

- treatment. Chicago: American Medical Association, 1986.
- 14 **Lo B**, Dornbrand L. Guiding the hand that feeds. *N Engl J Med* 1984;**311**:402-04.
  - 15 **Hanson LC**, Rodgman E. The use of living wills at the end of life. *Arch Intern Med* 1996;**156**:1018-22.
  - 16 **Rabeneck L**, McCullough LB, Wray NP. Ethically justified, clinically comprehensive guidelines for percutaneous gastrostomy tube placement. *Lancet* 1997;**349**:496-8.
  - 17 **Schneiderman LJ**, Jecker NS, Jonsen AR. Medical futility: its meaning and ethical implications. *Ann Intern Med* 1990;**112**:949-54.
  - 18 **Rosin AJ**, Sonnenblick M. Autonomy and paternalism in geriatric medicine. *J Med Ethics* 1998;**24**:44-8.
  - 19 **Norberg A**, Hirschfeld M. Feeding of severely demented patients in institutions: interviews with caregivers in Israel. *J Adv Nurs* 1987;**12**:551-7.
  - 20 **Kanevsky**, Rabbi Y. If one may remove the mandate to lengthen the life of a patient. *Krinna D'Agata* 1980;**190**:201.
  - 21 **Feinstein M**. On the matter of treating patients who are incurable. *Igrot Moshe, Choshen Mishpat II*, 1984: section 84.1.
  - 22 **See reference 21**: section 84.3.
  - 23 **Abraham AB**. The laws of visiting the sick. *Nishmat Avraham, Yoreh De'ah*, 339.4.
  - 24 **Auerbach SZ**. On treating a dying patient. *Minchat Shlomo* 1986;**91**:24.
  - 25 **Rango N**. The nursing home resident with dementia. *Ann Intern Med* 1985;**102**:835-41.
  - 26 **New Jersey Supreme Court**. *In the matter of Claire C Conroy*. Docket no A-108, January 17, 1985.

## MRSA in the Netherlands: preventive measure raises a moral issue

D O E Gebhardt

Should health care workers undergo medical treatment for the sake of the patients in their care?

The problems caused by MRSA (methicillin resistant *Staphylococcus aureus*) infections have recently been discussed in three Dutch daily newspapers. On May 24, 2002 an article appeared in the *Algemeen Dagblad* with the startling title: The lost battle against MRSA.<sup>1</sup> It describes how Dutch hospitals are trying to prevent the spread of the antibiotic resistant forms of *Staphylococcus aureus*, which can be life threatening to patients with a reduced resistance towards bacterial infections. So far, the frequency of MRSA in Dutch hospitals has been relatively low in comparison to the incidence in other countries. This favourable situation has been ascribed to the manner of isolating patients with MRSA and to the restrictive use of antibiotics by Dutch general practitioners. At a time when hospitals are understaffed, it is clear that the labour intensive care of patients with MRSA can become a serious problem. In general, Dutch hospitals are reluctant to accept patients who wish to be repatriated after being treated in a hospital outside the Netherlands. In fact, the minister of health has been asked to finance the building of a special hospital where these patients can be kept in quarantine. This would, however, have the drawback that general hospitals would lose their expertise in treating patients with MRSA.

Another article on MRSA appeared on June 23, 2002 in the *NRC Handelsblad* and had as its title: Operation dirty hands. The medical staff is often the cause of MRSA outbreaks.<sup>2</sup> It is a report of a lecture by a bacteriologist, E Mascini, who found that a quarter of the MRSA outbreaks could have been prevented, if medical staff had followed painstakingly the existing directions on taking care of

**Abstract**

In the Netherlands the incidence of methicillin resistant *Staphylococcus aureus* (MRSA) infections in hospitals is surprisingly low when compared to that of neighbouring countries. It is believed that this favourable condition is caused by stringent precautionary measures such as complete isolation of the patients. In one case the nurse taking care of such patients was herself MRSA positive. This condition changed and she became MRSA negative after removal (at her request) of her tonsils. The question is raised how far one should go to protect patients when the preventive measures taken may endanger the health of those who take care of them.

patients with MRSA. Furthermore, 50% of the staff working with these patients also became infected with MRSA. The bacteriologist is of the opinion that patients with MRSA, who are returning from a foreign hospital, should be kept in complete isolation until tests show they are no longer MRSA positive. This raises the question whether travel agencies should warn their clients of the problems they may encounter, if they wish to enter a Dutch hospital as a patient after returning from (a hospital in) another country.

A further source of MRSA infection are the Dutch nurses or doctors who have worked abroad. On returning home they may not have informed their employer where they have worked and this may have catastrophic consequences, if they should have become carriers of MRSA.

A third article on MRSA appeared in the newspaper *Trouw*, on June 28, 2002.<sup>3</sup> It describes the interesting case of a nurse, working in a hospital in Den Bosch, who remained MRSA positive, even after treatment with various antibiotics. Here follows a translation of a statement by the bacteriologist, A Leenders, contained in that article: "One of the

nurses, on her own initiative, suggested to the specialist that she should have her tonsils removed, because it was suspected that the MRSA resided in this organ. At the time it was uncertain whether the operation would change the MRSA status of the nurse. After the tonsillectomy, tests showed that the health worker had become MRSA negative. This indicates how far people will go. They have chosen to work in health care and they do not allow a bacterium to interfere with their vocation". I find this an altruistic attitude, but it does raise the moral question whether health care workers should undergo medical treatment with its inherent risks of complications, for the sake of the patients in their care?

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### REFERENCES

- 1 **Veen P**. The lost battle against MRSA. *Algemeen Dagblad* 2002 May 24: 33.
- 2 **Vermij P**. Operation dirty hands. The medical staff is often the cause of MRSA outbreaks. *NRC Handelsblad* 2002 Jun 23: 41.
- 3 **Becker S**. Insurmountable but controllable. *Trouw* 2002 Jun 28: 11.