

Prima Facie Principle in Resolving the Ethical Dilemma of Twisted Ovarian Cyst Cases in Pregnant Women 7-8 Weeks with a History of Primary Infertility

Taufik Suryadi^{1,2}, Didy Hamidi³, Kulsum Kulsum⁴

¹Associate Professor, Head of Department of Forensic Medicine and Medicolegal, ²Ethics and Medicolegal Consultant, ³Researcher, Department of Obstetrics and Gynaecology, ⁴Assistant Professor, Head of Department of Anaesthesiology and Intensive Care, Faculty of Medicine Universitas Syiah Kuala

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Abstract

Background: Resolving the ethical dilemma in a case of 7-8 weeks pregnant women with a history of primary infertility with twisted ovarian cysts.

Method: A case report.

Finding: a 25-year-old patient, presents with severe right lower abdominal pain due to a twisted cyst in the right ovary. The patient is also currently 7-8 weeks pregnant with an intra uterine pregnancy with a history of primary infertility. The ethical dilemma that arises in this case is lifting the ovary (oophorectomy) with the risk of reducing the chances of subsequent pregnancy or maintains the ovary with cysts with the risk of infection and severe pain. For this reason, an analysis of solving ethical dilemmas is carried out by using the prima facie principle. By prioritizing the principle of non-maleficence over autonomy, patients are encouraged to undergo exploratory laparotomy operations to oophorectomy (removal of the ovaries) by maintaining a 7 - 8 week pregnancy.

Conclusion: The prima facie principle guides clinicians to respect the patient's autonomy but must not make the patient worse. By using the prima facie principle, the patient's medical problems can be resolved while still prioritizing the values of medical ethics.

Keywords: ethical dilemma, prima facie, primary infertility, twisted ovarian cyst.

Introduction

Ovarian cysts in pregnancy at this time occur a lot, there are incidents in pregnancy with ovarian cysts as much as 0.5-1% in pregnancy. Most of these

cysts are benign or malignant cysts.¹ But in some cases twisted cysts can occur in pregnant women which can cause acute abdominal pain, distension, nausea, vomiting caused by rupture or twisting of

Corresponding Author: Taufik Suryadi, Associate Professor, Head of Department of Forensic Medicine and Medicolegal, Campus Universitas Syiah Kuala, Banda Aceh, Indonesia.

E-mail: taufiksuryadi@unsyiah.ac.id

ovarian cysts. The incidence of twisted cysts 5 per 10,000 pregnancies.² The incidence of twisted cysts in early pregnancy is 0.2%. Patients undergoing twisted ovarian cyst surgery in pregnancy at a young age are at risk of failure in their current pregnancy, and can also make a 45% reduction factor in fertility in subsequent pregnancies. Acute abdominal pain is an indication for emergency measures for pregnant women.³ The ideal time for an operative pregnancy with an ovarian cyst > 5 cm is performed at the age of the second trimester of pregnancy, but if there are twisted cysts then an emergency surgery is performed.⁴

The principle of operation must be re-emphasized to reduce the rate of postoperative adhesion and subfertility. The number of follicles that develop naturally and after ovulation induction is significantly less so it is necessary to prevent the formation of postoperative adhesions in diseased ovaries.⁴ An interesting case concerns a patient who experienced acute abdominal pain due to a twisted cyst. The main problem in handling these patients is saving lives because twisted cysts can cause necrotic ovarian tissue and can cause sepsis to patients, but there is another problem, the patient's condition is now 7-8 weeks pregnant, which is the first pregnancy after waiting for 7 years (primary infertile). In general, infertile conditions in married couples greatly affect psychological, economic, social and medical aspects. This condition can trigger psychological stress

such as anxiety, depression, and loss of confidence from the patient. This condition becomes medically dilemmatic in its decision making so an in-depth ethical analysis that covers these 4 important aspects is often called the application of clinical ethics. One of the applications of clinical ethics is by using basic ethical principles, including using the prima facie principle.^{5,6,7,8,9}

Method

The method of this study was case report.

Finding

Patient Mrs. M, 25 years old, came with complaints of severe pain in the lower right abdomen that was felt by the patient since 3 hours before entering the hospital, from the results of the patient's history also complained of nausea and vomiting, physical examination and supporting ultrasound examination found a diagnosis of patients with intra-uterine pregnancy. and a twisted cyst in the right ovary with a cyst size of 7.48 cm x 6.25 cm x 6.16 cm with twisting (figure 1). Previous menstrual history no complaints. The patient also complained of vomiting 5 times and made stomach pain that was increasingly uncomfortable. Patients are advised to undergo exploratory laparotomy surgery up to salpingo oophorectomy (removal of the ovaries) by maintaining a pregnancy age of 7-8 weeks.



Figure 1: Ultrasound results show the presence of twisted ovarian cysts

This case shows an ethical dilemma, in which the doctor is faced with two conditions, namely helping a patient who is sick, in this case abdominal pain due to twisted ovarian cysts or maintaining the current pregnancy (which the patient and her husband are waiting for after 7 years) and must also maintain the patient's organs. In cases like this, a doctor can use ethical considerations in making decisions, and is supported by the medicolegal aspects that follow.

The condition of the patient and her husband have experienced primary infertility for 7 years since marriage. But now the patient has successfully conceived 7-8 weeks, while there are complications of pregnancy in the form of twisted ovarian cysts that cause severe abdominal pain. The ethical dilemma that arises is whether or not the ovary is removed. Both of these difficult choices each have consequences.⁷ If the ovary is removed, the patient is worried that she will experience an abortion threat to her pregnancy and can further affect the decline in fertility in the next pregnancy. However, if the ovary is not removed, the severe pain felt by the patient can threaten the life of the patient, so that the doctor still recommends the operation to remove the ovary because it is considered an emergency condition and requires immediate surgery.

Discussion

Medical ethics in general is made to increase professionalism, knowledge, understanding, appreciation, practice of basic principles of bioethics and medical ethics in his profession as a doctor. Medical ethics is formulated to maintain the nobleness of the profession, reduce ethics-legal conflict, deterrence of unethical behaviour, and maintain the relationship between doctor and patient as a relationship of trust. Ethics is the study of moral principles, while ethics is a set of principles or values related to morals as in the code of ethics. The term ethical is used to express an attitude / view that is acceptable (ethically acceptable) or not (unacceptable). Doctors must uphold the ethical values contained in the Indonesian Medical Ethics Code/ *Kode etik kedokteran Indonesia* (KODEKI).^{10,11} Article 2 of KODEKI states that a doctor must always try to carry out his profession in accordance with the highest professional standards. The article shows that

professional decisions taken by doctors are aimed at attitudes, actions and behaviour. The decision must be taken by prioritizing consistent good intentions, earnestly and providing solutions with scientific integrity, moral integrity and intellectual honesty according to professional standards.^{10,11,12,13}

In handling patients in the clinic, in addition to medical indications that do have an effect on the initial side, but the management of patients will also be determined by the "art" based on moral values in the basic ethical principles valid in simple concrete cases. If in concrete cases as complex as in this case which leads to ethical dilemmas, then the prima facie principle is applied among the four basic ethical principles in applying its ethical handling. The prima facie principle will simply require a valid new context in the patient or family when in the process of medical treatment (a process that coincides with clinical judgment, which comes from the authority of clinical privileges that doctors have).^{7,8,13}

In general it has been understood that in the medical practice there are 4 basic ethical principles namely beneficence, non-maleficence, justice and autonomy.^{5,6,8} In this case, the patient's position falls into the category of non-maleficence because it involves the safety of the patient's soul. In the context of non-maleficence, the principle of prima facie is when the patient (turns into or in a state of emergency) where a medical intervention is needed in order to save his life.^{7,8}

In this case there is a desire of the patient to maintain the ovary for fear of reducing the chances of subsequent pregnancy because the patient has experienced primary infertility. This desire is indeed the patient's autonomy right to self-determination. But at the same time the patient experiences severe abdominal pain due to twisted ovarian cysts. Here there is a contradiction the basic ethical principles between autonomy and non-maleficence. In the process of identifying which ethical principles are most relevant in certain concrete cases, the "collision between ethical principles" is so strong that it remains difficult to be convinced which ethical principles are the most dominant.^{7,8}

The patient's request to keep her ovaries of course at risk is great pain that the patient will continue to

feel, even threatening his life. Meanwhile the choice to remove an ovary with a twisted cyst is also at risk because the chances of getting pregnant for patients become smaller. The doctor's job is to ensure the patient's condition is better, although both choices are equally difficult to decide, there is a principle that can be used as a guideline, namely the *minus mallum* principle, which is to make decisions with the least risk of harm. Of course these risks are equally severe for patients and doctors, according to the *minus mallum* principle, the smallest risk is lifting the ovaries.^{6,7,8} The best choice for solving ethical dilemmas is ethical adjustment or compromise between autonomy and non-maleficence. This principle is referred to as *prima facie*, namely the selection of one basic ethical code is "valid" according to the context based on data or concrete situations, so here the basic ethical principle of autonomy changes to non-maleficence.⁷

The team of doctors provides an explanation to patients about the medical indications, risks, and alternative therapies before surgery. The medical indication for this patient is to save the patient's life. Surgical management with laparoscopic cystectomy is often performed to prevent rupture and malignancy as well as to maintain optimal fertility.¹⁴ The risk of the procedure must also be explained to the patient and his family. Both short-term and long-term risks must be discussed and understood by the patient and her husband. Long-term risks are usually only in theory but can occur even though the possibility is small, but if not delivered at the time of giving informed consent can be a problem later on.¹⁵ Treatment options must be fully beneficial for patients, or at least not cause harm, in decision making, win-win solution or shared decision making should be made between the team of doctors and patients and their families.

After several discussions with the patient, the patient and her husband finally agreed to remove the cyst as well as their ovaries. Management of pregnant patients with twisted ovarian cysts can be done with conservative observation by conducting regular ultrasound monitoring and operative measures can be performed on patients with consideration of complications in pregnancy namely severe acute abdominal pain. Based on basic ethical principles, doctors perform the principles of beneficence, non-maleficence and autonomy. In principle, eliminating the function and organs of patients is basically something that is prohibited because it will weaken the patient, but it is permissible if to save the patient. Informed consent is needed in every medical procedures, one of its contents is about the risk if the patient undergoes an invasive medical procedures.^{6,7,8,9}

Ovarian cyst patients with pregnancy must undergo treatment for fertility maintenance using the hormone progesterone preparation. This shows that if the patient will continue to experience decreased fertility even though he did not undergo surgery, the patient's condition in pain requires the doctor to rescue the patient. Intraoperatively, the right ovarian cyst mass was twisted with a size of 7.48 cm x 6.25 cm x 6.16 cm, so removal of the right cyst and ovarian mass should be taken (figure 2). Postoperative diagnosis found necrotic ovaries due to twisting. After it was decided to remove the cyst mass then the cyst was sent to anatomic pathology for further examination to assess whether there were signs of malignancy from the cyst (Figure 3). After the patient is undergoing emergency surgery, the foetal heart rate is positive. Furthermore, patients are advised to exercise routine control during their current pregnancy.

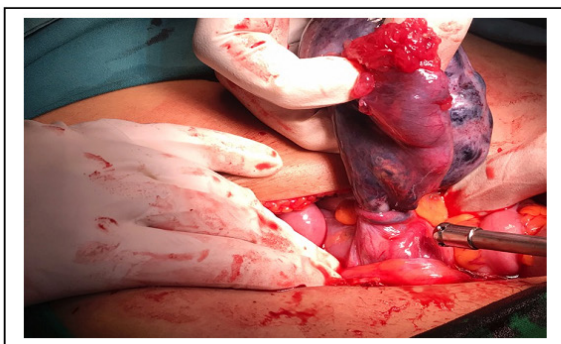


Figure 2. Intraoperative images of twisted ovarian cysts

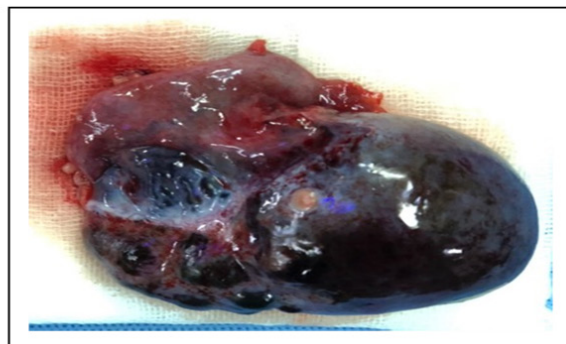


Figure 3. Specimen of a cyst that has been removed

Conclusion

In making medical decisions, it is not always about the medical aspects but also always accompanied by ethical decisions that balance the benefits and risks of medical procedures to be performed. In this case using the prima facie principle, the patient's goodness becomes greater. The choice of removal of the ovary is not the best choice but at least a little smaller risk than if the ovary is not removed because it can be fatal for the patient.

Ethical approval: This is a retrospective case report without the use of any samples from human subject, so ethical approval can be waived.

Competing interest: The authors declare that there are no competing interests related to the study

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