

Punches and Knocks to the Physicians:
Choosing Wisely or Self Protection?Ugo Indraccolo^{1*}¹Complex Operative Unit of Obstetrics and Gynecology, "Alto Tevere" hospital of Città di Castello (PG), Italy

Article Information

Received date: May 24, 2016

Accepted date: May 25, 2016

Published date: Jun 04, 2016

*Corresponding author(s)

Ugo Indraccolo, Complex Operative Unit of Obstetrics and Gynecology, "Alto Tevere" hospital of Città di Castello (PG), Italy, Tel: +39 328 6180677; Fax: + 39 0737 636668; Email: ugo.indraccolo@libero.it

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Editorial

In recent years, the "choosing wisely" campaign has been started to avoid unnecessary examinations, treatments and procedures on the patients [1]. Avoiding unnecessary interventions improves patients' health and reduces expenses.

Recently, I read with interest a perspective about the "illusion of the control" in relationship to the "choosing wisely" on the NEJM [2]. To attribute positive results to unnecessary interventions is incepted in the humans mind, due to the so called "illusion of the control" [2]. The "illusion of the control" might explain at least in part the failure of the choosing wisely.

Readers and Colleagues should know, however, that some unnecessary interventions were asked by patients to the physicians [3], for satisfying patients' own perspectives and expectations, even if patients are fully informed that unnecessary interventions could be dangerous and expensive.

The "choosing wisely" campaign in Italy has suggested to avoid two procedures that lead to increase Cesarean sections rate [4]. Those procedures are the continuous cardiotocography in low-risk laboring pregnant and the labor induction before 39 weeks [4]. Cesarean sections rate in Italy is high, and the maternal mortality due to the Cesareans is the same than other developed Countries. Briefly, when I counsel a patient about risks of a Cesarean, I disclose her that I would be able to kill her by choosing to perform a Cesarean without indications for her own request. Despite such a tremendous counsel, patients feel appropriate to perform a Cesarean, and poorly evaluate me if I do not perform them the Cesareans [5]. Remarkably, even Lawyers and some Obstetricians feel to be inappropriate to do not perform a Cesarean section on maternal request [5]. Therefore, cultural perspectives of patients and other stakeholders involved in the birth process work against my choosing wisely, fighting against my obstetrical care. The term "fighting" should be used in light of what sometimes happens in Italy during labor and delivery. Specifically, I want to share with readers my bad experience about a case of a fully normal delivery.

A full term, 0 para, healthy pregnant woman was induced for being at the 41 weeks and 3 days of gestation. She became laboring in the night, and she delivered in early morning a healthy 3900g baby without complications. I was on duty during the night, and I cared her along with midwife to increase the support during labor, because my hospital did not provide the labor analgesia. I spent myself all the night with her and her husband, thereby obtaining the spontaneous vaginal delivery and avoiding a Cesarean. Immediately after birth, the baby seemed to do not breathe and cry. Therefore, I provided stimulations, oxygen and warm to the baby, while patient' husband started to beat my head with punches and knocks, and midwife tried to block him.

As already stated, the baby was fine within the first minute from birth. I had not performed anything of extraordinary to the baby. Many babies do not breathe immediately afterbirth but they are not compromised. In the succeeding hours, despite I would be came back home after my on-duty, very hard, ship, I tried to explain to the patient and patient' husband that many babies do not breathe immediately after birth, and that this is part of the normal process of birth. I received insults and reviles by the patient' husband. I asked him why. He answered that a Cesarean section had to be done and that I had not to make him angry.

The day after the punches, I disclose the fact to the head of my department, asking him what I had to do. He was many years older than me. He smiled. He sad me that litigation was inadvisable, because a judge could be favorable to the patient' husband because the baby has not immediately breathed. I commented that the baby was fine and the labor and birth were normal and that my care had been correct. He fully agreed with me. However, he answered that physicians were not highly evaluated by current cultural perspectives. Cultural perspectives could be able to direct the opinion of the judges against physicians. He was right. St-Amand described his medico-legal nightmare also reporting the cultural perspectives of his own town, concluding that "even if you win you can still lose" [6].

Interestingly, by sharing my experience with other Italian Obstetricians, I found similar bad experiences. A colleague from the south of Italy also disclosed me he suspected to be followed by mafia after a delivery. Is it true? If yes, it is possible?

Summarizing, psychological believing lead patients to “a priori” consider the choices of the physicians as errors and malpractice, leading to ask physicians unnecessary interventions, and leading to hate the physicians if such interventions were not conceded. Therefore, some litigation are the only legal way to destroy the physicians for the patients and their familiars. This is what is happening in Italy, where litigations for presumed medical malpractice are increasing. However, when litigations fail, someone can think to injury-us in other illegal way.

In this scenario, our choices can be forced by self protection rather than by the “illusion of control”, leading to the failure of choosing wisely. We therefore cannot be good physicians but the culprits of our failure are the patients.

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