Exploring the Boundaries of Informed Consent
When our patients' demands collide with our professional judgment

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Dilemma

Patients have a *right to self determination*

Health care providers have a *duty to exercise their professional judgment* in what they deem is in the best interests of their patient . . . and generally, they have the *right to consent* to be involved with a patient

What to do when the patient's demands conflict with the physician's professional judgment?

Karen Gladstone

- 32 year old, referred to Mark Pearlman, MD, UMHS Dept. of Ob-Gyn Pelvic Pain clinic by her primary care physician, Dr. McAdams for “chronic pain, endometriosis, consider hysterectomy”.
- Karen works as an administrative assistant for Johnson Controls, lives alone, heterosexual, unmarried, would like to be sexually active, but is not in a relationship presently.
- Karen waited two months to get this clinic appointment.
- Karen is accompanied by her mother, Ruth Peterson. They arrived from Karen’s home (about 70 minutes west of Ann Arbor) 40 minutes late due to traffic on I-94 and health system construction.
- She is worked into a crowded clinic schedule and has been seen first by a medical assistant 90 minutes after her arrival.

Intake History

- **Reason for visit**: Consult, hysterectomy *(referred by Dr. Rachel McAdams)*
- **Past Medical History**: Mild asthma; Irritable Bowel Syndrome; Interstitial Cystitis; Mitral Valve Prolapse; Panic Attacks; migraine headaches.
- **Past Surgical History**: Pelvic Laparoscopy (mild endometriosis); bladder hydro-distension
- **OB History**: G0

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Intake History

- **Family History**: Mother had hysterectomy for endometriosis
- **Social History**: Admin Assistant. High school with 2 years at community college. Lives alone. She has never smoked; denies drug use.
- **Medications**: Rescue Inhaler; Vicodin; Zoloft; Imitrex; Zyrtec
- **Allergies**: Penicillin, Sulfa, Latex, Aspirin, Motrin, gluten, HPV vaccination
- **Review of Systems**: Positive for fatigue; headaches; rapid heart rate; chest pain; abdominal bloating; loose stools; constipation; urinary frequency; pelvic pain; painful periods; heavy periods; joint aches; muscle aches; back pain; cold intolerance; seasonal allergies.

Initial Interview with Dr. Pearlman

- **Karen tells Dr. Pearlman she's there to schedule a hysterectomy**
  - She is certain she does not want to have children.
  - Has pain every day --"all the time." It is not cyclic.
  - Pain with intercourse. No pain with bowel movements.
  - Over the counter meds no longer help
  - Has been using Norco for last 4-6 months – up to 2 per day
  - Has tried oral contraceptives, with mood side effects
  - Used Depo-Provera for 6 months, but gained weight
  - Has not tried: Lupron; other hormones; gabapentin; Mirena IUD

Examination

- **Findings**:
  - Visually normal external genitalia, vagina, cervix.
  - Uterus mobile, normal size. No adnexal masses. Neither uterus nor adnexa are tender.
  - Significant vaginismus
  - Significant bilateral levator and pyriformis muscle pain and restriction.

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Next: Dr. Pearlman delivers his findings and recommendations

Suggestions for Handling this Situation

- Listen, listen, listen – use techniques like “repeat back” to validate for the patient the information you are receiving
- Educate and explain – bridge the patient’s reality with medical information and explain recommendations with underlying rationale
- Meet the patient’s preconceived opinions directly and with patience, but avoid contest of control, impasse, or stand-off if possible
- Look for common ground, always anchor to the patient’s best interests
- Enlist the patient’s involvement in further research, education
- Respect the patient’s right to decide, ***but do not compromise your professional judgment - set clear boundaries for your involvement***
- As a last resort, be prepared to “agree to disagree”

Suggestions for Handling this Situation

- Chart:
  - your findings
  - the patient's demands and the course of the discussion
  - your recommendations and rationale
  - Positive options for your involvement with clear boundaries and suggestions offered to avoid an impasse
- Consult with colleagues. OCS can help with difficult patients
- If you find yourself at an impasse, be prepared with recommendations for the patient to obtain another opinion and chart those suggestions
- Do not take it personally – it's ultimately not about you