

Small Group Work

Modern Medical Dilemmas

Scenario 1: The Sexual Offences Bill

Emma, a 13 year old girl, attends surgery on her own. She asks you for advice about contraceptives. On further questioning she reveals that she is already sleeping with her boyfriend, who is 17 years old, who she had been with for a year. At present, they are only using condoms for contraception.

When you hesitate, she says that she has come to you rather than using the Family Planning Clinic, because she has epilepsy and wanted to make sure the pill didn't interfere with her other tablets. She is adamant that her parents should not find out.

What advice do you give her?

The Sexual Offences bill, currently passing through parliament, will make it illegal to "arrange or facilitate the commission of a child sex offence". How will this affect your position?

What responsibility to you have towards her parents, who are also patients of yours? How does this affect Emma's right to confidentiality?

Scenario 2: Designer Babies

A recent decision by the Human Fertilisation and Embryology Authority (HFEA) gave the Hashmi family permission to use preimplantation genetic diagnosis and IVF treatment to help their three-year old son Zain, who has thalassaemia.

If a suitable embryo is found, after it is born doctors will use its stem cells to treat Zain. The technique provides an 80% chance of a good match - normal methods of conception give only a 20% chance.

How do you feel about the HFEA's ruling?

Does this treat the new baby as a commodity? What if the baby

turns out to be an unsuitable match for Zain?

People often have mixed motives for having a child - for example, to provide company for an existing child, or to satisfy the in-laws. Is this case morally different?

What about the embryos that will inevitably be disposed of?

What would you have told the Hashmi's if you had been the GP they first sought advice from?

Scenario 2b:

Mr & Mrs Williams come to the surgery asking you to refer them for IVF. They are both deaf and have, after long discussion, decided that they want to have a deaf child. They argue that deafness is not a disability but a condition which allows access to a rich and valuable culture, which in their eyes, opens up as many valuable options as it closes down. They tell you that they wish to have children who can share in their culture.

What do you tell them?

Parents make many choices for their children from the moment that they are born - for example, what kind of education they will have, what religious experiences, which group they can select their friends from. How is this different?

On average, the deaf do much worse than the hearing on a range of significant indicators of quality of life: unemployment, education levels, income etc. The Williams would argue that this is a result of discrimination against them, not deafness itself - if society allowed full participation of the deaf, some of the negative effects of deafness would be eliminated. In this sense, deafness is analogous to skin colour: black populations do worse on these indicators, on average, than their white peers, but this is due to discrimination. Does this affect your opinion?