

The Protective Parent *by Dr. Paul Griner*



During a 50-year career in medicine, Dr. Paul Griner accumulated hundreds of patient stories. He learned as a medical student and resident, treated as a hematologist during a tour of duty in the air force, taught as a professor of medicine in the fields of hematology and internal medicine, led as the president of a large university teaching hospital, and finally, mentored young physicians.

Most of his stories – and the case studies the IHI Open School will present in the coming months – are from the 1950s and 1960s, prior to what we now refer to as “modern medicine.”

With the remarkable technology now available to facilitate the diagnosis and treatment of patients, Griner says, medical educators have devoted less time to the fine points of “bedside medicine,” the taking of a thorough history and performance of a good physical exam.

In his view, there are many reasons why physicians need to develop and refine these skills:

1. The confidence of the patient in his or her physician is enhanced.
2. The ready availability of sophisticated tests and procedures leads to their overuse, often resulting in inappropriate or unnecessary treatments with cost and quality moving in the wrong directions.
3. The practice of medicine has become global. Many physicians (and students) elect to spend time in underdeveloped countries, providing valuable services to patients in settings where sophisticated tests and procedures are not available.

Griner, now Professor Emeritus of Medicine at the University of Rochester School of Medicine, believes that professionalism and sound clinical skills mark the good physician. It is with this in mind that he presents these case studies and the lessons learned from them.

The Protective Parent

One Friday evening, I was called to the emergency room to see a patient for one of my colleagues who was out of town. The patient was a 17-year-old girl, a senior at a local high school. She had developed acute lymphoblastic leukemia some years before, but treatment had resulted in a complete remission.

Recently, she had relapsed and was again under treatment.

The patient's mother intercepted me before I walked into the examination room to tell me that her daughter did not know of the leukemia diagnosis. She also told me not to tell her. I asked her to explain the situation further. She indicated that when the diagnosis of acute leukemia was initially made, she kept this diagnosis from her daughter. She requested that everyone involved with her care agree to tell the daughter that her problem was an unusual anemia. Up to that point, everyone had complied. And when the leukemia went into remission, the mother considered this chapter of her daughter's life to be closed.

When I asked her why she chose not to tell her daughter, she said, "I had enough problems to deal with. I didn't need any more." The mother then asked where I lived. When I replied, she said, "Oh dear! A number of my daughter's friends live in that area. I'm concerned that they will hear of her diagnosis from you."

I told the mother I was very uncomfortable with the request, but that I would respect her wishes during the weekend. I indicated to her that I would bring my concerns to my colleague when he returned.

I supervised the treatment of the patient for the next two days. Upon my colleague's return, I spoke with him about the confidentiality. He elected to continue to respect the mother's wishes.

Discussion Questions

1. *What would you have done in the situation? Would you have told the patient about her leukemia? Why or why not?*
2. *Can you think of at least two reasons why the mother may not want to share the news of the diagnosis with her daughter?*
3. *What would you have said to the mother when she told you not to tell her daughter?*
4. *Would the case be any different if the daughter was 18 years old? Why or why not?*
5. *What right does the patient have at the age of 17 to know her own diagnosis?*
6. *Imagine if the daughter accidentally found out about her diagnosis -- perhaps she sees a chart or another clinician who wasn't part of the original conversation lets it slip. What impact might that have on the daughter? How much might it affect the trust she has in her mother or in future health care providers?*
7. *Have you ever witnessed a similar situation? What was the end result?*

Commentary from Dr. Griner:

*I was disappointed that my colleague had been a participant in keeping the patient in the dark about her disease. I elected not to tell the patient about her disease during the two days of my care **only** because I was a “substitute” physician. Having never seen her before, I had not established a doctor/patient relationship. As mentioned, and to my disappointment, when my partner returned, he elected to continue this approach.*

Study after study shows that patients are better able to handle bad news than either relatives or doctors may think. In fact, some patients may even be concerned about the person who delivers the news. Sometimes, I’ve heard people say, “It must have been hard for you to tell me this.”