On the Other Side of the Curtain

Dr Deepak Chohan
Staff Specialist
Campbelltown Hospital

ASM ACEM 2018

Presenting Complaint

- 40F
- Presents to GP
- Generally unwell, exhaustion, chills
- Mild green PV discharge
- 2/52 Post-Partum

HPC

- Healthy baby boy 3.68kg BW
- Exclusively breast-feeding

HPC

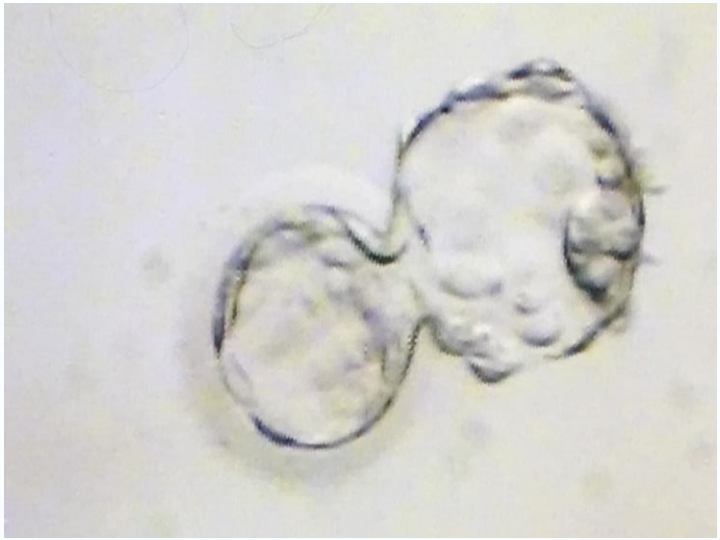
- 2/7 body aches, dysuria, ?green vaginal discharge
- No fevers noted – taking regular paracetamol
- Rapid weight loss – 15kg since delivery

PMH

- G2P2; stillborn at 20+2/40 in Sept 2016 2^0 to chorio-amnionitis – delay to analgesia
- WCC 18 and CRP 138. Discharged without ABx
- Rigors 48 hours later. Advised by obstetrician to "*prescribe yourself Keflex*".
- Re-admitted 4 days later with sepsis
- Nil retained products on Pelvic USS, but endometritis noted and deranged LFTs - biliary sludge on Abdo USS.

PMH

- IVF pregnancies



- Endometriosis – laparoscopy 2015
- Open appendicectomy for gangrenous appendix 1998

On Examination

- Exhausted
- Temp 35.5c
- Mildly hypertensive
- GP prescribes Augmentin Duo Forte and advises 5-10 days – "*I'll leave it up to you to decide how many days you want to take it for.*"

Pelvic Ultrasound Report

USPF
US Pelvis performed on 21-FEB-2018

INDICATION: 4 weeks post forceps delivery. Mild dysuria.

REPORT: Transabdominal, transvaginal and colour Doppler examinations were performed.

The uterus is anteverted, acutely retroflexed and measures 7.7 cm in length. It presents a normal contour and echotexture. The endometrium measures 7 mm in combined thickness.

In the uterine cavity at the fundus, there is a poorly defined area of mixed echogenicity measuring 1.7 x 1.6 x 1.1 cm (2 ml volume) which is avascular on colour Doppler imaging. The appearances favour a small volume of blood clot however the possibility of a small amount of retained products cannot be excluded.

The left ovary measures 3.0 x 2.1 x 1.5 cm (5 ml volume) and has a normal sonographic appearance. The right ovary measures 2.5 x 2.0 x 1.7 cm (4 ml volume) and has a normal appearance, though it is tender to probe pressure on transvaginal examination. Both ovaries demonstrate normal mobility.

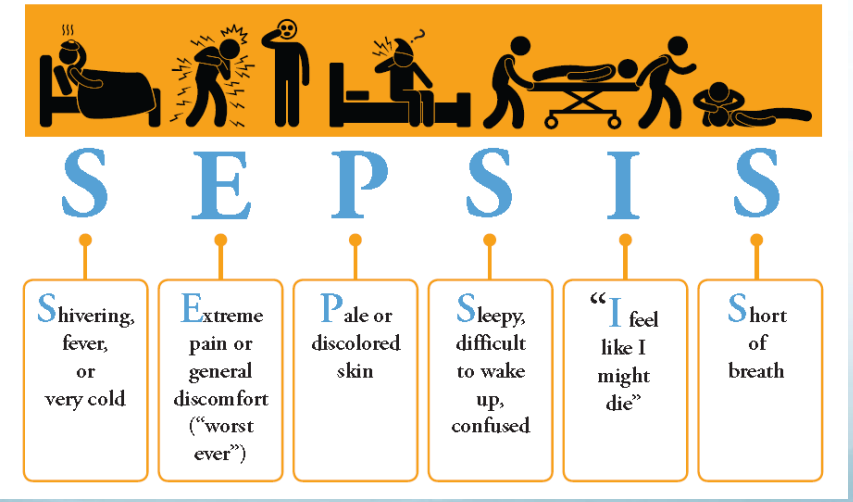
No unusual adnexal masses are seen, and there is no significant free fluid in the pouch Douglas.

The kidneys each measure 10 cm in length and present a normal sonographic appearance.

IMPRESSION: No unusual features are seen.

Day 6 & 7

- Incredibly lethargic and delirious – husband worried and calls GP who advises to not give any more Panadol (been taking regular paracetamol for 9 days).
- I collapsed - husband calls 000



Emergency Surgery

- Taken to local hospital – same hospital where I had stillborn daughter in 2016.
- Pelvic USS confirms retained products.
- Transferred to Royal Women's Hospital.
- Worsening delirium despite triple Abx
- Emergency D&C – small 2mm placental membrane removed and copious pus suctioned.
- I developed Abx-related diarrhoea but discharged after 3 days.
- Takes 4 months to make full recovery.

Challenges as the Doctor-Patient

- GP deferring to ED Physician
- Unusual Presentation
- Sick
- No clear aetiology
- Emotive
- Trying to not be the “Bad Patient”
- Trying to be brave
- Lack of Access to Medical Care

Table 2. Barriers to seeking health care.

Category	Subcategory	Barrier described	Reference(s)[a]
Patient	Embarrassment	Exposing self to peers personally and emotionally	9–11, 24
		Feel a failure as should be able to cope	11, 13, 14
		Worried illness may be trivial	10–14, 24
		Worried self-diagnosis or treatment might be wrong	13
		Worried about imposing on another busy doctor	13, 20, 22, 24
		Mental health issues	9–13, 16, 24
	Time	Time	10, 12, 13, 17, 20, 22, 24, 32
	Cost	Fees	18, 20, 31, 32
		Inadequate insurance (health, disability, business)	14, 23
	Personality	Locus of control	19, 26
	Specialty	Specialty practice of physician	19
	Who	Not easy to find the right doctor	10–14, 24
		Lack of regular source of care (GP)	12, 13, 19
	Already satisfied	Already satisfied with own care (no need for GP)	10, 12, 13, 17
	Fear	Loss of control	11, 13, 22
	Awareness of implications	Getting future insurance	11, 13
		Awareness of burden on colleagues and patients	11, 13, 14, 22
	Knowledge	Awareness of limitations of the medical system	11–13, 18
		Easy to justify symptoms as insignificant	11–13, 22
Provider	Confidentiality	General concerns	8, 10, 11, 17, 23
		Doctors might discuss care with peers	8, 19
		Staff might find out personal information	13
		Workplace may receive confidential information	13
	Quality of care	Poor medical care	10, 11, 13, 20, 22, 25
		Failure to be treat doctor–patient like a normal patient	11, 22, 31, 32
		Failure to recognise specific needs of doctor–patient	11, 13
System	Culture	Pressure from doctors to be healthy	10–14, 25, 32
		Pressure from community to be healthy	11
		Self-treatment OK	10, 22
		Partners/peers tend not to intervene	11–14, 22
		Lack of normal cues to health seeking	11, 14, 24
	Structure	No locums	13, 14, 20, 25
		Long hours of duty	11, 13, 24, 32
		Lack of medical training on seeking health care as a doctor and treating doctors	12, 13, 25

My Questions

- Fixing Ourselves
- Deferral of Decision Making
- Self-Advocacy
- Emergency Doctors as Patients
- Confidentiality & Reporting Mechanisms
- Stigma & Mental Illness in Medical Professionals
- Returning to work after traumatic events

Literature

- Correlation between doctor-patients and medical errors
- Strategies to improve the wellbeing of Emergency Doctors
- Prevalence and management of PTSD/depression in Emergency Doctors

Summary

- Emphasise the Importance of Self-Care
- Reduce the stigma regarding mental and physical illness
- Institute Whistle-Blowing System

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