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Zehra Mehdi  
*Duquesne University*

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The Ethical Dilemma of Discovering Misattributed Paternity in Living Kidney Donation

Mehdi, Zehra
Duquesne University, Ethics Department
Faculty Advisor: Joris Gielen, Ph.D
Professor Persis Naumann
Abstract

A major ethical dilemma in living kidney donation is the sharing of information about either the recipient or donor. Ethical policies have been created for donor’s and recipient’s privacy, generally called “Confidentiality Policy for Patient/Recipient.” This policy ends up clashing when it comes to discovery of misattributed paternity. The discovery of misattributed paternity reveals information that is directly linked to both donor and recipient. This information is the discovery by healthcare provider that the recipient (father or child) is not biologically related to the donor (father or child). Each case of misattributed paternity can vary, such as the age of child, presence of mother, and how misattributed paternity was discovered. This poster will explore this ethical dilemma assuming that both recipient and donor are adults, the mother is dead, and misattributed paternity was discovered during a blood test to determine whether or not the donor can donate their kidney. Several ethical principles (autonomy, confidentiality, deontology, informed consent, paternalism, beneficence, and nonmaleficence) were applied in this paper to analyze three distinct ethical arguments: nondisclosure, disclosure, and informed consent. Empirical studies have surveyed donors’, recipients’, and healthcare providers’ thoughts on this matter. As this ethical dilemma effects all three parties, this analysis provides an ethical justification for choosing one ethical argument as the foundation for proper policies that protects donor’s and recipient’s privacy without the physician violating either one of these privacies. Overall, this paper analyzes three distinct ethical arguments and possibly provides a foundation for policies regarding this ethical dilemma.
Introduction

A major ethical dilemma in living kidney donation is the sharing of information about either the recipient or donor. A few of these dilemmas are donor’s privacy, donor’s right to know versus recipient’s privacy results, and discovery of misattributed paternity. The first two problems are about how much does the recipient get to know about donor and vice versa. Unlike the other two problems, discovery of misattributed paternity discovers an information that is directly linked to both donor and recipient. This information is the discovery that the recipient (father or child) is not biologically related to the donor (father or child). The cases for misattributed paternity can vary based on age of child, rather the mother is alive or not, how misattributed paternity was discovered, etc. Thus, this paper will base its viewpoints on the fact that both recipient and donor are adults, the mother is dead, and misattributed paternity was discovered during a blood test to determine rather or not the donor can donate their kidney. Several ethical principles (autonomy, confidentiality, deontology, informed consent, paternalism, beneficence, and nonmaleficence) were used in order to analyze three distinct ethical arguments: nondisclosure, disclosure, and informed consent. By analyzing these ethical arguments, future guidelines for creating new policy options can be created for future cases under these conditions. Ethical justifications of these policies involve using empirical studies that have surveyed donors’, recipients’, and healthcare providers’ thoughts on this matter. As this ethical dilemma effects all three parties, this analysis provides an ethical justification for choosing one ethical argument as the foundation for proper policies that protects donor’s and recipient’s privacy without the physician violating either one of these privacies. The aim of this paper is to analyze three distinct ethical arguments and possibly provide a foundation for policies regarding this ethical dilemma.
**Ethical Dilemma with Misattributed Paternity**

Discovery of misattributed paternity is a practically difficult ethical problem as it effects both recipient and donor. As previously mentioned, it is the discovery that the father is not biologically related to the child. The father could be the recipient and the child could be the donor or vice versa. Thus, the ethical dilemma is should this information be disclosed, more specifically what course of action should be taken after discovering misattributed paternity in living kidney donation? To resolve this ethical dilemma, the ethical principles of autonomy, confidentiality, deontology, informed consent, paternalism, beneficence, and nonmaleficence were used.

**First Argument to Resolve Misattributed Paternity Utilizing Ethical Principles: Nondisclosure**

Ethical dilemmas are quite complex. Thus, ethical principles are necessary to address them. The argument for nondisclosure uses the principles of beneficence (which means to increase wellbeing of patient) and nonmaleficence (to prevent decrease wellbeing for a patient). Possible nonmaleficence outcomes of revealing misattributed paternity could be: closure or abandonment. Revealing misattributed paternity could cause harm to the family’s relationship. In some cases, the mother may be dead so the family could possibly not receive closure as there is potentially no one to explain the situation and say who the actual father is. Other possible outcomes could be the child leaving the father to find their actual father which could increase stress (and lead to decrease wellbeing) in the father’s health. Also, confidentiality is a promise made by healthcare workers to not reveal medical information of patients. Thus, the physicians would be validity this promise by revealing this medical information to anyone who is not the patient. In addition, since the family came in for a kidney donation and not for paternity, then there is no need to reveal this information as it is not practically relevant in this medical situation. To conclude, the physician would be benefiting the family by not disclosing the misattributed paternity results.
Second Argument to Resolve Misattributed Paternity Utilizing Ethical Principles: Disclosure

However, the argument for disclosure considers different principles and ethical concepts (autonomy, paternalism, and deontology) to refute the argument of disclosure. The principal of respect for autonomy is allowing and respecting patients to make their own decisions, assuming the patient is competent. A competent patient must be able to understand the relevant medical information, reason, and communicate their choice. Thus, the principle of autonomy states that the patient has the right to all medical information in order to make proper decisions. The duty of a healthcare provider is to tell the truth to their patients only, as stated in the principle of deontology. The truth could potentially be revealed later. As a result, the patient-physician relationship could be damaged and further legal ramification could occur. In addition, patients need to know all their medical information in order to make proper medical decisions. Thus, they need to be fully informed in order to give informed consent for medical procedures. The process of informed consent requires the explanation of diagnosis and the risks, benefits, and reason of recommending or not recommending treatment options from the physicians. Thus, the patients would need to be told what the blood test revealed. If the donor was not able to donate due to different blood type, then the physician would have to reveal that. Physicians withholding medical information would be acting in a paternalistic manner. Paternalisms is when a physician’s judgement overrides the patient’s autonomy. Paternalistic physicians outweigh patient’s autonomy by analyzing the potential beneficence and nonmaleficence outcomes. The principle of beneficence is used to increase wellbeing and nonmaleficence is to prevent decreased wellbeing. The above principles play a major role in determining what policies should be followed for the ethical dilemma of misattributed paternity in living kidney donation.
Policies for Misattributed Paternity:

Polices for misattributed paternity are not as concrete due to the conflict between confidentiality rights of patients and principle for respect for autonomy, but options have been provided: nondisclosure, disclosure, and adding misattributed paternity to the informed consent process. Nondisclosure involves providers (physicians) choosing to not disclose the reason why a donation cannot occur. There is a policy seen in several transplant centers where the family is informed prior to transplant that a donation can be cancelled without the center providing a reason for why it is. Thus, the healthcare providers could use this policy to deal with the ethical dilemma of misattributed paternity and not disclose the information if the donor is not a suitable donor. This would maintain the confidentiality rights of the patients because the information directly links both patients so not telling either of them would be maintaining confidentiality; the physician would not be breaking their promise of revealing medical information only to the patient.

However, disclosure involves providers choosing the principle for respect for autonomy by stating both the donor and recipient have right to their medical information, and it is the duty of the physician to explain the full results. Both patients have the right to their test results. In this case, the test results affects both patients so both should be told what the test results revealed and their interpretation of the test results. A potential policy option that could be used would be to 1. disclose the information to the father first, 2. ask him if he wishes to reveal the information to the child himself or the healthcare providers would have to reveal to them as they too have autonomy, and 3. proper counseling for both sides should be given to help the family coup with this information. The above policy options are based on the assumption that the decision-makers are the providers and hospital because they did not get prior informed consent on the discovery of misattributed paternity or explain that this information is a potential health information that could be revealed. Thus, to prevent the healthcare providers to be in a sticky situation of deciding rather or not to reveal this information, prior informed consent on this matter should be discussed.
Informed consent allows for both donor and recipients to decide whether they wish to know this information or not. Without it, the physician could be accused of acting in a paternalistic manner by refusing to give all medical information and interpretations of test results. The beneficence and nonmaleficence scenarios that healthcare providers would think of are only mere speculations. Only the family truly has some idea how they would act. Thus, possibly the best policy that should be implemented into the healthcare field would be to have prior informed consent on misattributed paternity. Despite all these ethical arguments, each case is different and require new ideas on the next course of action.

**Ethical Justification for the Above Policies**

However, ethical justification for these ethical arguments can be determined by looking at empirical studies to get a glimpse of understanding on patients and healthcare providers thoughts should be the policies for misattributed paternity. Potential recipients more likely agreed with disclosure of information (60%) while transplant professional mostly disagreed with disclosure of paternity information (57%). However, potential donors were more evenly divided on this issue. Thus, this shows the problem with nondisclosure and disclosure argument without prior informed consent. Each recipient and donor have different perspective. Some families would rather not know and some would. Another case study revealed that 91% of a panel of providers (physicians, other health care staff, ethics professionals, lawyers, and other professionals) voted for a policy of prior informed consent on misattributed paternity. Therefore, a policy adding misattributed paternity to informed consent would help healthcare providers as they would not be acting in a paternalistic manner by refusing to disclosure or not disclose. Instead, they would be following their duty and respecting patient autonomy.
Conclusion

Overall, the best ethical argument out of the three was informed consent as it prevents paternalism and allows patients to decide. Empirical studies provided a source of ethical justification for one of the three ethical arguments where recipient would want disclosure while professional providers would prefer nondisclosure. Option of informed consent was heavily favored by professional providers (physicians). Therefore, an ethical policy using the ethical argument of informed consent would be most ideal. Future studies could further analyze the ethical dilemma of misattributed paternity under different factors as this paper focused on factors of child is an adult, mother is dead, and discovery was made through blood testing for kidney donation. In addition, future studies should write mock ethical polices that protect both rights of recipient and donors, and possible counseling options for those family that discover misattributed paternity to help maintain the family (if they choose to).

To conclude, misattributed paternity is a complex ethical dilemma regarding sharing information that concerns both recipient and donors. Several ethical principles are necessary to determine what ethical arguments and empirical studies are needed to justify these arguments. There is a limited amount of polices on the discovery of misattributed paternity in living kidney donation. However, more information through additional future studies will help aid and formulate ethical policy systems that would protect the autonomy and confidentially rights of donors and recipients.
References


