

## 'It's your fault, doctor'

As Dr Szego relates, diagnosing pregnancy is not always straightforward.

Diagnosing pregnancy should be easy enough; usually patients suspect their condition well before the doctor does. But as I learned early in my career, this is not always as simple as it seems.

When studying obstetrics as a student, I was allocated a patient who was attending the teaching hospital's antenatal clinic. I was told she had an antepartum haemorrhage at 28 weeks' gestation. Although her abdomen was large enough, examination showed that she was not at all pregnant and the bleeding was simply her normal period. On another occasion, an obese patient who was taking the oral contraceptive pill came to see me, reporting that she had missed one period. She was completely unaware of the 29-week-old fetus kicking inside her. Then there was the 46-year-old woman who reported that her 'change of life' had arrived. Indeed, it was a change; the woman was in the advanced stages of pregnancy, and termination was no longer an option for her.

### Taking the blame

With all this wisdom, I attended Mrs B, a hard-working, short, plump mother of four, with an ever-present smile. Usually she came to see me about 'women's problems', often related to her periods. She tried a few contraceptive methods that I recommended, but in the end I reluctantly prescribed her the pill, even though she wasn't the most compliant patient.

A few months later she reported that her period was late, but she assured me that she had been regularly taking the pill. I found a normal uterus and clear pelvis, and a pregnancy test was negative. I reassured her that missing periods sometimes happened with the pill.

Four months later she returned, and to my horror, I had to inform her that she was indeed four months' pregnant. The usual smile vanished from her face, although she seemed less surprised than I expected.

'It's all your fault, doctor!' she declared emphatically.

I felt terrible and mumbled how sorry I was. I desperately scanned my notes, but could only find 'a/v normal uterus, fornices clear, pregnancy test neg'. There was no mention of 'review'. Did I ask her to come back, or did I just take it for granted that she would do so if her periods didn't return? I couldn't remember.

At term, she delivered a girl, Jenny. Now, each time Mrs B came to see me she was full of praise for her daughter, who was 'so beautiful, good and clever'. The whole family adored her.

'Next time, doctor, I'll bring her along so you can see for yourself', she beamed at one visit. But before leaving she made a point of reminding me: 'Doctor, she's your fault'.

Eventually I did meet her daughter.

'She's smarter than all the other children', said Mrs B. 'She's only 5 but can already read and write; she even helps me with English when I go to the bank.' But again, at the end of her visit, Mrs B reminded me: 'She's your fault, doctor.'

Over the next few years, Mrs B continued to remind me of this whenever she saw me.

Years later, the family moved to the country and I sent Mrs B's medical history to her new doctor, believing I would never see her again. But 20 years later her empty file appeared on my desk. I was excited to be seeing her again, but instead was met by three people. I recognised her husband, the second person was a handsome young man, no doubt one of their sons, and the third was an elegant young woman, their daughter Jenny.

'Our mother has sent us to ask you for your help', Jenny said. She explained that her mother was dying of liver failure in a country hospital. She had been drinking heavily for years.

What could I do, I asked myself; how could I help, if a hospital couldn't? It would be against medical ethics to move a patient to another hospital, but I desperately wanted to help.

I decided to ring the head of gastroenterology, who I knew professionally, at a leading teaching hospital. I told him how awkward it was to ask such a favour, but I didn't want to refuse to help an old patient. He was very understanding and thought the teaching hospital would be better equipped to bring the patient out of liver failure. He would make the necessary arrangements for the patient to be transferred by ambulance.

### Forgiveness at last

Mrs B arrived at the teaching hospital the next day, and I visited her several days later. Although she was still very sick, she was no longer in a semicoma and greeted me with her usual smile. We talked a little about her illness and old times, and I told her what a pleasant person her daughter had become.

When we said goodbye, I waited for the usual comment, but it didn't happen. At last, I'd been forgiven.

### Lessons learned

So, I've learned that in the early months of pregnancy, I must check that the uterus is growing and if the patient thinks she is pregnant and I can't confirm it at the time, I should ask her to come back for a review. In addition, 'the change of life' can mean a new life, and, finally, if you make a mistake, show your empathy and don't blame the patient.

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