



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

Differing Beliefs

A.A. is a woman in her 70s who I first met in clinic as a second opinion regarding her anemia. She had been feeling fatigued and had been found to be anemic by her previous primary care doctor. She chose to forgo work-up and try some herbal supplements to feel better, despite other recommendations from her previous PCP. She seemed to be a very pleasant woman on first encounter. She had a hemoglobin of 9 and the anemia was microcytic. Her WBC and platelets were normal. She had no specific symptoms other than the fatigue and family history was non-contributory. Physical exam was normal. Notable in her social history were her beliefs as a Jehovah’s witness not to ever take a blood transfusion. She also personally did not believe in “unnatural medications.”

After hearing her history, reviewing her labs, and examining her, we repeated a CBC, which found her to have dipped further to a hemoglobin of 8. I discussed with her that we should do further lab tests to help decide if she was iron-deficient and that she should also have a colonoscopy as initial work up to rule out blood loss from a polyp, colon cancer, or other lesion. She decided against it with discussion of the risks and benefits and chose to follow up in a month with another blood count.

She continued to get blood counts for a few months, which remained low. She ultimately noted she was willing to have the lab tests I recommended but not the colonoscopy. Labs returned showing iron deficiency. She initially refused iron therapy but ultimately consented. We discussed the fact that she did not believe in transfusions, so it would be good to get her blood counts up so that she hopefully wouldn’t be faced with the question of benefiting from one. She continued to refuse colonoscopy or other colon screening, but eventually consented to FOBT. This showed 3/6 stool cards positive for blood. When I explained to her that this could mean she had a polyp, cancer or other lesion bleeding slowly causing the anemia, she still continued to refuse further screening or testing. Her reasoning always was that she thought she had pernicious anemia or something else. I showed her the lab tests that ruled out pernicious anemia, but she still insisted. She was competent and otherwise appeared able to make her own medical decisions.

The situation became more and more frustrating because even though she didn’t follow most of my recommendations, she continued to follow up with me in clinic for many months. Several times near the end of our time together, she called the clinic to state that I was not helping her figure out her anemia and that she was very frustrated. Eventually she switched to a third doctor. Her blood counts increased with the iron. Last I heard, she still didn’t do any further testing.

This patient brings up the situation of what to do when a patient’s beliefs differ from your own. It is very easy to feel frustrated when patients do not follow our recommendations, especially if they want an answer to their question, but do not want to do the testing that we think will help give us the answer. I think all we can do is continue to explain our rationales for testing and try to understand the patient’s perspective for why they make the choices that they are making. Ultimately, not all patients will love us. And not all patients will stick with us. That can be hard to swallow at times, but it is an inevitability.