

Imaging Scenario: Student Comprehensive Evaluation

The Case of Jacob and the Diseased Leg: Scenario #2

Lainee Cook; Ethics 101; 11 December 2025

I will be discussing the case about Jacob and the diseased leg. Jacob, a talented high school quarterback, suffered a compound fracture of the fibula that required surgery and postoperative follow-up care. Six weeks later, during a visit for cast removal, Dr. M. examined Jacob and then went across the hall to assess another patient, Sarah, who had an active osteomyelitis infection. Dr. M. did not put on new gloves or wash his hands between patients. He returned to Jacob and examined his partially healed incision without gloves or proper hygiene. Within a week, Jacob developed a severe infection that progressed to osteomyelitis, required additional surgery, delayed his recovery, and cost him a potential college scholarship. Jacob's parents obtained medical test results and sued Dr. M. for negligence.

Ethically, Dr. M. violated infection control and safety standards by neglecting basic hygiene practices and failing to protect Jacob from preventable harm. By doing this, he also created a breach of patient trust and professional responsibility. Patients expect physicians to act in their best interest with competence and diligence. Dr. M rushed between patients without proper precautions to save time, but compromised safety. He also created privacy concerns by leaving the exam room doors open. This allowed Jacob's parents to see and overhear another patient's exam, violating confidentiality. As I further analyze the situation, I realize that the core problem is Dr. M's failure to follow infection control guidelines, which resulted in a serious infection that could have easily been prevented. I have come up with a couple of alternative solutions that would have helped this situation; the first being to maintain strict infection control procedures by making sure to wash hands thoroughly and change gloves between each patient. Another option, although the parents hold no responsibility for the infection, in an ideal preventive scenario, could have spoken up if they were concerned about the physician not using gloves or proper hygiene. Patients are allowed to question safety practices, but the burden is

never on them. While I listed two options, the first option is really the only ethically acceptable solution. Maintaining strict infection control procedures protects patient safety (beneficence), prevents harm (nonmaleficence), respects professional standards, maintains patient trust, and reflects standard of care legally and ethically.

Legally, Dr. M's actions meet the criteria for medical negligence and unintentional tort. As the treating physician, he owed Jacob a duty of care. This duty was breached by failing to change gloves, wash hands, and maintain sterile technique. These actions constitute a clear breach of the medical standard of care. Jacob's infection was directly linked to contamination from the physician's improper practices. Jacob suffered significant harm, long term infection, delayed recovery, pain, and loss of a college scholarship. In court, the plaintiff, Jacob, must offer proof that the defendant, Dr. M, breached the legally required standard of care. Jacob has a strong malpractice claim because pathological results support the cause of infection, harm was foreseeable and preventable, and the physician did not follow accepted practices. Possible legal outcomes include compensation for medical expenses, increased malpractice insurance premiums or required remediations, and possible professional sanctions by the state medical board. Although Dr. M's actions were not legal, there is no evidence of criminal intent, so this is not a criminal case. It remains a civil tort.

Dr. M.'s actions represent multiple violations of the Standards of Ethics for healthcare professionals. Under the responsibility to patients, he failed the principles of nonmaleficence and beneficence by exposing Jacob to preventable harm and failing to protect his surgical wound. In terms of competence and accountability, Dr. M. did not adhere to accepted standards of care, especially those involving infection control, which is a basic and essential professional duty. He further breached confidentiality by leaving exam room doors open, allowing Jacob's parents to

overhear and observe private medical information about another patient, Sarah. Additionally, his behavior violated expectations of professional conduct, as ethical codes clearly require the use of proper aseptic technique and precautions to prevent cross contamination. Collectively, these actions violate several components of professional ethics related to patient safety, privacy, competence, and overall professionalism. Professionalism impacts all patients greatly, as well as the institution's reputation, and the entire healthcare field.

Overall, the scenario illustrates a clear ethical and legal failure on the part of Dr. M. His disregard for basic infection control protocols resulted in significant, avoidable harm to Jacob. Ethically, the physician failed to uphold beneficence, nonmaleficence, and professional integrity. Legally, his actions constitute negligence and malpractice, with foreseeable damage. Professionally, he violated standards related to safety, competency, and patient confidentiality. This case shows why it's so important for healthcare workers to follow proper hygiene rules, protect patient privacy, and act professionally at all times. Doing so helps keep patients safe and builds trust in the healthcare system.