

## Case Study –Mrs. Bartolini’s Medical Team Weighs Allocation of Scarce Resources and Non-Beneficial Treatment



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Bioethics case study on allocation of scarce resources and non-beneficial treatment.

Bioethics will often organize itself into different topics, with each topic sharing common themes across different situations. This is not unusual in pediatric, transplant or end-of-life ethics. Patient scenarios become even more complex when they involve multiple topics. I recently consulted on an end-of-life ethics case that involved the topics of scarce resources allocation and non-beneficial treatment.

Mrs. Bartolini is a 54-year-old, wife and mother of two who has been diagnosed with leukemia. Over the past months, she has gone through several rounds of chemotherapy but not responded well, and her oncologist believes that any more chemotherapy would do more harm than good. Mrs. Bartolini understood and has been receiving treatment that is palliative, that is, focused only on her comfort. This includes the blood transfusions that she receives every other day. Each transfusion uses several units of blood.

Mrs. Bartolini sees these transfusions as very valuable. They give her peace of mind and improve both her physical and mental health. Most importantly, they make her feel able to stay engaged, particularly when talking with her family.

The medical team understands why the transfusions are valuable these are to her but concerned that, in allowing them to continue, they are not being good stewards of resources. Mrs. Bartolini is utilizing a lot of blood with these transfusions, and while the hospital and area are not in a shortage of blood, it is always in the back of their mind. They are worried that they are overly prioritizing Mrs. Bartolini. It breaks their heart, but they wonder if they should withhold these transfusions to prioritize other patients that might see more benefit from the transfusion, including lifesaving cures.

## Questions

This situation brings up several challenging ethics questions such as:

- Is there an ethical difference in the value of curative and non-curative interventions?
- Does this change if the hospital were in a shortage of blood?
- Should curative measures take priority over interventions done to only improve quality of life?
- What does quality of life mean?
- And what is the medical teams obligation to improve a patient's quality of life?
- And finally, what does it mean to be a good steward of scarce resources?

All of these questions have challenging answers that can have major impact on patient lives. They also touch on the nature and role of care giving and our responsibilities to each other. I hope this situation helps you reflect on your own values and how we prioritize people. can go to a long-term care facility, or he will need to be taken off the ventilator and allowed to likely pass away.