, we must remember that treatment and care of MDR TB patients requires specialised services. Certainly general hospitals may not only be in their right but be morally obliged not to accept cases for which they are not adequately trained and do not have the physical abilities (ventilation, space, isolation) to manage.

Dr. B: But sending MDR TB patients back to their communities untreated would not be morally responsible either. This would knowingly and actively contribute to more cases of MDR TB. By the way, is this a real case scenario?

Dr. A: Yes, it is and represents a moral dilemma - food for thought.

Dr. B: That's the idea. What do our readers suggest as a solution?

Please let us know your opinion.

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