



# CASES ILLUSTRATING PHYSICIAN PATIENT RELATIONSHIP

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# Poverty, mental health, and the criminal justice system

- ▶ At 15, Pablo Sanchez is already enmeshed in the juvenile justice system. Now he is also becoming immersed in the county mental health system.
- ▶ Pablo is a member of a large extended family in a medium-sized city in California's Central Valley. Crossing the Arizona/Mexico border on foot, Pablo's mother immigrated illegally to the United States from her small Mexican village, along with her four children, when Pablo was ten years old.

# Poverty, mental health, and the criminal justice system

- ▶ The trip itself was arduous, and Pablo and his siblings don't often talk about the physical exhaustion, thirst, and intense fear that characterized that journey.
- ▶ Pablo's father was in prison in Mexico. He was murdered a year later.

# Poverty, mental health, and the criminal justice system

- ▶ As the family does not have documentation and therefore lives illegally in the United States, neither Pablo nor his mother or siblings were able to travel back to Mexico for the father's funeral.
- ▶ Pablo's mother works as a maid in a local motel and struggles to put food on the table for her family.

# Poverty, mental health, and the criminal justice system

- ▶ Pablo has three siblings: an older sister, now 18, and twin younger brothers, age 8. Pablo's sister, who works sporadically in a fruit-packing plant, is studying at night for her high school GED.
- ▶ After coming to the U.S., Pablo and his siblings quickly became bilingual but speak with accents.
- ▶ Their mother, however, continues to speak only a few words in English and prefers to communicate in Spanish, something that embarrasses and often irritates Pablo.

# Poverty, mental health, and the criminal justice system

- ▶ At age 11, when Pablo entered middle school (and shortly after the death of his father in Mexico), his mother and older sister noticed a marked increase in his general anger level and emotional distancing from the rest of the family.
- ▶ He began having trouble sleeping and concentrating in school, and his class conduct grew increasingly disruptive.
- ▶ His grades dropped, and he began drifting away from his friends.

# Poverty, mental health, and the criminal justice system

- ▶ After speaking with several of her close friends and older relatives, Pablo's mother attributed his behavior to "nervios" (fear, anxiety, and anger brought on by stressful life circumstances).
- ▶ She hoped that the symptoms would ease with time and prayer. In addition, Pablo's mother sought help from a local Mexican herbalist who prescribes a variety of calming herbal remedies for Pablo's behavioral problems.



# Poverty, mental health, and the criminal justice system

- ▶ Shortly after Pablo turned 14, in the ninth grade, he became connected to a gang active at his large high school. He began to experiment with alcohol and marijuana, soon progressing to cocaine and methamphetamines.
- ▶ On several occasions he was suspended from school for days at a time.

# Poverty, mental health, and the criminal justice system

- ▶ The school counselor repeatedly tried to reach Pablo's mother to discuss his situation with her, but Pablo's mother was usually at work when the counselor called and had a great deal of difficulty navigating the school's phone tree and answering system in order to return the calls in the evening.

# Poverty, mental health, and the criminal justice system

- ▶ Pablo's mother grew increasingly worried about her son.
- ▶ At first she addressed the problem by insisting that he stay home in the afternoons and care for his younger brothers (while she was at work), since he was the closest thing to a "father" they had.
- ▶ But Pablo began instead to take his siblings with him to meet his friends, which upset his mother even further.

# Poverty, mental health, and the criminal justice system

- ▶ One day Pablo came home with a tattoo on his hand identifying him as a member of his gang. His mother, beside herself with worry and anger, insisted that he stop seeing his new friends altogether.

# Poverty, mental health, and the criminal justice system

- ▶ Pablo laughed at her, mocked her (in English), and even made a threatening gesture and offered to "show her" who was "the real leader" of the family.
- ▶ He spent that night at a friend's house; the next day when he returned home, his mother was relieved and gratified to have him back.
- ▶ These patterns continued for several months, at times escalating as Pablo spent more and more time with his new friends.

# Poverty, mental health, and the criminal justice system

- ▶ On several occasions he landed in juvenile hall for petty drug and other offenses.
- ▶ During Pablo's most recent encounter with the juvenile authorities, Pablo met a county social worker who took an interest in him.
- ▶ Suspecting that his history of poor concentration, irritability, and oppositional conduct might mask deeper issues, she referred Pablo to a county-supported therapy program for juvenile offenders.

# Poverty, mental health, and the criminal justice system

- ▶ As part of his probation agreement, Pablo was ordered to make weekly visits to a therapist at the county-affiliated mental health clinic.
- ▶ With some difficulty, Pablo's mother rearranged her work schedule so that she could accompany Pablo to his first meeting at the clinic.
- ▶ When they arrived at the reception area, the somewhat harried receptionist told them rather brusquely to "sit down and wait over there." Pablo, visibly irritated, slumped in the chair next to his nervous mother.

# Poverty, mental health, and the criminal justice system

- ▶ Thirty minutes later, a middle-aged counselor emerged and instructed Pablo and his mother to follow her into a small, dark meeting room down the hallway. There she informed them (in English) of her name and that she had reviewed Pablo's case file from the county. She asked Pablo directly whether he was currently using any drugs, to which Pablo muttered a simple "no."



# Poverty, mental health, and the criminal justice system

- ▶ She went on to ask him what drugs he had used in the past, and for how many years. When Pablo's mother offered that she frequently gives Pablo doses of herbal tinctures, the counselor wrote it down furiously, with a hard expression on her face.

# Poverty, mental health, and the criminal justice system

- ▶ After about ten minutes, the counselor switched into passable (if imperfect) Spanish, telling Pablo's mother that this was purely a short intake interview, but that she would be able to offer Pablo one hour per week of talk therapy, paid for by the county, and potentially referring Pablo to a psychiatrist if a need for medication arose.

# Poverty, mental health, and the criminal justice system

- ▶ Pablo did in fact return to the counselor the following week and for several weeks thereafter, in spite of the fact that he resented his probation officer's insistence on it. But he did not develop a sense of rapport or trust with the counselor, and his participation in the sessions was grudging.

# Poverty, mental health, and the criminal justice system

- ▶ After two months of meeting with Pablo, the counselor does not feel that they were making significant progress. She agrees with the juvenile social worker that Pablo's anger and concentration issues may be related to deeper, unaddressed issues. The counselor has failed to achieve the level of trust with Pablo that would have allowed her to explore the matter further.

# Poverty, mental health, and the criminal justice system

- ▶ Additionally, Pablo's counselor is irritated with the frequent (three to four times per week) phone calls she now receives from Pablo's mother, inquiring about the content of the sessions and about her son's overall progress.
- ▶ The counselor believes that Pablo's mother is inappropriately "enmeshed" with her son, thus fueling his desire to differentiate from his family by connecting with his peers in the gang.

# Poverty, mental health, and the criminal justice system

- ▶ She believes that Pablo needs to take responsibility for his own health and well-being.
- ▶ Pablo's mother, supportive of the counseling at first, is growing increasingly opposed to it as the weeks pass by with little improvement in her son's behavior and attitude.
- ▶ She fundamentally does not trust the counselor and wonders if Pablo's growing talk of becoming more "independent" from his family is in fact driven by the counseling sessions themselves.

# Poverty, mental health, and the criminal justice system

- ▶ Why did it take encounters with the police before teachers or other professionals noted a mental health problem and acting out behavior?
- ▶ Why no Spanish speaking counselors?

# When one does not speak the language

- ▶ Ana Lopez is 17 years old and works in the U.S. as a farm laborer.
- ▶ Ana speaks no English and very little Spanish; she is an immigrant from Oaxaca, Mexico, and her primary language is Mixteco. She is illiterate.
- ▶ Roughly estimated to be 36 weeks pregnant, she is admitted through the emergency room to suburban non-teaching hospital with cramping and vaginal bleeding.



# When one does not speak the language

- ▶ Upon examination, placental abruption is diagnosed, and the medical team recommends a Cesarean section.
- ▶ Although the medical team considers Ana's C-section to be an emergency measure the hospital staff nevertheless do attempt to obtain Ana's consent before the surgery; she replies "yes" to all questions and appears to acquiesce to everything the medical team suggests.
- ▶ However, no one on staff speaks Mixteco.

# When one does not speak the language

- ▶ After the C-section, the baby boy's APGAR scores are low. He is immediately transferred to the neonatal intensive care unit (NICU) with diagnoses of neonatal encephalopathy and small for gestational age (SGA).

# When one does not speak the language

- ▶ Ana had arrived at the hospital early in the morning with her mother and sister, neither of whom speaks English or Spanish.
- ▶ She does have a husband, Hugo, but he was not present at the admission or the time of the birth since he feared losing his job if he missed work for the day.
- ▶ Hugo eventually arrives at the hospital later in the afternoon. He speaks no English but is haltingly conversant in Spanish.

# When one does not speak the language

- ▶ A social worker, fluent in Spanish but not Mixteco, meets with Ana and Hugo and discovers (to the best of her abilities) that Ana has no health insurance and had not been able to obtain any regular prenatal care.
- ▶ The social worker guesses that Ana had worked in the fields right up until the previous day. She wonders privately about Ana's exposure to harmful pesticides during her pregnancy. She is fairly certain that Ana has no legal immigration papers.

# When one does not speak the language

- ▶ Once Ana is stabilized after the birth she is allowed to go to the NICU to see her baby.
- ▶ Her husband Hugo remains with her in the NICU, along with a Spanish-language translator called for by the social worker. Through this translator, Hugo is able to communicate imperfectly on and off with the medical team.
- ▶ Throughout this process, Ana shows very little emotion, at least publicly, and the nurses present are bothered by her flat, unemotional affect.

# When one does not speak the language

- ▶ Nurse Ratched, manager of the NICU, in particular wonders (aloud, to her co-workers) why Ana "doesn't seem really to care about" her sick baby.
- ▶ Ana's mother and sister, meanwhile, speak quietly but urgently with Hugo whenever they get the chance.
- ▶ Late that evening, Hugo tentatively interrupts a nurse and asks her (via the translator) whether the baby might be visited by a "curandero," a traditional healer from their community.

# When one does not speak the language

- ▶ He suggests (apparently at the insistence of his mother-in-law) that the baby should be "cleaned with an egg."  
(An egg is passed over the patient to remove any malady or demon).

# When one does not speak the language

- ▶ Nurse Ratched is clearly uncomfortable with his request (and a treatment unfamiliar to her) and responds that the baby may be too unstable to be subjected to any "alternative" treatments. She reminds Hugo, somewhat sharply, that his baby is very sick but under the care of the best medical experts.
- ▶ Ana's relatives appear chagrined at this response.
- ▶ Hugo looks to the ground. He never again makes the request.



# When one does not speak the language

- ▶ After three days, Ana herself is discharged from the hospital, though the baby remains in the NICU. Over the course of the next few weeks, the baby stabilizes. The extent of brain impairment is unclear and, according to the medical team, will only make itself known over time.
- ▶ During these few weeks, Hugo is unable to be present at the hospital much during the day, but Ana is regularly accompanied by her mother and other family members, who bring food and sit with her as much as possible.

# When one does not speak the language

- ▶ The social worker pays special attention to Ana and Hugo's situation, particularly making an effort to get them signed up with a Medicaid-sponsored program. While ultimately successful, this move proves challenging, since they initially fear discovery of their undocumented status.
- ▶ Ana and Hugo eventually are able to take their baby boy home, unsure of what long-term complications he may encounter.

# When one does not speak the language

- ▶ How can informed consent be obtained when no common language is spoken?
- ▶ If consent were not required because abruption is an emergency, why did the staff go through the motions?
- ▶ Was any attempt made to reach someone who spoke Spanish?
- ▶ It is unusual for immigrants to move to an area in which there are not others from the same home area, language and customs. Why did no one seek them out?

# When one does not speak the language

- ▶ If the hospital would not allow a “curandero” access to the NICU, is there a more acceptable manner of explaining why this not possible rather than the approach of Nurse Ratched?
- ▶ How are Ana and Hugo supposed to understand the consequences of caring for their baby if there is no information in their language?
- ▶ Should pesticide levels have been measured or would that be too great a threat to the financial interests of the community?

# Low back pain

- ▶ After suffering a back injury at work, Lowell Baxter has completed three weeks of physical therapy.
- ▶ While unable to work, Lowell has been going three times per week to see therapist Eve Nye.
- ▶ After Mr. Baxter's ninth treatment, his physician, Dr. Felton Craz, explained that he had made good progress.
- ▶ Lowell no longer needed PT but was unable to return to his physically demanding job. He continued the home exercise regimen that Ms. Nye had given him.

# Low back pain

- ▶ Dr. Cranz, who was not adverse to ordering additional physical therapy if necessary, told Lowell to call him if he had any further problems.
- ▶ One month later, Mr. Baxter called Dr. Cranz's office and told the nurse that there had been "a flare up" in his lower back. After talking with the doctor, the nurse called Lowell and told him that Dr. Cranz ordered another round of PT - 3 times per week for 3 weeks - that he should begin right away.

# Low back pain

- ▶ During his third session, while telling Eve about his recent activities, Lowell mentioned that he slipped and fell on a rainy night while coaching his daughter's soccer team. He said that this happened "a couple of days" before the "flare up".
- ▶ Eve asked if he told his doctor about this latest fall. Surprised at the question, Lowell replied, "Well, no. Why would I? Anyway, I was having some painful twinges in my back before I slipped. Besides I fell on the soft grass. I'm sure I didn't hurt myself when I slipped.
- ▶ Dr. Cranz is always so busy and I don't need to waste his time."

# Low back pain

- ▶ When Ms. Nye saw Mr. Baxter on his fifth visit, he complained of increased pain with radiation down his left leg.
- ▶ During her evaluation, Eve concluded that his pain was different from the pain he experienced after the first fall and was almost certainly related to the second fall.
- ▶ She explained this to Lowell and suggested to him that he talk to his doctor to ensure that he received the appropriate treatment.
- ▶ Lowell insisted that he did not need to do so. It was none of her business.



# Low back pain

- ▶ The patient was injured at work and placed in a less physically demanding job.
- ▶ He reinjures his back while coaching his daughter's soccer team.
- ▶ He had earlier told the physician he had a recurrence and did not inform him of the circumstances. He does not want to inform his physician of the injury as it would raise questions as to the mechanism of injury and likely jeopardize any workmen's compensation or civil claim that may be pending.
- ▶ Should you tell the treating physician?

# Alternative therapy



- ▶ Mr. Chen, a 40 year-old patient originally from China, has had lumbar problems for one year. The condition includes dull pain in his right leg and the inability to sit still for long periods. X-ray examination reveals a prolapsed lumbar disc. He has been treated with conventional pain medication with minimal effect.

# Alternative therapy



- ▶ His physician, Dr. Robert Olson, recommends back surgery, but Mr. Chen is reluctant to take this option. Instead, he asks the doctor to refer him to an acupuncturist because his insurance coverage requires physician's approval for "alternative" therapy. He mentions to the physician that he has tried acupuncture before, and it has helped him.

# Alternative therapy



- ▶ But Dr. Olson is skeptical about any kind of alternative therapy.
- ▶ This derives his belief that allopathic medicine is the most efficacious because it has been scientifically proven through clinical trials.
- ▶ He has also had extensive positive experience with surgical treatment for Mr. Chen's condition (and for which he is compensated).

# Alternative therapy



- ▶ In his view, other forms of medicine are at best placebos, and he does not see it as his duty to recommend them. He refuses to order the acupuncture.
- ▶ Is Dr. Olson correct?
- ▶ Is his judgment clouded by the means by which he is compensated?
- ▶ Should Mr. Chen seek another physician?

# Refusing treatment



- ▶ At 80, Robert Lewis lives with his wife in a retirement community.
- ▶ He has always valued his independence, but recently he has been having trouble caring for himself. He is having difficulty walking and managing his medications for diabetes, heart disease, and kidney problems.
- ▶ His doctor diagnoses depression after noting that Mr. Lewis has lost interest in the things he used to enjoy.
- ▶ Lethargic and sleepless, he has difficulty maintaining his weight and talks about killing himself while holding a loaded handgun.

# Refusing treatment

- ▶ He is placed on medication for his depression.
- ▶ Two weeks later Mr. Lewis is hospitalized for a heart attack. The heart is damaged so severely that he suffers prolonged hypotension and develops acute renal failure.
- ▶ Hemodialysis is needed three times a week to maintain life.
- ▶ After the second week he asks to stop the hemodialysis and be allowed to die.
- ▶ His physician, Dr. Rose, consults with a psychiatrist and continues the antidepressant and maintains hemodialysis.

# Refusing treatment



- ▶ His wife was asked to give consent for a feeding tube.
- ▶ After conferring with the rest of the family, Mrs. Lewis denied the doctor's request. Her husband's repeated refusal of dialysis had convinced the family he really did want to die. Further, he had resisted entering a nursing home.



# Refusing treatment

- ▶ Ultimately, the physician accepted the family's assessment that Mr. Lewis' consistent refusals indicated an authentic wish to halt treatment. He was taken off dialysis and put on comfort measures. Six days later, he died.
- ▶ Was Dr. Rose correct in insisting on continuing antidepressant therapy and hemodialysis in the face of little improvement?
- ▶ Was Dr. Rose convinced that a depressed patient cannot think clearly and is therefore not competent to decide what care he would find acceptable?
- ▶ Is that why she went to his wife?

# Inadequate insurance coverage

- ▶ Alan and Monica Sinclair have been your friends for many years. Though they live in another state, you are able to get together with them every now and then, and a Sunday night doesn't seem complete without your weekly phone conversation.
- ▶ These phone calls became even more important when Alan contracted cancer at the age of 40.
- ▶ You've followed his illness carefully ever since he began treatment for non-Hodgkins lymphoma at University Hospital.

# Inadequate insurance coverage

- ▶ Alan and Monica found University more than deserving of its reputation as a center of excellence for cancer care.
- ▶ When his early treatment was successful, Alan could only be grateful for the expertise of his doctor and the entire medical staff.
- ▶ Monica also found the hospital's location an additional, but real, benefit. Close to her home and work, the hospital was convenient for her frequent visits as well as those of their son.

# Inadequate insurance coverage

- ▶ Proximity became even more important when the hospital began the long process of harvesting stem cells from Alan's blood for returned to him after high dose chemotherapy treatments (autologous stem cell transplant).
- ▶ In this Sunday's phone call, Monica, still trying to be brave and matter-of-fact, tells you Alan needs a bone-marrow transplant.
- ▶ You reassure her that she just needs to trust the doctors at University, as she has in the past, and everything will turn out well.

# Inadequate insurance coverage

- ▶ "But," she tells you, " Alan's HMO wants to send him to a different hospital -- Fair Oaks -- a couple of hours away. I mean, Fair Oaks is a very good hospital, and they tell me it has a renowned oncology center, but so does University. I don't understand how the HMO can pull Alan away from his home, especially now when he's so sick.
- ▶ I'll probably have to quit my job to be with him, and our other friends and family will never get there. And they'll probably have to start the stem cell harvest all over again at the new hospital!"

# Inadequate insurance coverage

- ▶ When you ask why the HMO is doing this, she tells you the company saves money at Fair Oaks. The transplant costs from \$100,000 to \$150,000, and the HMO gets a discount because it has a contract with Fair Oaks. Some other companies have a contact with University, but not Alan's.
- ▶ "We didn't know this would happen to us," she whines. "We knew we might have fewer choices about doctors and hospitals, but who reads all the fine print in those contracts?"

# Inadequate insurance coverage

- ▶ She tells you that Alan Jr. is very upset. As a lawyer, he's been pushing the HMO, but they insist that they are upholding their end of the bargain - providing care at a good hospital and, at the same time, making sure the transplant is done in the most cost-effective way.
- ▶ "Alan Jr.," she tells you, "got pretty upset when the HMO said they weren't concerned that we would be inconvenienced. They say they are passing all the savings on to their customers, but I don't believe it. This is a for-profit company. I just don't trust them."

# Inadequate insurance coverage

- ▶ A contract is entered into freely.
- ▶ One is not excused for not having read the contract. The son, a lawyer, is aware of this.
- ▶ The HMO is correct.
- ▶ Did the son approach University Hospital to learn whether they would accept the payment the HMO would offer before he began “pressuring the HMO”?
- ▶ Not even a Gold plan with the Affordable Care Act would provide what the HMO is providing.
- ▶ Should health outcomes be determined by what type of insurance or lack thereof the patient possesses?