Medical mismanagement or patient vacillation?

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Author's abstract

Ian Kennedy extols the virtues of self-determination by patients: they should make their own decisions about medical treatment after being given advice by their doctors; for doctors to make such decisions on their patients' behalf is authoritarian and unacceptable (1).

I present a case where, despite thorough consultation and counselling, the decisions made by the patient and supported by her doctors were found to be consistently inappropriate to her changing lifestyle.

Case report

Mrs A C first presented at the age of 32 requesting reversal of sterilisation. She had married at 18 years, had four children over the next five years and had been sterilised one year later. Her marriage ended in divorce three years after this when she was 27; she formed a new relationship and after a further five years requested reversal of sterilisation. She was seen with her partner by a senior gynaecologist at two different hospitals (she was referred from the first in view of a long waiting list). With some reservations both agreed that her request was reasonable. Unfortunately she had developed an atypical cervical smear and underwent the operation of cone biopsy. As a result there was a further delay of 18 months prior to tubal re-anastomosis to reverse her sterilisation.

The patient presented again two years later with excessive bleeding and requested a hysterectomy. Her second marriage had by this time ended – partly, she claimed, due to her failure to conceive.

Reference

off the intrusion of lay assessment of clinical matters, since only doctors will be involved in the consider-
ation of a patient’s complaint. I, like Mr Kennedy and other distinguished authorities (4), (5), believe that the Health Service Commissioner should be able to investigate complaints involving clinical judgment.

To doctors ‘medical audit’ is another red rag to a bull. I should like to see a Health the schools world. Have the power one in drawn of the regulation. Inquiry as regard (6), Professions of patients, doctors. London, Routledge and Kegan Paul, 1967. Cartwright A. Patients and their doctors. Royal College of General Practitioners, 1979.

But there is hope. The medical schools are becoming more enlightened in their curricula; the patient no longer is regarded in them simply as a system of bones, nerves, flesh and so on, but also as a fellow human being. In addition consumerism in the general environment (even if less pervasive now than formerly) does rub off on medical students and young doctors, and on other professions, tradesmen and industrialists, so that in that sense, but by osmosis rather than through an act of conscious choice by doctors, consumerism will have its effect.

References


She was admitted for hysterectomy only to discover that she was five weeks pregnant. She was delighted with this news. Unfortunately her new partner left within a few weeks of this discovery. The patient therefore returned with a request for termination of pregnancy using the same grounds as first used in her request for sterilisation.

She was referred to the medical social worker for reports and the opinion of a second gynaecologist was obtained. Both felt that she had been a victim of circumstances rather than indecision and that an additional child would place an intolerable strain on her at a time of great uncertainty. Nonetheless, they were impressed by her determination and independent nature. It was therefore felt that she had good grounds for her request and termination was performed forthwith.

Comment

This lady made a series of decisions with the support of medical staff which were subsequently found to be wrong. The dangers of sterilisation under 30 and in relation to an unstable marriage (although undetected in this case) are well recognised (2). However, it is rare to see patients who have undergone reversal of sterilisation requesting termination of pregnancy or further sterilisation.