

Bach Friendly Group Case Study

A Doctor's Dilemma

Dr Susan Marks made this appointment with you last week and when she rang to arrange it, she seemed almost as reluctant to commit to coming as she was desperate for some help. So when she arrives you are uncertain what to expect.

Her demeanour is professional and verging on the curt. She seems to relax a little when you explain the confidentiality boundaries. When you open the consultation by inviting her to tell you why she is here, it seems she makes the decision to engage and once started, she can't stop talking:-

"A colleague suggested I come to see you. He doesn't know all of what has been going on, but had recognised I am under pressure. I know I need help but have to choose carefully who I talk to. It is really important to me that what I say stays in this room."

You then interrupt to offer assurance but also to clarify the professional boundaries of confidentiality.

"Well, I think I just have to go for it. You see, my sister is ill – very ill. I had been worried by her symptoms for a long time and at last she went for some tests. The prognosis is not good. She has bowel cancer and there are secondaries already, including in her liver. The standard expectation is a survival rate of about six months and yet her consultant has told her he will cure her. She believes him, thinks he is wonderful and expects it all to go away, to be a bad dream that she will wake up from soon.

I know the consultant – I used to work under him and he is really "old school" – but in the worst way possible. He can be so patronising and treats patients, especially women, as little children who should do just as he tells them. Then when they don't get better he blames them....so it becomes a double whammy. Not only do they have cancer, but it is their fault they don't get better. You have to be really strong to resist that sort of pressure and even without the cancer my sister is quite meek and unlikely to challenge anyone, especially a doctor.

So you can imagine. I'm so worried about my sister. I want her to get the best treatment. Do I suggest she sees another consultant? Do I risk breaking the bond of trust she has with him? Will that destroy our relationship? I may only have her here for another six months. I don't want to spoil that, but if she has better treatment will she survive longer? What quality of life will she have anyway?

I think sometimes being a doctor means I know too much. Maybe I'm being too pessimistic.

You see I'm not confident about the doctor's treatment choices either. I think he needs to retire. He doesn't keep up with the latest research and some of his ideas are really out of date. I worry that that affects other patients too. But do I risk a complaint? What could I say? It is too tenuous to say

he is out of date without some evidence. But do I wait until he makes a mistake? It will be too late then. What about the effect on my own career too?

I can't sleep with all this going on. I've lost weight and my mother is now thinking I've got cancer too. I can't talk to anyone about it and am going round in circles.

So anyway, this colleague gave me some Rescue Remedy and said you might be able to help me. Do you think you can?"

- Do you think you can help Susan Marks with the remedies?
- What are the key issues here?
- How does Susan feel?
- How do you feel?
- How involved in concerns about the consultant do you need to be?
- Which remedies would you discuss with Susan?

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