

## **Scenario 2 – the consultant obstetrician’s story - part 2**

Hello, my name's Rachel and I am a consultant obstetrician.

I really enjoy my role but this year has been particularly tough for me and that's because of a situation with one of my patients.

So basically my patient has a very serious heart condition and she'd been advised not to get pregnant.

However, I see her turn up in clinic at 16 weeks pregnant and she's very happy about the pregnancy, however during that time of her pregnancy, I'm trying to persuade her to have a caesarean section because I know of the potential risks to her life and the baby's life given the stress of pregnancy on her heart.

No matter what I was doing to try and persuade her to have a caesarean section, she was adamant that she wanted, in her words, a natural birth, pregnancy and natural labour.

So, I had a lot of doubts about my own capabilities as an obstetrician because I just thought if I can't even get across the severity of what's actually happening with this mother and if something happens, It's, you know, I won't be able to live with myself.

You know, if she dies, if the baby dies, I was worried. I couldn't sleep at night.

I also had a multidisciplinary team meeting about this particular patient and within the meeting, which did feel a little bit rushed. It just felt as though nobody else understood about the concerns. Everybody was saying, well, you know, it's her decision.

The trust lawyer was there who basically said, oh, well, as long as you're keeping detailed notes and sharing when you have actually advised the patient about the risks and advised to have a caesarean section, that's all we can basically do, and we wouldn't be under any kind of legal repercussions.

I just thought, oh gosh, it just felt like a lot of the humanness was taken out of everything and that I was the only one left with the concerns.

I mean, after that meeting, I did decide to reach out and speak to a senior colleague and I'm so thankful that I did because it's like a bit of a weight off my shoulders now. It's the first time I was able to share with somebody about my worries, about my concerns. And she understood where I was coming from and she validated my worries.

And she was also able to advise me to speak to the clinical ethics committee and when I went to speak to the clinical ethics committee again, they empathised with my situation.

So I was feeling as though I was heard for the first time and I wasn't just this, you know, weak person not being able to cope.

They normalised it, but they also stressed the fact and explained why it was the patient's choice and the ethical principles around that.

And I feel as though having that explanation gave me more peace about the situation.

Thank you. I didn't feel as though that I was feeling as, you know, guilty, felt as that self-guilt anymore.

Going to the next multidisciplinary team meeting, I was able to articulate what my concerns were a bit more clearly.

And within that meeting, I actually heard other team members state that they were worried as well.

And for example, there was one of the midwives, she mentioned that she'd been dreading being on shift when the patient goes into labour in case anything happens.

So, it was the first time I felt as though other people understood that situation that we were all going through where we were coming from in terms of dealing with her care.

Okay. So, we decided that the best way forward would be to organise some ethics training, and that training has gone down really, really well.

And we're just looking at different ways forward of how we can be more open with our own feelings and share with each other how we are feeling about this situation.

So ultimately, I'm feeling a lot better, and I just feel it's, it's good to talk.