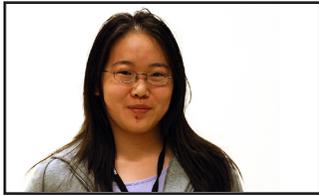


Should doctors be allowed to refuse to treat their patients?



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WITH RISING COSTS OF HEALTHCARE AND LACK OF DOCTORS, ARE RESOURCES BEING WASTED ON SELF-DESTRUCTIVE PATIENTS? SMOKERS TEND TO NEED REPEATED SURGERIES SINCE THE NICOTINE DELAYS RECUPERATION BY WEAKENING THE BONES. OBESITY TENDS TO INCREASE THE RISK OF COMPLICATIONS, AND INDIVIDUALS TEND TO GAIN WEIGHT WHILE WAITING FOR SURGERY. HOWEVER, DOCTORS CANNOT PRIORITIZE PATIENTS BASED ON THEIR TREATMENT NEEDS. IF PATIENTS DO NOT LISTEN TO THEIR PHYSICIANS, SHOULD DOCTORS BE ALLOWED TO POSTPONE TREATMENT?

In the 21st century, healthcare has become a major field for employment and controversy. With the exponential growth in population and more aging baby boomers, the constant demand for doctors cannot be fulfilled and resources are strained. Healthcare costs are also rising and as treatments become more complex and costly, the public system could become a private one. With limited resources and costly procedures, physicians have the option to prioritize their patients depending on their case. Should doctors be allowed to refuse treatment for patients with severe self-destructive vices, such as smoking and obesity?

As more baby boomers reach retirement age, the need for doctors and treatments continues to intensify. As a result, doctors are required to use their medical expertise to

determine which patients to treat first, while also considering the well-being of the patient. Patients with self-destructive habits need repeated treatments, which limits the number of patients the physician can examine and treat. Self-destructive habits encompass a range of poor lifestyle choices that endanger their health unnecessarily, though the definition may vary among members of the medical community. With an overwhelming number of patients, doctors are forced to decide upon the appropriate treatments for their patients, even if that includes not treating them until the resources are available.

After many years of post-secondary education and at least two years of residency, doctors are qualified to determine a patient's necessary treatment. If they decide against treating the patient, then there should be a good reason. For example, if a treatment was going to do more harm than good, it would be reasonable for the doctors to refuse to proceed. With obese individuals and chronic smokers, doctors advise their patient to lose weight or to stop smoking at least six weeks before the surgery (Bitomsky, 2004). Smoking impairs post-operative bone healing and increases the risk of infection, while excess weight increases the possibility of complications in surgery. The failure rate in operations that involve the healing of bones is five times higher in smokers (Kohler & Righton, 2006). Smokers tend to be at a higher risk for poor surgical outcomes, and consequently, their surgeries are more likely to be repeated (Bitomsky, 2004). Excess weight has similar effects in surgery, since the risks are higher, and the treatments tend to be less effective. In terms of hip and knee replacements, the patients' joints wear out more rapidly, resulting in the need for frequent operations and adding further strain to the healthcare system (Kohler & Righton, 2006). Unfortunately, smokers often refuse to quit, while obese individuals tend to gain additional weight as they wait for surgery. With all the complications and consequences that may result if patients do not comply with the doctor's recommendations, it is reasonable for the doctor to postpone the surgery.

However, many also argue that doctors do not have the right to choose their patients and that they are responsible for treating everyone regardless of their condition. If doctors are



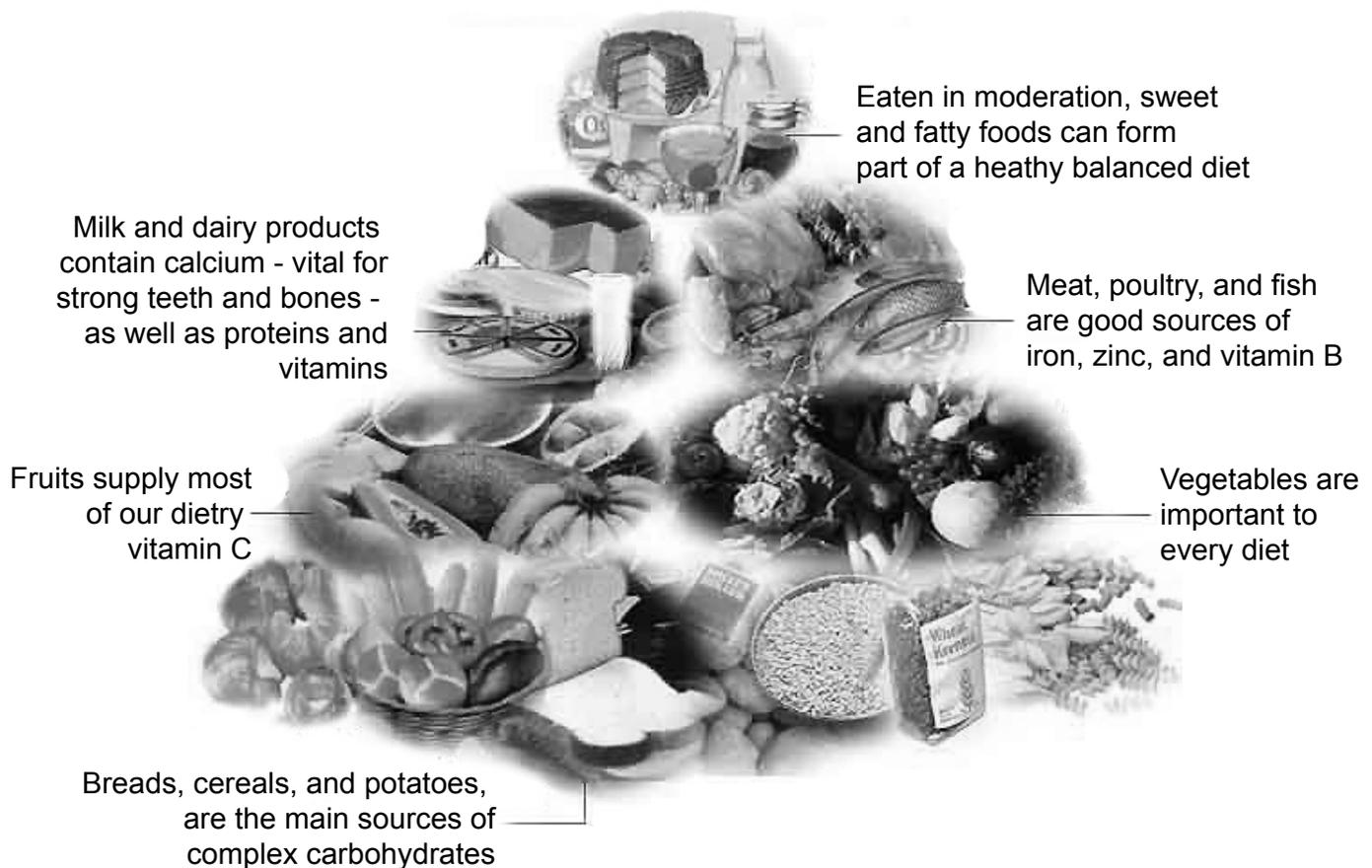
Obese individuals tend to gain weight as they wait for their surgery, increasing their risks of complications during surgery

given the right to refuse patients with self-destructive habits, then there is no reason for them to treat complicated cases. Situations like anorexia and bulimia are similar to smoking in the sense that repetitive treatments may be needed before progress is shown. The average patient is not required to improve their lifestyle choices prior to treatment, so smokers should not have to stop smoking and the obese should not have to lose weight (Kohler & Righton, 2006). With the option to refuse self-destructive patients, doctors should also be able to refuse treatment for people that similarly endanger themselves by participating in extreme sports. However, it can also be argued that this violates a doctor's mandate to help the ill, and they should not be able to reject patients with difficult cases. Once doctors have the option to refuse treatment, it becomes difficult to analyze cases with consistency or without bias.

In fact, studies have shown that smokers and overweight individuals are often perceived negatively and

are more likely to face discrimination (Kohler & Righton, 2006). Even among professionals who study obesity, stigmatization is still prevalent. In one study, obesity counselors and doctors were given words to categorize, and in the end, they ended up relating "fat people" to negative words such as "slow", "lazy" and "sluggish" (Kohler & Righton, 2006). Obesity has also been proven to have a genetic component, suggesting that a change in lifestyle would not affect their situation (Kohler & Righton, 2006). The negative associations with smoking and obesity should not influence the medical treatment that patients receive. Cases such as anorexia nervosa are also self-destructive habits yet doctors are not any less inclined to provide treatment. Physicians could also end up developing a bias for healthier patients since their incentive would be their fee-for-service payment schedule. Doctors are expected to provide equal treatment for everyone, and should not be able to refuse patients based on their own biased judgment and projected complications.

FOOD PYRAMID



Diet plays a significant role in health. Healthier patients are easier for doctors to treat, since they have fewer complications.



Smoking impairs the healing of bones after surgery, so most smokers are encouraged to stop 6 weeks before their surgery date. Over one-third of Canadians "believed that smokers should be given a lower priority in the public health-care system".

As treatments become more expensive, the cost of public healthcare will continue to rise. According to Statistics Canada, healthcare costs totaled \$97.9 billion in 2000, and is predicted to reach \$147 billion by 2020 (Kohler & Righton, 2006). Those with self-destructive vices depend on the public system to finance their repeated treatments, consequently draining the healthcare system of its resources. Obesity is a growing epidemic that is straining our public healthcare system and problems associated with obesity, such as heart diseases and diabetes, are becoming more prevalent in society (Righton, 2006). With the growing strain on healthcare, the public is paying for additional treatments that may not be effective. The results from Maclean's Online Panel showed that over one-third of Canadians "believed that smokers should be given a lower priority in the public healthcare system" (Righton, 2006). However, the public healthcare system in Canada is designed to allow everyone equal treatment, regardless of their condition.

It is human nature to pass judgment and as physicians become discouraged, choosing the easier treatment becomes a more viable option. Patients who choose to continue their self-destructive habits force doctors to repeat interventions with the same complications and results, leaving them worn out and frustrated. In one scenario, the same surgery was performed three times until the doctor refused to perform it. The surgeries were failures because the patient was a chronic smoker which impeded post-operative bone healing (Kohler & Righton, 2006). By refusing to treat patients until they are willing to follow the doctor's orders, physicians can attend to other patients to reduce added stress. When deciding upon which patients to treat, doctors must consider the well-being of their patients and the constraint of resources. Those with self-destructive habits limit the probability of an effective outcome, which further strains the healthcare system.

Doctors are required to treat everyone, but if patients are not compliant, there is little doctors can do. Most doctors

advise smokers to stop smoking before and after their surgery to increase the chance of success and limit the complications. Overweight individuals are asked to lose weight for the same purpose. However, considering the association between lifestyle choices and illness, doctors should not blame patients for their choices in life. The stigma surrounding smoking and obesity as well as the possibility of genetic influence suggest that discrimination against them would be unethical. Should doctors be allowed to refuse to treat their patients? 

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