

Imaging Scenario: Student Comprehensive Evaluation

Scenario #2: Jacob & the Diseased Leg

Lyndee Gilmore; Ethics 101; December 12, 2025

Healthcare professionals have an obligation to maintain a safe environment for patients, particularly during postoperative care when the risk of infection is high. In Scenario #2, Jacob, a high school quarterback with a promising future, suffers a compound fracture of the lower leg that requires surgical repair. Although the surgery is initially successful, and Jacob begins routine follow-up visits, his recovery becomes complicated when his orthopedic surgeon, Dr. M., examines Jacob's freshly exposed incision without washing his hands or wearing gloves. This occurred after the surgeon moved between exam rooms and returned to Jacob without following proper infection-control procedures. Within days, Jacob develops osteomyelitis, requiring additional surgery, prolonged antibiotic treatment, and months of recovery. As a result, Jacob misses the football season, ultimately losing his college scholarship. His parents later sued Dr. M. for negligence, believing that his actions directly contributed to their son's prolonged illness and loss of opportunity.

The ethical concerns in this case center on Dr. M.'s failure to perform basic hand hygiene and use protective equipment before touching an open surgical wound. Using an ethical decision-making model, the primary problem is the clear violation of the provider's duty to protect the patient from harm. The surgeon had several alternatives available that would have safeguarded Jacob, including washing his hands, using gloves, delaying the exam until proper protective equipment was available, or asking another qualified provider to examine Jacob if he was unable to follow sterile technique at that moment. The best and most ethically sound solution would have been strict adherence to hand hygiene and glove use, which are standard precautions supported by evidence-based guidelines. Defending this choice is straightforward: the Centers for Disease Control and Prevention identifies proper handwashing as the single most effective method for preventing healthcare-associated infections (Centers for Disease Control and

Prevention, 2023). Had Dr. M. followed these procedures, Jacob's infection and long-term complications likely would have been avoided entirely.

From a legal perspective, the situation represents unintentional misconduct that falls under civil tort law, specifically negligence and medical malpractice. Dr. M. owed Jacob a clear duty to provide competent postoperative care consistent with accepted medical standards. By examining Jacob's wound without washing his hands or wearing gloves, he breached that duty. The timing and severity of Jacob's infection strongly suggest causation, and the resulting damages—including further surgery, prolonged treatment, emotional distress, and loss of athletic and scholarship opportunities—are substantial. This case also highlights important malpractice prevention strategies that were not followed. Standard preventive measures include consistent hand hygiene, the use of personal protective equipment, careful observation for early signs of infection, clear communication with the patient and family, and adherence to established facility protocols. Failure to follow even one of these steps can significantly increase the risk of harm and legal consequences.

Professionally, this scenario demonstrates clear violations of the ARRT Standards of Ethics, which outline the expectations for safe, competent, and ethical patient care (American Registry of Radiologic Technologists, 2024; Towsley-Cook & Young, 2007). Several principles from the ARRT Code of Ethics were disregarded, including the obligation to act in the best interest of the patient, to exercise judgment and discretion, and to provide care with reasonable skill and safety. Dr. M.'s decision to examine an open surgical wound without handwashing or wearing gloves directly conflicts with these professional responsibilities. More importantly, his actions align with multiple violations found in the ARRT Rules of Ethics. Rule 5 requires healthcare professionals to perform procedures with reasonable skill and safety; bypassing basic

infection-control practices clearly violates this standard. Rule 6(ii) prohibits any practice that creates unnecessary danger to a patient's health or safety—Dr. M.'s behavior introduced a significant and preventable risk of infection. Additionally, Rule 10—which addresses unethical conduct that harms or could harm a patient—is applicable, as Dr. M.'s lapse directly contributed to Jacob's infection and prolonged recovery. His actions also contradict Rule 22, which emphasizes the responsibility to report errors or unsafe practices; although the scenario does not state whether he acknowledged the breach, the failure to follow sterile technique itself qualifies as a reportable safety event. Together, these violations highlight a substantial departure from professional expectations within the healthcare environment and underscore the importance of adhering to established ethical and safety standards.

In conclusion, Jacob's case illustrates how a single lapse in infection-control practices can create significant ethical, legal, and professional consequences. Proper hand hygiene and glove use are simple yet critical steps that protect patients from avoidable harm. Had I been the healthcare professional in this situation, I would have adhered to strict infection-control procedures, carefully monitored the surgical site, communicated concerns promptly, and documented all findings thoroughly. Patient safety must always come first, and consistent attention to ethical principles, legal obligations, and professional standards is essential to maintaining trust and ensuring high-quality care. This scenario serves as an important reminder that seemingly small actions can have profound effects on a patient's health, future, and overall well-being.

References

American Registry of Radiologic Technologists. (2024). *ARRT standards of ethics*.
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