

A professional deficiency

My own story could be dismissed with a “What’s the big deal? It happens to everybody.” I have yet to receive satisfactory answers to my questions. Why does it happen so frequently? Why is it not such a big deal? Why must so many people suffer avoidable distress?

In brief, I had a history of miscarriages in the fifth-sixth weeks of my pregnancies. However, in between these miscarried pregnancies, I was in Mumbai when I gave birth to a healthy baby boy. I was able to do so despite experiencing problems in the sixth week, because my doctor monitored me carefully and administered a series of hormone injections during the problem period.

When I got pregnant again, I was living in Jammu. I went to my gynaecologist with my previous medical records. I also informed her of the telephonic advice of the doctor who had handled my son’s delivery in Mumbai. The Mumbai doctor had told me to immediately start on a course of the improved version of the hormone injections. I was surprised when my new gynaecologist ignored my descriptions of my earlier experiences, dismissed the injections as “ineffective” and opted for a different medication. A few days later she changed her mind – which is when we discovered the injections were unavailable with the chemists in town. So they could not be given. At this point, the gynaecologist told me that I could do without the injections.

Around the fifth week of my pregnancy, I started experiencing bleeding and pain and immediately went to my gynaecologist for help. Again, she dismissed my fears, and insisted that everything was okay. For one week I suffered while she insisted that the pregnancy was progressing without problems.

Despite my ‘education’ and ‘big city’ upbringing, I made only feeble attempts to protest against the way I was treated by my doctor. The irony is

that I was made to feel like the perpetrator of the problem. I was made to feel that the flaw was in me, not in the way I was treated. My medical history was not used as a guide to prevent further problems. I began to feel that my past experiences would have to condemn me to further physical and mental pain.

Eventually, I took things into my own hands, and contacted my Mumbai doctor. I was rushed to Mumbai and administered the same injections I was prescribed earlier. The pregnancy proceeded well, and I eventually gave birth to my daughter.

I have so many questions at the back of my mind. As a patient, should I just have accepted that the hormone medications were not available in Jammu? As a woman and mother, should I have just accepted the trauma of anticipating another miscarriage? Should I have accepted the possibility of yet another tragedy, all because a doctor — for reasons known only to herself — chose not to prescribe medication which had already been proved to be effective, and which cost as much as a couple of pizzas?

While I did ask the doctor why she didn’t follow the earlier treatment, I did not feel able to pursue an answer to my own doubts.

I could blame the ‘system’ for compelling me to acquiesce to the Jammu doctor’s course of treatment against my own judgement. But the fact remains that while I did ask the doctor why she didn’t follow the earlier treatment, I did not feel able to pursue an answer to my own doubts. Can any woman take a strong stand against her doctor? Perhaps I was cowed down by the board that proclaimed her (and not me) as “Dr.”, by her obvious disdain for my temerity to doubt. I had an opinion and I expressed it, which was apparently the undiplomatic thing to do. There is little encouragement for a two-way communication between

professional and client, especially if the latter happens to be a woman.

In retrospect, I feel I should have listened to my instincts. When I first visited the doctor, I was appalled by the cattle-train atmosphere of the waiting room itself. Assistant doctors asked personal questions before a sea of waiting patients. Women stuttered out their responses; some felt too embarrassed to respond. Few patients insist on privacy, either because they don’t know they are entitled to it or because they dare not assert their rights.

Where is the doctor’s accountability to a woman like me, whose experience was both ‘commonplace’ and traumatic? What about the thousands of other women who cannot afford to take the next flight to another city, another doctor, and the latest treatment? How many of them are destroyed physically and emotionally — if they are lucky enough to survive?

The issue is of two different attitudes, both involving reputed “top” doctors in the cities. One doctor had that critical touch, the other seemed to have lost sight of it. One doctor provided both physical and emotional support. The other put me through a physical and emotional wringer and violated my rights both as a patient and a woman.

The medical practitioner has a “three-fold responsibility: to be well versed in the scientific aspects of medicine, to possess adequate clinical skills and finally, to have an attitude that is ethical and humane. A deficiency in any of these three attributes should be considered a professional deficiency.” (1) Unfortunately for patients, doctors are not interested in matters of attitude.

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Reference:

Pilgaokar A: Intangible dimensions of medical practice. *Issues in Medical Ethics* 1999; 7 (3): 71.

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