RECIPE Small Group Discussions: Case 2 Video
(Video length 5:33)

OVERVIEW
This case involves a 20-year-old married woman who presents at 21 4/7 weeks’ gestation with ruptured membranes in preterm labor with a cervix 80% effaced and 2 cm dilated with contractions every two to three minutes. 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 an at risk patient, abortions and decision-making capacity 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 caring for at risk patients refusing pregnancy terminations, 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. Recognize a patient’s personal beliefs can outweigh their acceptance of an evidence-based medical recommendation.
2. Examine clinical situations where patients may refuse recommended treatment.
3. Apply the standards for decision-making capacity to patient encounters.
4. Recognize how one’s personal values and opinions about different cultures, communities, personal attributes, and beliefs impact patient care.
5. Identify strategies for providing healthcare when a patient does not consent to the recommended treatment.

Facts to Initiate Discussion
- Research indicates 2/3 of the premature infants born at or before 24 weeks do not survive (Podcast of William Callaghan of the CDC).

Critical Points (Every Student Needs to Hear)
- Prior preterm birth is one of the strongest risk factors clinicians have as an indicator to predict a premature delivery (ACOG Practice Bulletin, Number 130, 2012).
- Whether a mother can be criminally prosecuted for decisions made during pregnancy that harm a fetus depends upon state and local laws and prosecutorial prerogative.
- Students may question whether or not the patient has decision-making capacity or what to do when the patient loses decision-making capacity. Patients are presumed to have medical decision-making capacity until proven otherwise. They lack decision-making capacity when they lose the ability to: communicate their decisions, understand clinically relevant information, appreciate the consequences of treatment acceptance or refusal, or are unable to rationally manipulate information provided. If the patient no longer has capacity, students should identify the appropriate surrogate decision-maker, which may vary depending on state law, who should make decisions on the patient’s behalf in accordance with the patient’s previously known capable wishes and values, or if unknown, in the patient’s best interest (Appelbaum, 2007).
Background Information

• 17 alpha-hydroxyprogesterone caproate has been shown to reduce the rate of preterm births in women who have previously had a spontaneous preterm birth (Meis, Klebanoff, Dombrowski, Sibai, Moawad, Spong, Hauth, Miodovnik, Varner, Leveno, Caritis, Iams, Wapner, Conway, O’Sullivan, Carpenter, Mercer, Ramin, Thorp, Peaceman, Gabbe, 2003).

• The rate of fetal death at 28 weeks of gestation or more in 2004-2006 was higher when the maternal age was 40 or older. The age group with the lowest fetal deaths was 20-29 years old. Late fetal deaths occurred more in black women when viewed by race/ethnicity; the age group with the least late fetal deaths occurred in Asian women (March of Dimes, 2016).

Questions to Ask

• What should the patient be told about the viability of her fetus?

• How should clinicians help advise a mother whose interests may be in conflict with the interests of the fetus?

• Will counseling differ if the patient and her husband are Roman Catholic or Evangelical Christians or Muslims? Hispanic? Chinese? Latino, Caucasian, or African-American? Wealthy or impoverished?

• What should the clinician in the video do next?

Concluding the Session

• Patients come to clinics with a wide range of personal beliefs. The physician needs to provide the best patient care possible while honoring the patient’s beliefs and choices. If a patient does not consent with an evidence-based recommendation, then the clinician cannot proceed with the procedure.

Reading Resources

• Refusal of medically recommended treatment during pregnancy. ACOG Committee Opinion No. 664. The American Congress of Obstetricians and Gynecologists Obstet Gynecol 2016; 127; e175–82.
