



Commentary on "Laboured Love"

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"The moral test of any society is how it cares for the people in the dawn of life: the children; the twilight of life: the elderly; and the shadows of life: the sick and disenfranchised".

Hubert H Humphrey

Laboured love is an extremely compelling narrative. It tends to leave you battling a myriad of emotions ranging from sympathy, grief, frustration, hope, resentment to seething with anger towards the end. It virtually begs the question - will our society ever pass the test of morality?

There's a lot to learn from this rather disturbing account shared by a young MBBS student as it raises a whole bunch of pertinent ethical issues with no readily available solutions. For the benefit of some of our young readers, I shall

proceed to highlight, in bold font, some of the terms that might require additional reading or discussion with Bioethics experts or professionals well versed with Bioethics.

My first reaction was of serious concern for the young student on the threshold of becoming a practicing doctor. Moral residue is largely ignored simply because we feel that dealing with life, suffering and death on a daily basis is a part and parcel of our profession and nothing can be done about it. Moral distress is a tangible experience with recognizable emotional features and reasons. A characteristic of moral distress is being limited either by personal or external restrictions that prevent one from doing what one feels is morally correct. Despite tremendous individual variation in how it expresses itself and affects healthcare

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personnel, frustration, anger, guilt, anxiety and self-blame have been identified as common features

I can well imagine the potential moral residue in the young graduate student who was absolutely powerless to intervene as 'two' lives, that of a mother and her unborn child, got snuffed out for no justifiable reason at all, and there was nothing she could do about it. There are multiple ethical cum social issues that come to the fore in this case. Off-hand you can identify a few prominent issues - the plight of a vulnerable patient whose autonomy is trampled upon, the rights of an even 'more vulnerable' unborn fetus, and the consequences of the societal pressures which stems from the age old cultural preference for a boy child. Male dominant sexism and woman subordination, yet again.....

The student's perspective

On the outset, I'd like to state that it was a very difficult situation for a student to handle. It's not that a resident doctor would have done any better in this case, but it underlines the fact training in Bioethics should be mandatory and there should be concrete mechanisms in place to ensure optimal healthcare delivery.

The concern as well as the involvement of the student is laudable. She appears to be the one who was 'closest' to the patient, the only person in this entire episode who was aware of the dynamics of the decision making process and of the reasons for refusal of consent for surgery owing to monetary considerations from the discussion between the husband of the pregnant patient and her mother-in-law. Even though the students posted in the labour rooms are not expected to treat the patients or be responsible for

their needs, after having developed a close bond with the distressed woman, having left her in the care of a friend to follow up at such a critical time seems a little strange. That said, it's not to imply that the outcome might have been different, but only that following up on the case would have been highly desirable and appropriate, especially in a case of this nature.

The student's friend, who was also helping out with measuring the blood pressure provides false hope to the patient assuring that all will be 'great' with her and the baby when asked by the patient whether she was going to die. Veracity is a key component in healthcare delivery and there are ways of conveying the seriousness of a patient's condition and even breaking bad news. Such behaviour is avoidable even though the intention is well meaning. In this case the exchange was only with the patient, and not in the presence of her relatives. It could get you into serious trouble apart from fill you with remorse in case a patient's relatives were to accost you to explain your positive assurances after the death of the patient, and seek legal recourse.

The patient's perspective

The patient considers the student as a member of the treating doctor's team. This confusion can compound the complexity of the case. The doctor-patient relationship is a fiduciary relationship wherein the patient 'implicitly trusts' the doctor and confides in them.

One very important area of concern here is that crucial information shared by the pregnant woman with the student was apparently not conveyed to the senior consultant. This was the exchange

regarding having been advised against getting pregnant again following complications in earlier pregnancy, and the main reason for the present pregnancy being familial pressure of begetting a son.

The relative's perspective

Frequent and ill-spaced pregnancies that adversely affect women's health are rampant in India, even though the situation is improving with awareness, education and improved maternal and child health services. The culturally driven desire to have a male child to carry on the 'family line' is a bigger bane that afflicts almost all the developing countries and beyond to some extent, and unfortunately, hasn't been impacted much by education or socio-economic status.

People generally consider pregnancies and child birth as routine life processes that usually have a good outcome in terms of morbidity and mortality, especially if they are institutional deliveries. This family was no exception. In all fairness to the husband of the patient (and her mother-in-law), I would like to believe that they did not want or expect her to die. They were willing to walk the extra mile, however, for a boy child and that is why they probably wanted to know if it were going to be a boy or a girl or maybe even chose to have the delivery in a hospital rather than in their home/village. This malady is extremely hurtful and for young students like the author, extremely difficult to comprehend.

It is unfortunate but in countries such as China and India, the cultural preference for boys is well-documented. Parents have been resorting to prenatal determination of the sex of the foetus followed by abortions to avoid giving birth to girls for

years. In some parts of rural India, where basic healthcare facilities are non-existent, there are flourishing local clinics with sophisticated ultrasound machines used illegally for sex selection.

The consultant's perspective

The pregnant woman was totally ignored when it came to respecting her autonomy and getting her informed consent for surgery. She was competent to do so, but as is customary and probably because of her deteriorating condition, her husband was handed the mantle of decision making for her. The senior consultant provided the patient's husband and mother-in-law with adequate information regarding the imminent danger to the life of the woman and her unborn child, crucial to aiding the process of 'informed decision' making but left the rest to the student to handle. This exhibits lack of involvement and adequate engagement with the patient and her relatives, and often results from huge volume patient load that overwhelm our doctors and the system.

Also, it is obvious that there was lack of awareness on the part of the senior consultant regarding how to proceed further in cases where the spouse and family members have refused consent for life saving intervention, especially in this case where two lives were at stake. The consultant might probably have approached the situation differently and even sought the intervention of higher authorities if she had been made privy to the crucial information about the refusal of consent for surgery owing to monetary considerations.

Institutional & Government perspective

Though there are established policies and

procedures for handling complex ethical issues in most institutions, the entire range of laws on informed consent become complex propositions if an emergency medical situation arises. This particular event seems to have taken place in a government set up. The government hospitals run by the state are bound by duty to extend medical assistance for preserving human life. Failure on the part of a government hospital to provide timely medical treatment to a person in need of such treatment, especially owing to resource constraints, results in the violation of her right to life guaranteed under law. I do

not mean to convey that private hospitals are not bound by duty, but just that since government virtually provides free healthcare, such situations are usually avoided where proper facilities exist.

It emerges very painfully here, that excessive workload and trying conditions in our hospitals often overwhelm doctors - who are only human! To conclude, incidents of unethical practices are often witnessed, and on the rise, not for lack of beneficence or good intentions and patient welfare in mind but for want of sensitization and training in matters of Bioethics.