FOOD DELIVERIES AT THE HOSPITAL

CLINICAL CASE

Maria, a 42-year-old patient with morbid obesity, weighing 172 kg, was brought to the hospital due to displaced tibial and fibular fractures sustained while using the bathroom at home. These injuries required surgical reduction. Maria is divorced and has a daughter with whom she has no relationship. Her sister visits once a week but is unable to take on greater responsibility for Maria's care. Maria, receives a full disability pension, and has a housekeeper who assists her at home for two hours each day. Following surgery, Maria was transferred to a private rehabilitation center. She was frightened by the fractures and has agreed to begin treatment for weight loss and to consider a possible future gastric reduction surgery. During her stay, food delivery drivers began arriving daily with meals she ordered using her mobile phone. This behavior has led to a continuous accumulation of waste in her room, and is having a negative impact on her health, as weight loss is medically necessary.

Dr. Suarez informs her that she must stop ordering food deliveries, as it is detrimental to her health and also goes against the care plan established by the facility. Maria becomes defensive. She tells Dr. Suarez that she is no longer sure whether she wants to proceed with the surgery, and that if they prevent her from receiving the food, she will discharge herself from the facility. Dr. Suarez begins to question whether he should continue to allow Maria to order food uncontrollably from restaurants outside the hospital.

ETHICAL ANALYSIS OF THE CASE

Maria's case illustrates a conflict between her freedom of choice and what is considered medically to be in her best interest. On one hand, Maria is a competent adult with the right to make personal decisions—even if those decisions may be harmful to her health, or life. On the other hand, this situation conflicts with the healthcare team's duty of care as they have a professional and ethical obligation to act in the patient's best interest.

Additionally, Maria is receiving care in a healthcare facility where all patients and visitors are expected to adhere to the center's rules. In this regard, her individual freedom may come into conflict with the operational standards of the facility and the well-being of other patients—as well as the staff. The frequent external food deliveries increase foot traffic in a clinical area, potentially disrupting care environments and raising safety concerns. Moreover, the resulting accumulation of waste places an additional burden on hospital sanitation services.

POSSIBLE COURSES OF ACTION

Discharge Maria due to her refusal to adhere to the prescribed care plan.
Notify her sister to assume responsibility for Maria's care at home.
Coordinate with the center's kitchen to consider a calorie-adjusted diet plan.
Contact her psychologist to assist in discussing with Maria the importance of avoiding high caloric foods.
Provide Maria with detailed information regarding her current health status, care needs,

associated risks, and the treatment plan deemed most appropriate for her.
Reassess and obtain Maria's informed consent for the proposed care and treatment plan.
Evaluate Maria's decision-making capacity. If the healthcare team is not equipped to assess this, consult the psychiatry department for support.
Negotiate with Maria to reach a compromise—allowing her to order additional food under medical supervision and with appropriate dietary control.
Consult the hospital social worker to coordinate with primary care services and ensure that a proper care plan is in place for her eventual discharge.
Review the center's policy with administration to determine whether the repeated entry of food delivery personnel violates any of the established rules of the center.
Request judicial authorization for involuntary admission, if necessary, to proceed with treatments deemed essential by the medical team.

RECOMMENDED COURSE OF ACTION

Intervention should begin through communication, involving the entire healthcare team responsible for Maria's care. The medical team and her psychologist should meet with her to explore the underlying reasons for her continued food orders. She must be informed of the negative consequences associated with increased caloric intake. The care plan should be revisited and discussed again with Maria, aiming to reach a mutually agreed-upon course of treatment.

Additionally, it is important to inform her that the constant flow of food delivery personnel is a source of disruption for other patients, and that the accumulation and management of waste presents an operational challenge for the facility.

The team should assess whether Maria's caloric and nutritional needs require adjustment, and whether it would be possible to increase her caloric intake through hospital-provided meals without compromising her health.

If the healthcare providers suspect that Maria may lack decision-making capacity, a formal evaluation should be carried out—either by the medical team itself or with support from psychiatric services. If she is deemed not competent, her sister should be contacted to provide proxy consent for her treatment.

If Maria is deemed competent and continues to insist on ordering food, an effort should be made to negotiate a reduction in both the frequency and quantity of her orders.

Should she refuse to reduce the number of deliveries, the facility's administration should evaluate the possibility of discharging her. In such a case, continuity of care must be ensured—either at home (in coordination with her primary care physician and social services) or at another facility that permits this behavior. Nonetheless, should this more drastic measure become necessary, Maria must be given the option to return to the current facility if she reconsiders her decision.

DISCUSSION

The treatment of patients with morbid obesity is complex and requires a multidisciplinary team. For an intervention to be effective, it is essential that the patient is aware of their condition and is willing to undergo close follow-up. Without the patient's commitment, the treatment is destined to fail.

The healthcare team must prioritize the patient's well-being while also considering their preferences, which may not always align with those of the providers. When disagreements arise, and if the patient is competent, they have the right to make decisions based on their values and preferences. While the team must respect these choices, this does not mean adopting a passive approach. Physicians should strive to persuade the patient to reconsider, always keeping the patient's best interests in mind. If the patient remains firm in their decision, the team should offer the best available alternatives. Most situations are not "black and white." Instead, a broad spectrum of "gray areas" exists that allow for intermediate courses of action, as demonstrated with Maria. The balance between patient autonomy and health care needs must be carefully maintained, avoiding forcing a treatment that the patient refuses.

In all cases, patients must understand that their autonomy has limits, which includes adherence to institutional policies and the well-being of other individuals. If a patient's decisions violate facility regulations or cause harm or discomfort to others, more drastic measures may be considered: such as discharging the patient, either to their home, or to another appropriate facility.

Sgd.: ASISA-Lavinia Bioethics and Healthcare Law Committee
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