## Patient James

Mr. James Heitmann is a 35 year old man who presents to the emergency department after his second attempt at self-amputating his right leg. The first time he attempted to use a shot gun to "blast" his leg off. He had tied a tourniquet around his upper thigh so as to prevent massive blood loss, but when he arrived at the ED, he was unconscious. The patient was taken to surgery. When he awoke, he was angry that his leg had been saved and that he had only succeeded damaging his leg. He was seen by psychiatry and begun on anti-depressants and anxiolytics and was sent to a rehabilitation hospital for physical therapy.

Two months later he arrives in the ED after his second attempt at amputating his right leg. This time he presents having placed his right leg in dry ice. The patient was found with his leg in dry ice, in pain and his neighbor called 911. When the ambulance arrived they forced him to go to the ED. While in some pain, the patient remains awake, alert, and oriented. He seems to have the cognitive capacities to make his own decisions. He is not suicidal, and psychiatry is called. With aggressive surgical debridement, the surgeon thinks he can save the patient's leg, however, the patient is refusing any surgery that is limb sparing. However, he says that he will consent to surgery if the surgery is an above the knee amputation. Under state mental health statutes, the patient can be held if he is a danger to himself or others due to a psychiatric condition, however, he cannot be forced to receive treatment.

The surgeon in frustration states that he might be able to make the case to do a below the knee amputation, but he refuses to do an above the knee amputation for several reasons. First AKAs are more risky, and more disabling. Second, prosthetics for above the knee amputations are more costly, and have longer and more costly rehabilitation periods.

The patient refuses surgery. The surgeon consults with the ethics committee. What should the committee recommend?

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