RECIPE Small Group Discussions: Case 10 Video
(Video length 3:50)

OVERVIEW
This case involves an opiate dependent patient who is seeking pregnancy care at a clinic. The video has two scenes: 1) in the examining room and 2) in the work area. Multiple religious, ethical and cultural issues underlie this scene so the case is relevant for use in undergraduate and graduate medical education. The video highlights a situation involving opiate use and underserved population but is presented to allow faculty the opportunity to discuss other issues not uncommon to the reproductive clinic. This video also allows future healthcare providers to address personal biases, such as working on a diverse patient care team, that should not influence patient interactions. The physician’s handling of the situation is also portrayed to allow discussion of professionally managing patient encounters and not as a model to follow.

Students need to be conscious of how to professionally handle these sensitive situations so we encourage faculty to view this facilitator guide as suggestive but not all encompassing.

Learning Objectives
At the end of the session, the student should be able to:

1. Explore biases displayed towards patients suspected of being drug-dependent.
2. Discuss the impact of prejudice and discrimination on the quality of patient care.
3. Identify how different views on the healthcare team impact patient care.
4. Develop strategies for managing a patient’s care when the healthcare team does not agree.

Facts to Initiate Discussion
- The National Survey on Drug Use and Health found substance abuse differs by race and ethnicity (Center for Behavioral Health Statistics and Quality, May 10, 2012). More pregnant black women reported using illicit drugs in the last month compared to white and Hispanic women. More white pregnant women reported smoking within the last month of the survey than black and Hispanic women.

- Pregnant women with opioid addiction frequently get prenatal care late in their pregnancy (American College of Obstetricians and Gynecologists (ACOG) Committee Opinion Number 524, 2012).

- Indications of drug abuse that may be present during a physical examination include track marks from intravenous injection, lesions from intradermal injections or “skin popping,” abscesses, or cellulitis (ACOG Committee Opinion Number 524, 2012).

Critical Points (Every Student Needs to Hear)
- Physician behavior that demonstrates disrespect or prejudice based upon stereotypes has detrimental impact on quality of care for patient of ethnic minorities (Scheppers, van Dongen, Dekker, Geertzen and Dekker, 2006). Research suggests stereotyping and implicit biases influence racial and ethnic disparities (ACOG Committee Opinion Number 649, 2015).

- In situations where conflict or disagreement arises between members of the healthcare team, it is important to recognize that each member of the team is necessary for optimal healthcare. All members’ suggestions should be heard without personal biases restricting medical treatment.

- ACOG recommends obstetricians and gynecologists refrain from using the legal system when treating perinatal substance abuse (ACOG Committee Opinion Number 473, 2011).

- When patient records are shared or communication between medical treatment providers occurs, patient confidentiality must be maintained according to HIPAA regulations (see Title 42 of the Code of Federal Regulations Part 2 [http://www.samhsa.gov/sites/default/files/about_us/who_we_are/comments-54p-99.pdf, July 10, 2016]).

- Three of the key areas in which obstetricians and gynecologists can have an intervention opportunity are 1) adhering to safe prescribing practices, 2) encouraging healthy behaviors by providing appropriate information and education, and 3) identifying and referring patients already abusing drugs to addiction treatment professionals (ACOG Committee Opinion Number 473, 2011).
**Background Information**

- Value choices influence all clinical decisions (Pellegrino, 2000). Although every health care practitioner has biases, both positive and negative, the recognition of these biases is important. If resolution cannot be reached, it may be necessary to refer the patient to another health care professional for further care.

- Possible Birth and Pregnancy Outcomes with Prenatal Drug Exposure


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<tr>
<th>TOBACCO</th>
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<td>Pregnancy complications</td>
<td>Stillbirth</td>
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<td>Prematurity</td>
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<td>Decreased birth weight</td>
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<td>Sudden infant death syndrome (SIDS)</td>
<td>Fetal and neonatal abstinence syndrome</td>
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<td>Increased infant mortality rate</td>
<td>Sudden infant death syndrome (SIDS)</td>
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**Questions to Ask**

- What is the primary medical concern in this video?
- How may a healthcare team member’s cultural, ethnic or religious backgrounds or biases influence patient care?
- What are some approaches for addressing potential conflict between the healthcare team members?
- What action needs to be taken next in the video?

**Concluding the Session**

- Every patient deserves quality care. Healthcare teams need to display empathy towards all patients.
- In extreme cases, when healthcare team members’ personal biases disrupt patient care referring the patient to another team may be the best approach.
- All members of the healthcare team have an obligation to recognize their own biases and work to mitigate the influence of those biases on patient care.

**Reading Resources**