

Medical History

- ⌘ Sally has a history of diabetes, hepatitis B and C, and possible mental retardation.
- ⌘ She has had an enlarging breast mass for 3 years. She was diagnosed with invasive breast cancer and referred to the NIH.

Social History

- ⌘ Sally is an unmarried 39 year old woman with a history of drug abuse who has spent the past several years living on the street.
- ⌘ She has few social supports and little contact with her family.

Initial Visit

- ⌘ Sally meets with an NIH investigator who explains her situation, and the clinical options.
- ⌘ Sally consents to further testing and standard of care treatment for her cancer.

Work Up



- ⌘ As part of the work-up at the NIH, a PPD is performed.
- ⌘ The results of the PPD are positive, and Sally is placed in respiratory isolation pending further assessment.

Follow-up

- ⌘ Two sputum samples are negative for AFB. A third is pending.
- ⌘ The infectious disease team believes Sally poses a low risk to the community, but recommends that she remain in isolation until the possibility of TB can be ruled out.

Request

- ⌘ After being in isolation for several days, Sally expresses frustration and says she wants to leave.
- ⌘ A psychiatric consult is called to assess whether Sally understands her situation, including the need for cancer treatment, and the consequences of leaving.

Psych Consult

- ⌘ The psychiatrist learns that Sally plans to go to a shelter when she leaves the hospital.
- ⌘ The psychiatrist strongly recommends that she remain in the hospital pending further psychiatric and infectious disease evaluation.

Bioethics Consult

- ⌘ Sally insists on leaving and states that she does not want to wait. The psychiatrist believes she has the capacity to make this decision.
- ⌘ The team calls a bioethics consult.

Question



Should the team detain Sally on the grounds that she might pose a risk to others, pending additional studies to determine whether she has TB?