



ORAL PRESENTATION

The ethical challenge of a stroke patient in primary care

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Abstract

Introduction: Impaired stroke patients present significant challenges, often with ethical repercussions to the family physician and their relationship with the patient.

Case Report: A 70-year-old man, with history of hypertension, type 2 diabetes, dyslipidaemia, atherosclerotic disease and poor treatment adherence, suffered a left thalamocapsular ischaemic stroke 8 years ago, initially resulting in right hemiplegia and homonymous hemianopia. He received intensive inpatient rehabilitation, followed by outpatient physical medicine management to present, retaining functional independence, while forced to early retirement and several daily life adaptations. Comorbidities and risk factors have been successfully managed by his family physician since. Recently, he requested clinical information for the renewal of his driving licence. He maintains right hemiplegia (strength grade 3 in forearm and hand), spasticity requiring frequent botulinic toxin treatments and hemiplegic gait,

and bilateral corrected 9/10 visual acuity without visual field impairment. Previously attested capable to drive with restrictions, doubts about his ability to drive safely, particularly in stressful events, arose due to lingering motor deficits, ageing and disregard for driving restrictions. The patient reacted anxiously and worried with prospect of driving licence loss. The clinical information requested from physical medicine and rehabilitation was inconclusive. Further evaluation by the disability specialist team eventually reported 66% disability, while advising the maintenance of driving licence with restrictions, which was allowed.

Conclusion: This case demonstrates the complexity of meeting patient expectations while respecting clinical and ethical responsibilities to him and society. Importance of thorough multidisciplinary evaluation is paramount and family physicians are central to the management of these patients.

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