Case conference

A Rhesus dilemma

A family doctor encounters many problems, some of which are not strictly medical, but today he has become the first person to whom people turn when confronted with any personal difficulties which may be expressed medically. Pauline provides an example: she received good medical advice and counsel relating to her social and family context. Pauline took the advice as far as she was willing. However, the participants in the subsequent case conference thought that the problem of Rhesus incompatibility submitted to the doctor was not the crux of the matter but rather the way in which he handled it: the obvious question then to be asked is, Why did the patient consult her doctor and not some other counsellor as the problem proved not to be medical at all?

Those taking part were Canon Derek Blows, counsellor and psychotherapist for the Southwark diocese and at University College Hospital, London; Bridget Greeves, Director of the Tottenh Advice Bureau; Dr Anthony Thorley, honorary senior registrar in psychiatry, Maudsley Hospital, London; Kerstin Lindley-Jones, therapist; and Dr Roger Higgs, general practitioner and organizer of this series, in the chair. Dr Michael Courtney, general practitioner, London, was not able to be present but sent his commentary.

The Sedgefield family

Mr George Sedgefield, his wife Pauline, and their three children moved to Teestown in 1970 and registered as patients with the writer. They moved into the new corporation housing estate where they had a four-bedroomed house which the writer visited on a few occasions when the children were ill. The house was well run, clean and tidy. The husband was in regular employment, steady, reliable, hard working and was only rarely seen as he had good health apart from slight deafness. The wife was a vivacious Geordie who appeared to look after the family more than adequately.

After some months, the wife presented herself at the surgery with symptoms of pregnancy and was referred to the hospital antenatal clinic, which she then attended regularly. Information was received that she was Rhesus negative. In due course, baby Judith was born. More than one visit was made to the house after Judith's arrival: the house was full of cards of congratulation and everyone seemed to approve of baby in the usual way.

About three months after Judith's birth, Mrs Sedgefield called at the surgery. She appeared tense and anxious as though something was on her mind. When asked what was the matter, she said 'I've found out that Judith isn't my husband's child'. She explained as follows: she herself had Rhesus-negative blood group and it was known that her husband's blood was also Rh-negative. (It may be noted that as the odds against one person being of this group are 1:10, the odds in the case of a pair are 1:100.) As in all Rh-negative conceptions, the baby's blood was taken immediately after birth for a routine test. After a few days, the result came back that baby's blood was Rh-positive. This was told to the mother as routine. The writer does not know whether or not the patient was told that this was a surprising result, for it would be expected for parents of this group to produce a child of the same group in 100 per cent of cases.

Mrs Sedgefield volunteered the information that there had been an occasion when sexual intercourse had taken place with a neighbour, a friend of both herself and her husband. In this and subsequent interviews she gave an account of this. The chief thing that appeared to worry her, at the first of these interviews, was whether or not to make a full confession to her husband of her knowledge. Pressed to help her choose, the writer, hoping that this previously happy home might weather the storm without a break up, felt that it was best for her to keep her knowledge (almost accidentally acquired while in hospital) to herself. In support of this, policy was the love shown by the husband to the new baby, also the harmony which had existed throughout the pregnancy at which time Pauline is assumed to have believed that she was carrying George's child; to make confession to George at this late stage would most certainly throw a very big strain on the marriage and certainly affect George's attitude to little Judith.

She was given tranquillisers and encouraged to attend surgery at any time to make further confession of her difficulties. It was felt that she might consider going in addition for help to a minister of the church at which she was an occasional
not an attender but on retrospect it appears that she did not in fact speak to anyone else, although she increased her church going and gave a strong impression that she was repentant.

The part of her story relating to her unfaithfulness was as follows: the family friend referred to, a widower of 60, had wished to take a caravan down to London and asked her, with George’s consent, to accompany him. A day or two before, he had told her he had sold the caravan locally, but was thinking of going anyway and asked her to come, not letting George know that there was no longer the original reason for the journey. She allowed herself to be persuaded and later, on completing the journey, allowed the subsequent sharing of a motel room and the love making. She had been rather doubtful about permitting this as he was such an elderly chap – it may even be that there had been no conscious plan on her part to travel south with a man of 60 to make love, and it may be that his age made her think that he was beyond the age of passion: these are speculations. The effect, as allegedly of Smirnoff’s vodka, was ‘shattering’: the elderly man was grateful beyond measure for this rejuvenating experience and, after their return, embarrassingly attentive but she told him that it must never be repeated. It never occurred to her that the subsequent pregnancy might not be her husband’s. She and her husband had a good relationship and she genuinely loved him. The neighbour’s attentions became more discreet: all three were as good friends as ever.

But for the blood test, this episode might have been put aside. Just as she had felt the need to tell her doctor, so she had felt she must tell the neighbour and this probably led to the later events. All the older man’s emotions were revived, and centred on the new baby as well as on the mother. Gifts were given, which the mother knew she must conceal. Her anxieties and guilt feelings grew stronger: at this stage she probably made her first medical attendance and confession. She tried to break with the old man, but he could not be put aside, besides which, it would even be a cause for suspicion in itself, as the husband and the neighbour were friendly, and a clear explanation would be demanded. There followed a gap of some weeks in which she did not come to the surgery.

The next news of this family came when George consulted another partner: his wife had run away to London with a man. The writer was later consulted by George and for the first time learned something of this whole business as seen by him. Pauline had apparently formed an association with another man nearer her own age: they had decided to go to London together. She had faced her husband and had told him of their intention and also of Judith’s parentage. The eloping pair then carried out their intention, taking Judith with them, as far as is now known. That Pauline had intended a prolonged stay in London is shown by her having made a registration there with a doctor: it was not until four months later that she returned to Teestown and registered again with the writer.

According to George, she now came to him and made an extraordinary proposal: she had formed an association, not with the man she accompanied to London, but with a single man she had met in London and who was now resident in Teestown. She wished to return to George in order to run his house and care for their three older children but she insisted that George should condone the new relationship. George no longer had any doubts: he knew just what to do and say and he threw her out of his house and out of his life. He at once planned to return to ‘Geordietown’ and bring up his three children with the help of his relations. Soon after, he had done just this and no further news of him is known.

Pauline was now left homeless and with an infant of around 9 months of age to provide for. She found and rented a room and lived on Social Security payments. She also made contact with the writer in order to get medical attention for Judith, on whom she now focused her main activities. The elderly man was reported by her as having offered protection and eventual marriage. Kindly, but firmly, she told him he must not see her. The bachelor from London was accommodated in the same lodging house, but the relationship was claimed by her to be platonic only, which was believable as she was assessing the chances of their eventually marrying. The bachelor himself later registered with the writer and appeared as quite a likeable character who had settled down in Teestown.

Pauline was later moved to one of Teestown’s local authority hostels through the help of the Social Services Department. She still felt tense and anxious at times but seldom reports for medical help. She intends eventually to marry the bachelor. Her latest problem has been Judith’s timidity and in particular the child’s fear of the bachelor, who, despite inexperience, wishes to gain her confidence in order to marry Pauline and be as a father to Judith.

Discussion
Dr Higgs opened the discussion by suggesting the different ways in which the dilemma outlined in the history of the Sedgefield family might be approached and asked Canon Blows if he would begin.

**CANON BLOWS**
I found it helpful to distinguish here three ethical positions which one might adopt, and two contrasting methodologies. Any one of the ethical
positions could be held with either of the methodologies. The ethical positions are, first, that of absolute transcendence: there is a divine law, and this man, the husband, should be told the truth. The second position is also absolutist, but instead of being transcendent, handed down from God to man, it recognizes that in the nature of reality if people are protected from the truth their growth is impeded: so the truth is necessary, though painful. The last position is the utilitarian or relativist one, a pragmatic approach which sees a number of possible actions and tries to calculate in a given situation which one will have the best effect, giving the greatest happiness to the greatest number. The two methodologies are the authoritarian and the counselling style. The first, in which someone is told what to do, is the standard temptation of most doctors and clergy. Counselling, however, sits down to explore the problem with someone, and does not protect them from mistakes, but feels the need to stay with them and see the mistakes as possibilities for new growth, through the experience of failure.

In this particular case the doctor seems to have combined the relativist ethical position with the authoritarian methodology. Under pressure from the lady for him to tell her what to do, he does exactly that, and then apparently fails to stay with her as she works through the anguish that follows. She is clearly a woman in great confusion about her identity, and because she can’t share this with somebody in counselling or therapy, acts it out violently in such a way that nobody can contain it.

DR THORLEY
The first question I want to ask is, what was the lady really seeking? She came to the doctor with a new piece of medical information (the Rhesus problem) and he followed her up this particular cul-de-sac and missed the opportunity to see the problem in any other way. I think she came to talk about her anxiety, her marriage, herself, and she should have been given some opportunity to ventilate this and explore what the anxiety really meant. Instead, she received advice, which blocked any further progress, increased her guilt and ambivalence about her marriage, and seems in some respects to have precipitated a more awful crisis which occurred some weeks later. The doctor felt that the marriage up till then had been a happy one but, although it is pure speculation, George’s reaction when she returns from London was so absolute that I feel this must have been the end-point of a great deal of marital infidelity and disharmony. When the day came he had few bonds, and very little capacity to work at this relationship, and so he could give nothing.

DR HIGGS
But a lot had happened by then. In view of that, do we have any compulsion to work to preserve the marriage? Would exposing the problems be more likely to break up the marriage?

CANON BLOWS
It is really the other way round: it broke up because they weren’t explored. I feel I have a vested interest in preserving marriage, but the best way of doing that is to help this lady get at and release what is in her so that she can come to terms with herself. It is possible for the counsellor to hold a strong belief without having to impose it on the other person. This would be taken for granted, say, in counselling the mother of a battered baby. The counsellor may disapprove of or have strong views about the behaviour without feeling that the client will ever need to adopt that view. On the other hand, if the counsellor cannot see the difficulties or ambivalence of the ethical issues, I doubt that he will be able to help the other person with her own. Here we can see different sorts of truth: the actual genetic connexion between father and new daughter was only one form of connexion, and is perhaps given exaggerated importance in our culture compared with the relational connexion. This woman might have been helped to see that paternity does not necessarily depend on a biological connexion, and this might help her in the dilemma of whether she was betraying her husband by concealing this information.

MRS LINDLEY-JONES
But I feel her actions are part of a pattern: where she is going and she is going to reach there one way or another. I don’t mean that she is aiming to break up the marriage, but she is intent on searching for what her life is about.

DR THORLEY
This is why it makes me so deeply unhappy that such help as was offered remained strictly medical and she was not referred to any more appropriate agencies. In this case, the doctor, though clearly concerned, reacted by giving directive statements and tranquillizers. Every day, through our letter box comes the mail saying ‘For anxiety, use such and such a drug’, and that is just what we do, as a reflex. But when we see someone who is anxious, we should say, ‘Here is someone with a lot of un- harnessed energy, how can we help her to use that best?’ I don’t think this woman’s problem was merely medical and I think it was best not dealt with by doctors.

MISS GREEVES
No, she comes to her general practitioner because she understands his function, and he should continue to help her. People feel that a doctor knows their body and so knows them more personally, and it is easier to talk about private things. There may not be other agencies available and even if they...
are, we have to ask what they will do. I have so often seen women pushed, for the best motives, by social workers, into a battered wives’ hostel, meeting the feminist movement, trying to see their own dilemma as political: and then, unable to abandon in English terms an almost Victorian background, they have to go back to live alone with their children, confused and lost. This woman understands her general practitioner and she should stay with him: what we must do is to respond to his request and help him.

DR HIGGS
How can we best do that? Should he be encouraged to use time rather than tranquillizers? Should he simply write ‘no pills’ on his desk?

CANON BLOWS
But that is a prescription for the doctor! He will be as little helped by authoritarian advice as the patient. The only way to reach that stage is to have a similar sort of relationship, as that between client and therapist, to help him with his problems—a group, for instance.

MRS LINDLEY-JONES
The helper has to go through these things himself and to learn to know his own shadow. The patients may also need a new view—we have got stuck on the idea of taking our body to the doctor as we take a car to the garage. We have lost the idea that we have a responsibility for our own health.

DR HIGGS
The doctors must educate: but that is returning to the authoritarian style.

CANON BLOWS
To refuse to do things in a traditional and mechanical way is not to abdicate authority. Authority should be used to enable something else to happen. The doctor, for instance, deprived of pill-giving mechanisms needs to see that he can use his authority to create a space for this woman in which she can work. He may have to say, authoritatively, ‘This is a good thing to do which is better than drugs’. What we are saying is that there are other ethical principles, and one of these has to do with giving high priority to growth potential and respecting that this may take different forms and will need fostering. I see her original mistake as the unconscious breaking through the crust which is potentially very creative. A moralistic approach misses this. If this creativity is not responded to appropriately, it may become destructive.

DR HIGGS
How do the clergy see this?

CANON BLOWS
The clergy would also be tempted to use a spiritual prescription for they do not find it easy to see the creative possibilities in sin. ‘O felix culpa’ was St Augustine’s phrase. At the end of the day, there is still an ethical issue for this lady, still a dilemma of conscience. How she resolves it is another question, for she is still too mixed up. The appropriateness of religion, which was a reality to her, seems to be in the area of living with failure. Although it may not always be presented that way, a large part of what religion is about is helping people to come to terms with their inadequacies, and to accept themselves as they really are. The minister, as counsellor, is not a moral policeman. He is not concerned with treatment, but with life.

DR MICHAEL COURTENAY WRITES:
Mrs Sedgefield clearly wanted the doctor to make a decision for her. It is possible that she had sought the advice of others already, with a view to accepting the advice which she wanted to hear (as we all do). I think it was a mistake for the doctor to allow himself to be seduced into doing so, and consider that at this stage it might have been more productive to reflect on what she was asking, and encourage her to understand what was clearly wrong with the marriage at that stage, and which presumably led to her eventually leaving her husband. I consider that the question as to whether or not to tell the husband was irrelevant except for the aspect that her having to ask showed the vulnerability of the marriage as much as the illegitimate baby. Her attitude to her husband later on in offering to be a mother/wife in a semi-ménage-à-trois give some clue about her sexual needs and expectations, as well as her contempt for her husband (though that is too simple a word to express the relationship I have no doubt). Whether she had been sexually inhibited previously and then ‘liberated’ by her casual affair with the older man is impossible to say on the evidence presented.

I have ignored the information given to her at the hospital until now, as there did not seem to be any breach of confidence (they told only her), and as large numbers of legitimate children are known to be fathered by men other than the husband, they may have considered it unremarkable.

For my part you will see that the ethical considerations for the doctors are minimal in this case, and my dissatisfaction is that her problem was taken at face value, rather than understood and treated. The ethical considerations appear to be only to do with the sexual morals of the patient, and as such not the professional concern of the doctor, except that her realization that the baby was not her husband’s brought her to ask for help. The fact that the help of a minister might be sought might reflect something in the mind of the doctor. Alternatively the patient’s distress and guilt may have infected the doctor’s mind into thinking the problem was to do with sexual morals rather than a psychosexual disturbance.