Ethical Issues in Family Practice

This is the next in a series of columns, which will appear in future editions. The authors will use the format of a "case study" which will be presented and then be discussed by two doctors (A and B) over a well earned coffee break in their tea-lounge. The authors hope that their exploration of the ethical issues involved in each situation may provoke you, the reader, into thinking more about the ethical issues inherent in everyday Family Practice. If you would like to pursue any of the issues in more depth, please drop a line to the editor.

Child Sexual Abuse: The Law and Moral Obligation

CASE STUDY:
Dr. C., a female family physician has a busy practice in a small town in South Africa. Mrs. M. phoned for an urgent appointment to bring in her six-year-old daughter, Sally, to the practice and the doctor agreed to see the child despite the short notice. The complaints made gave Dr. C the clinical impression of a urinary tract infection. But on physical examination, Sally looked "sad" and the doctor found a multiply torn hymen suggestive of repeated penetration, vulval warts and an offensive vaginal discharge. The mother denies prior knowledge of the doctor's findings. In the doctor's mind, it was clear that Sally had been sexually abused, in all probability over a long time, but wondered why the mother claimed ignorance of this.

Of the ethical issues arising from this case study, we will focus on the following question:
"Can the law and the moral obligations of a family practitioner be balanced in cases of child sexual abuse?"
What follows is a discussion between two doctors (A & B), on the above question:

A: *My understanding of Child Abuse (CA) is the deliberate use of power or force, physical or psychological, or the intentional omission of care by a parent or care-giver that causes a child under the age of eighteen years to be harmed. On the other hand, Child Sexual Abuse (CSA) refers to "any use of children for the sexual gratification of adults," which includes actual penetrative acts and exposure of children to pornographic materials, amongst other wrongs. While all genders of children may be abused, studies have shown that female children are at a higher risk in South Africa. Once a child is abused, there is a sixty-percent chance of being abused again. As doctors, we are expected to play a major role in the identification and management of child abuse patients. Also, it is estimated that cases of CSA are grossly under-reported by approximately eighty per cent. I wonder why this is so?*

B: Maybe it is because the abuse and/or sexual abuse of a child is abhorrent to a normal adult, or because it's an area in which we don't want to become involved - sort of a 'taboo' situation. I read somewhere that doctors often emotionally block what could be findings, in addition to being lax about asking certain sensitive questions and reviewing old notes of suspected child abuse. Indeed, we can identify several other reasons for non-involvement: such patients require a great amount of emotional energy; the need to be willing to testify, if called upon in a court of law; and sometimes, importantly, the doctor's involvement in the internal affairs of the family. In my experience, when CA or CSA is identified, I would rather be anywhere else but in that consulting room!

> **"The primary moral obligation of..."**

A: *You've given me good reasons for a doctor not wanting to be involved, and touched on the psychological impact of CA or CSA on a doctor. For the time being, we will accept these, but let us set them aside. This is because what we* **feel** *is not relevant to how we* **morally** *ought to act. (This is not to degrade the importance of emotions.) Being a family practitioner, implies that you should be committed to the patient as a person, and inevitably, this draws the doctor into the broader issues of the family - to problems arising in their daily lives.*

B: But, if the moral obligation of a family practitioner makes the presumption that we ought to become actively involved in the lives of our patients, how far can that be extended? Let's just say, for example, that Sally identifies her stepfather as the perpetrator and Sally's

mother begs Dr. C. not to report this to the authorities. She asks Dr. C to recommend a psychiatrist and assures her that the whole family will agree to extensive psychiatric counselling. At first glance, it would seem that this is the best option for the family as a whole. After all, the town is small, Sally's stepfather is a local schoolteacher, and the family will undergo much publicity if the case is reported. Dr. C. could recommend a psychiatrist, explain the situation, follow-up on the family and ensure that they meet their obligations. In the end, if the underlying family problems are being addressed all the family members involved will benefit.

A: *That sounds ideal, but you forget two things. First, let us look at the South African Law. The Child Care Act **(Act 74/1983)** as amended in 1996, states that doctors, nurses, dentists, social workers and other categories of health care personnel (recently teachers have been included) are **obligated**, under section 42, to report any suspicion of child abuse, including child sexual abuse. It is important to note that a person reporting any suspicion cannot have legal action taken against them should their suspicions prove to be wrong. Furthermore, the prevention of Family Violence Act **(Act 133/1993)**, especially section 4, refers to the obligation to report the ill treatment of children to the police, commissioners or social workers. In addition, the Sexual Offences Act (**Act 23/1957**) prohibits certain offences against children. In general terms, crimes against children refer to child abuse, child sexual abuse and child molestation. Secondly, while Mrs. M's idea of family counselling by a psychiatrist sounds reasonable, it still fails to meet Dr. C's primary moral duty:* to ensure the best interests of her primary patient - *the child, Sally. We would have to ask, amongst other questions,* "Is it in Sally's best interest to remain in the same household?" *For example, Sally would probably face her abuser on a daily basis, and be, in all probability, subject to the complex psychological ramifications of the abuse upon her mother, which would be played out upon her.*

B: But, under South African Law, a doctor is obliged to report cases or suspected cases of CA or CSA to legal authorities. In cases of CA or CSA, the primary moral obligation of the family practitioner is to "ensure the best interest of the child". While at first glance this may appear to override the best interest of the 'family', a family practitioner still has a role to play with dysfunctional families. Such families should be offered social and psychological family support services. In this way, the duty to the law and the duty to one's moral role as a family practitioner may be balanced.

"...the family practitioner is to 'ensure the best interest of the child'."

A: *Yes, but bear in mind that when the topic of child abuse is raised, 'normal' people including doctors and even moral philosophers shrink. It requires courage and creative imagination to address this complex problem. It requires understanding and responding to the world as it is. Archard, writing on child abuse says,* "The morals of an adult society are reflected in the treatment of its children." [1] *I think that places a moral obligation on all of us to take better histories, review carefully causal effects, and above all, "ensure the safety of the child."*

B: Food for thought.

A: *That's the idea.*

The authors welcome constructive comments and questions on the topics covered so far in "Ethical Issues in Family Practice."

Reference:

1. *Archard A. Child Abuse in, Ladd R, (Ed)* Children's Rights Re-Visioned. *New York: Wadsworth Publishing Company: 1997:113.*

Donna Knapp van Bogaert MA, MBA, M. PHIL
Applied Ethics (Biomedical & Business) (Stell)
Department of Anat. Path, Medical University of Southern Africa (MEDUNSA), Pretoria

Gboyega A Ogunbanjo
MBBS, MFGP (SA), M Fam Med (MEDUNSA)
Department of Family Medicine, Medical University of Southern Africa (MEDUNSA), Pretoria