RECIPE Small Group Discussions: Case 9 Video
(Video length 4:34)

OVERVIEW
This case involves a patient and her husband that have arrived at the hospital for the birth of her first child. The patient wants to have a natural birth and refuses all aspects of standard of care. The medical team has concerns about the patient’s wishes. 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 natural birth and refusal of preventative measures 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 patients open only to natural birth, 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.

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

1. Recognize a patient’s belief of “rightness” and “wrongness” are more than a personal preference but part of their personal identity.
2. Identify differences in perinatal beliefs between physicians, maternity caregivers and maternity patients that lead to disagreements.
3. Discuss professional practices a physician can implement to help educate maternity patients and their partners on birthing options.
4. Recognize how one’s personal values and opinions about different cultures, communities, personal attributes, and beliefs impact patient care.

Facts to Initiate Discussion
• A person’s “moral order” incorporates a set of ideas defining the person’s interpreted comprehension of right vs. wrong, good vs. bad, higher vs. lower, worthy vs. unworthy, and just vs. unjust (Torres and De Vries, 2009). This understanding is beyond personal preference. The way that a person views the world is often more complex than mere personal preferences. What is good or bad, right or wrong, worthy or unworthy, is generally an important part of how some individual views and understands their personal identity. Thus, these types of conflicts can be very emotional and not easily resolved.
• Clinical factors associated with the increase in maternal morbidity include the increase in cesarean deliveries and in induction and augmentation of labor (National Vital Statistics Report, 2015).

Critical Points (Every Student Needs to Hear)
• Clinicians should consider consulting ethics experts if it may help resolve the conflict.
• Healthcare facilities are strongly discouraged from pursuing court-ordered interventions or taking action against clinicians who decline to perform court-ordered interventions.
• Maternal morbidity is usually associated with four morbidities: ruptured uterus, maternal transfusion, unplanned hysterectomy, and ICU admission (National Vital Statistics Report, 2015). Women reported on birth certificates as having vaginal deliveries, with no previous cesarean delivery, experienced the lowest rates of all four morbidities.
• Promoters of natural birth advocate medical personnel should allow nature to take charge and stay out of the way during the birthing experience (Narváez, 2013). Experiencing natural birth during medical training is supported by natural birth advocates. The particular problem in this case has arisen because of the failure of the healthcare provider to discuss the delivery with the patient and her husband in detail before she appeared in labor. The clinician involved has set the whole team up for conflict and difficulties with the couple.
Critical Points (Cont.)

- 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 and their concerns, opinion and values should be respectfully addressed. Every member of the team should be empowered to raise ethical concerns in the context of patient care.

- In situations where cultural, ethnic and/or religious values are relevant to a medical decision, information about medical treatment options, standard of care, etc., should be provided in a neutral manner. Shared decision-making between the healthcare provider and the patient should incorporate the patient’s values.

Background Information

- An Australian study found women with a single-minded belief in natural birth with limited drugs during labor and birth held a passionate view that natural birth is a critical attribute of being a woman and provides the best start for a newborn (Phillips, McGrath and Vaughan, 2010).

- A reported ethical concern exists on whether physicians should administer drugs to a woman presenting an all-natural birth plan but then requesting drugs during labor (Torres and De Vries, 2009).

- A Canadian study found women cared for by physicians received less evidence-based knowledge than women cared for by midwives (Klein, 2011).

- The cultural impact on childbirth and perinatal care practices varies across class status and generational differences, among other factors, in ethnicity or national origin-based communities (Kang, 2014).

- In Israel, after her water has broken, a woman is allowed 48 hours to have a natural birth before medical intervention can occur (Narváez, 2013).


- Healthcare providers have a professional obligation to provide accurate, up-to-date, comprehensive information to their patients about medical treatment options and standards of care. Similarly, healthcare providers should be aware of applicable laws that may apply in specific situations.

Questions to Ask

- What are the ethical issues at play in this scene?
- What role should the pregnant woman's birth plan have in the delivery of her child?
- What should the physician do next?
- What are the legal concerns in this scene?
- How may the healthcare provider’s or the patient's cultural, ethnic or religious backgrounds or biases influence the discussion?
- What can be done ahead of delivery to prevent a similar situation from occurring?
- What impact would the presence of a doula or midwife have on this scenario?

Concluding the Session

- The obstetric team must focus on the patient without cultivating any personal judgmental attitudes (Chervenak, McCullough, Grünebaum, Arbin, Levene, and Brent, 2013). Today a prime goal of hospital-based obstetrics is patient-safety that requires a culture of valuing team principles and safety drills. Implementing a safety culture has reduced the rate of cesarean deliveries (Grünebaum, Dudenhause, Chervenak, and Skupski, 2013). The principle of autonomy allows a patient to decide whether to accept or reject the physician’s professional recommendations (Gillion, 2015).