



This is a resident case log of a patient encounter in which an "Aware Medicine topic" was central.

Confusion

My first continuity OB patient was an exciting concept for me. I love the topic of women's health, especially maternal/child care and was very enthusiastic to start developing this field of my practice. I started seeing this patient in clinic even before I had done our OB rotation. I felt a bit unprepared and thought such an arrangement was a terrifying concept, but none of my clinic mentors were concerned. They kindly helped me through the first few visits, offering wisdom and insight.

She had previously been the patient of a well loved doctor who had just left our practice. Repeatedly at visits she asked if that faculty member could come back to deliver this child. That hurt my feelings, but I tried to not take it personally and told her that was not possible, but I would let the faculty member know how much she thought of her.

As her pregnancy developed, she had a mild complication, which we were originally able to manage in the clinic. The complication developed and we eventually consulted a specialist for help 6 weeks before due date. This was my first experience consulting such a specialist, and as it turns out, this specialist was new at consulting. My communication with her was not completely clear, nor hers with mine. Our inexperience laid the ground work for what would be one of the most emotionally draining weeks of my residency.

The patient asked me if she could be induced 2 weeks before term because that date worked well for herself and her husband. They are small business owners. She thought an induction at that time would not be problematic, since it had happened with her 2 previous children who each had medical problems and required early delivery. In response to her request for this pregnancy, I said no, that seemed too early, better to let the baby develop fully inside her. When she saw the specialist in consultation for her complicating medical condition, she told the specialist I had recommended she be induced 2 weeks early. This was the first point of confusion.

The specialist called me and said if she was going to be induced at that stage of pregnancy, we would have to do an invasive and mildly risky test to confirm lung maturity. I understood her to be recommending induction at that time with confirmation of lung maturity due to the development of the patient's condition. As the specialist, I thought she was saying induction 2 weeks early was needed, to prevent the child from getting too big. This was the second point of confusion.

The procedure to confirm fetal lung maturity was scheduled the day before the induction, if the lungs were mature, we could proceed with the induction the next day. The patient had the procedure and the lungs were mature. Since we were going to induce the next day, I called the faculty on call to let them know there would be an induction in the morning. This faculty member asked pointed questions: What is the medical indication for induction? "No" her response, the patient's condition does not warrant an induction this early in pregnancy. I said, "Well, it seemed as though the specialist recommended it be done at this time." The faculty member balked and said that made no sense- call the specialist and get an explanation. She would not support me in inducing labor in this case. This was the third point of confusion.

I called the specialist to clarify. She said she had done her procedure to prove lung maturity because I wanted to induce the patient at this stage. This, I felt, was untrue and became very concerned that my first OB patient was entering on a dangerous course under my name. I was very concerned because the patient underwent an unnecessary procedure for an induction I did not support. The specialist told me the procedure and subsequent induction of labor were taking place because the patient



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told her I wanted it done, and that I had approved of the plan because a family member was entering the military and being shipped off to Iraq. The 4th point of confusion. I then began to mistrust the patient. She had been striking sensitive nerves with me throughout the pregnancy. Now I felt she had lied to specialist and myself- telling each the other wanted the induction when in reality, she was the only one who did. 5th point of confusion.

Out of fear of hurting the patient, I urgently cancelled her induction the night before it was scheduled. I called the patient to say that even though she had had the procedure and proven lung maturity, I was not prepared to induce her labor, and furthermore felt betrayed by her dishonesty. It was a very tearful night for me. I called on every ounce of my professionalism to act in the best interest of the patient, and not act to punish her (by canceling the induction.)

The following morning, I spoke with the specialist to clarify again. She was very defensive and did not feel she had been misled by the patient. She felt she had clearly discussed the case with me and that I had indicated to her to proceed with her procedure so the patient could have the early induction. This doctor refused to admit she had acted on the word of the patient, and felt she had clarified well with me the timing of the induction. I felt otherwise, as though she was the specialist and thus recommending we induce at this stage. The 6th point of confusion.

My first continuity OB patient experience was going horribly wrong. I hate the concept of inducing labor (unless of course a patient is very ill or the live of mother/child are at risk.) This mother and infant's lives were not at risk. Inductions are handed out like Big Mac's in this country. To think I was just another doctor giving patient's what they wanted even if there is no evidence behind it made me feel terrible. I had entered residency thinking I was going to practice holistic maternal care, offering women and alternative to invasive western biomedicine's approach. But I found myself cast in a confusing web. Here was a woman who had: #1 requested/demanded an induction all along, #2 successfully had a procedure to prove the lungs of her fetus were mature and the specialist found it safe to proceed, #3 Been dishonest with me and with the specialist about who wanted the induction- telling each of us the other one wanted it done, in part to get her way, in part because that might be what she understood. #4 Now was very angry because we were not proceeding as previously scheduled. I did not have much reserve left at that point after the multiple phone calls to faculty members, specialists, the hospital or the patient to discuss it much further.

I saw the patient in the clinic the following day for routine monitoring. As angry as she was 2 days before on the phone, I took a tissue, taped it to a pencil and made a white flag, "truce" and waved it in the room before entering. This helped break the ice, and we both laughed. I explained to her all the points of confusion and my concerns. She understood but was then frustrated because #1 she had an unnecessary procedure performed and #2 the fetus' lungs were mature so what was holding us back now.

Nothing was holding us back other than the personal conflict I had about inductions. Recognizing that the doctor patient care relationship has to take both her and my thoughts, beliefs, and feelings into consideration, I sought a compromise. Let's schedule your induction for the coming Saturday. It would advance the stage of the pregnancy a bit, and I would be able to offer enough time since it was my day off for the week.

She agreed, and I called a different faculty member who would be on-call on Saturday. I told her the long and tale up to this point. Told her about all the confusion, and the mild complication of the pregnancy, the mature lungs, my hurt feelings, and the gentle compromise the patient and I had made.



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This faculty member was a friend of mine who I hoped would see the deep thought, and careful consideration I made in this case. I hoped she would understand that even though I don't agree with "elective" induction, the picture was very hazy in this complicated case. I hoped she would see the compromise as a means to provide the safest, most understanding care- meeting the patient's needs and my own at the same time. I hoped she would back me up.

However, she has her own strong personal feelings against induction of labor and refused to assist me in the induction of this patient. Even after my reviewing the evidence that it might be beneficial, and that the fetus was mature, she refused. My compromise was shattered and I felt destroyed. I felt I would never find a peaceful medium to delivery this baby safely, keep the mother safe and healthy, and find a way to satisfy the patient's needs and my own beliefs, learning requirements, while giving the best care I could to the patient. I felt so inadequate as a health care provider. I deeply questioned my belief in myself- doubted my ability to provide holistic non-invasive maternal care to my patients. The patient believed inductions were not a problem and that having her baby ASAP was ok for it- the lungs were mature. The faculty member believed inductions should never be elective and that those for the complication the patient has shouldn't occur for 3 more weeks. As the typical middle child, I felt there had to be a compromise between the two but felt alone in the matter.

In the end, another faculty member who had been supervising me through the entire pregnancy and through this complicated fiasco ended up taking an extra day of OB call that weekend and backing me up for the delivery. It was along, slow induction- as they often are. Somewhere near 2 am the infant was born without any complications. Thanks to the heavens!

My personal beliefs had to be ranked in this case. I don't believe in elective inductions, but I do believe in working with patients, compromising when needed to provide appropriate, sensitive care. I had to give up my opposition to an induction I didn't believe in order to maintain a healthy relationship with the patient, at least through the completion of the pregnancy. The outcome for the patient was several days of frustration and confusion, but a healthy mom, healthy baby in the end. In hindsight, I will ask for clear explanation of consultants' recommendations and have a clear understanding of why each step is in place. I will confront patients who are dishonest in a respectful and direct way. I will more clearly express my personal beliefs when appropriate, and will compromise only when necessary. This entire experience made me feel terrible. I botched the management of the pregnancy. I feel like I got hoodwinked by a manipulative patient, resulting in her being put at risk. I feel disrespected by the specialist. I feel disrespected by the faculty member who did not support the compromised Saturday induction and feel I am no longer friends with that doctor. I feel supported only by the physician I work side by side with, who ended up backing me up for the compromised Saturday induction. I feel the other two faculty members must not have high regard for me to not have taken more care to understand the circumstances. I feel frustrated by the patient and thankful I am not her PCP. Her PCP at our clinic does not do OB and that is why I took care of her. I refuse to do so in the future unless it is an emergency. I hope I never feel as anxious, devastated, inadequate, and heartbroken as I did those four days.

I learned many deep lessons in this case. Sometimes learning hurts, is wrapped in humility and embarrassment as in this case, but at least I've completed the care of my first OB patient. I will never have to do that again.