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WHEN ETHICAL PRINCIPLES COLLIDE IN THE EXAM ROOM: A CASE WITH ACCUTANE

Isotretinoin (brand name, Accutane) is an extremely effective acne prescription. When I worked as a medical assistant, I witnessed the medication change countless people's lives. In addition to clearing severe, stubborn acne, Accutane often led to an immense improvement in patients' confidence and self-esteem—an aspect of dermatology that has always been greatly meaningful to me. Prior to starting a patient on this “miracle pill”, however, I've heard providers deliver their standard Accutane counseling over and over. This talk included key warnings and potential side effects the patient should be aware of, such as severe birth defects

(if taken while pregnant) or psychological effects (like mood swings or suicidal ideation). Although the former is the primary reason for the Food and Drug Administration's close regulation of Accutane, the latter always reminds me of a specific patient encounter that has left a lasting impression.

As usual, I had called the patient back into a room, asked them about how their skin was responding to the Accutane and if they had any side effects, and left the room to present the patient to the physician. It seemed like it would be a rather simple follow-up visit: the patient stated she was doing well and was ready for the next month's dose. However, the moment I walked back into the room with the physician, I was thrown a curveball: tears streamed down the patient's face as she frantically searched for tissues. After some time, the physician's conversation with the patient revealed that the patient's depression had recently worsened and she had been crying more often. Upon hearing this, the physician explained that the Accutane could be contributing to her emotional changes and recommended taking a break. However, the patient was adamant on continuing her Accutane treatment. She reasoned that if she discontinued it and her acne worsened, her depression would also spiral out of control, and so the Accutane was critical for her mental health.

I was still in college at the time, and as a bioethics minor, this was the first time I saw the concepts we learned in class come to life in a real patient encounter. There was clear tension between nonmaleficence and patient autonomy. The physician felt that Accutane was harming the patient's mental health, but the patient strongly wanted to continue the medication. The emotional intensity of the conversation complicated the situation further, and the patient started to question whether the physician truly cared about her personal priorities and needs. She mentioned that her trust in the physician was waning, negatively impacting the physician-patient relationship as well.



They finally reached the end of a very long conversation through a mutual decision to consult the patient's psychiatrist on whether it would be safe for the patient to continue the Accutane. However, beyond just this ending to the story, this patient's case is a reminder that medical ethics is rarely about choosing the "right" principle, but about navigating priorities through discussion. Respecting patient autonomy does not mean abandoning clinical judgment, just as nonmaleficence does not mean overriding a patient's perspective. In the end, the decision to pause and consult the psychiatrist acknowledged uncertainty, shared responsibility, and viewed the patient as a whole person rather than a single symptom.

When a patient's suffering exists on both sides of a decision, what does it mean to "do no harm"? Autonomy is often framed as the patient's right to choose, but this case reveals it as something more complex. When mental health and physical illness collide, autonomy is shaped by fear, hope, and vulnerability. For this patient, her acne was not just cosmetic; it was psychological, social, and deeply personal. Her insistence on continuing Accutane reflected a fear of returning to a version of herself she associated with pain. Ethical medicine must take that fear seriously, while still acknowledging that some harms cannot be ethically risked. Cases like this remind us that practicing ethical medicine in dermatology is not about rigidly applying principles, but about listening, collaborating, and resisting the urge for easy answers."

