THE RESPONSIBILITY OF THE OBSTETRICIAN.*

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THE often repeated statement that, in spite of the improvements in surgical and medical practice which the last twenty years have seen, the maternal mortality in obstetrics has undergone little or no improvement gives ample ground for careful consideration. When we add to the definite maternal mortality that exists, the greater fetal mortality which is also present, and the still greater amount of maternal invalidism which follows parturition often requiring prolonged treatment at the hands of the gynecologist or neurologist, the most ardent standpatter must realize either that something has gone wrong with this normal physiological process or that the present methods of caring for the parturient woman leaves much to be desired. Although it is not widely recognized by the general profession, the trained obstetrician realizes two things; first, that under the conditions of our modern life an unnatural type of woman has been produced in our larger communities for the proper care of whom text-book obstetrics makes no adequate provision, and, second, that even expert obstetrics has not advanced sufficiently to meet the new conditions adequately, since although many marked advances have been made they are not quite sufficient to meet the recognized emergencies of obstetrics, to say nothing of keeping pace with the new complications induced by the change in the type of patients.

It therefore behooves those of us who have had the opportunity to fit ourselves specially for the care of the parturient

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woman to consider carefully whether we are doing our full duty by our patients, and whether it is not time to make some radical change in our methods of practice so that the profession can be relieved, at least in part, from the reproach that our results are little, if any, better than those of our predecessors under much less favorable circumstances. There is probably not one of us who can look back over his records and not find several cases at least in which the final result was unsatisfactory either for mother or child under the methods which he employed, and if he will face the situation squarely he must admit that the reason for the bad result lay in the fact that he failed, to a greater or less extent, to appreciate the needs of his patient. The layman evidently recognizes the fact that a certain number of bad results are sure to occur under conditions as they exist at present, and is satisfied with any result which is not too bad, and seems to consider even the worst results rather as a failure of an all-wise providence to take into consideration the necessities of the patient than as the individual responsibility of the physician in charge of the case. This is fortunate for most of us, but it seems to me that the time has come for the medical profession to admit the existence of this unsatisfactory condition of affairs and to seek the remedy. What steps are necessary to give the desired results, and how the changed conditions which exist can best be met, are problems to be considered with the greatest care. It seems to me that while we may hesitate to admit publicly that our care of a patient has been faulty or ignorant, we must at least admit to ourselves that the loss of a mother or child, or a serious injury to either, as a result of this so-called normal physiological function of child-bearing, must mean, except in the presence of what are recognized as unpreventable complications, that we have failed in our duty to the individual patient, and that we either had no appreciation of the abnormal conditions present in the individual case, or appreciating those conditions we have adopted improper methods of meeting them. Before we can blame the general profession for its failures those of us who have had special opportunities must ask ourselves for how much of this we are responsible. Have we taught obstetrics properly, or have we contributed to the general confusion by blindly teaching to our students methods in which we have so little confidence that we do not employ them ourselves? Have we not been too much afraid of criticism, and, therefore, have we not based our teaching on what is safe for the inadequately

trained man on the normal patient who requires no special care, and thus set a low standard for the profession as a whole, instead of teaching the more competent students that the ideal to be sought is the recognition and treatment of abnormal conditions before they can have serious effects? These questions must, I fear, be answered in the affirmative, and we must admit that the greater part of our teaching has been devoted to fitting the incompetent to avoid doing harm, soothing his fears with the sophistry that since the majority of women will deliver themselves, if left to nature, it is not worth his while to fit himself to handle the more complicated problems. In our attempts to fit the majority to perform work of this low standard of excellence it seems to me that we have neglected to teach the more competent men how to raise the standard of their work to its highest efficiency, and have left them at the completion of their obstetric course with the impression that obstetrics is a simple subject instead of a branch of specialized surgery, requiring at least as great judgment and skill as any other branch of surgery. The average student on entering practice feels that the great majority of cases will come out all right if left to nature, and, therefore, does not worry about his unfitness to cope with the occasional abnormal case since he may never meet such a case in his practice, and he does not realize how serious a matter his lack of preparation may prove to his patient, in health, if not in life. He has been taught to classify his patients in groups and treat them as members of a class, not as individuals who may require special oversight and care. The trained obstetrician has learned by bitter experience, in practice and not in the medical school, that no two patients are alike and realizes that he has to deal with many factors, which he can only estimate very imperfectly by utilizing all the means at his command. He further realizes that in the individual case all precedents may have to be disregarded in order to gain satisfactory results, and that every bad result can be directly traced to the choice of an improperly selected method of treatment or to the improper performance of an indicated procedure, and that in either case the responsibility for the bad result lies with the attendant and not with the patient.

I am tired of hearing reputable obstetricians say that a baby was lost because it lay in a faulty position, for instance, a breech presentation or a posterior position of the occiput, or because the pelvis was contracted, just as if all their responsibility ceased

because a problem presented itself to them which required careful solution; and I hope that the time will soon come when the loss of a baby at the time of delivery will be considered as great a blot on the reputation of the obstetrician as a death from general peritonitis in absolutely clean surgical work is to-day on the reputation of the abdominal surgeon. If we have studied our patients properly we know before the advent of labor the position in which the baby lies. If it lies in a faulty position or one that we consider faulty, we have no right to trust to luck that everything will come through properly, and then in case of failure to try to shift the responsibility, elsewhere. If we have not studied our patient carefully enough to know what the position of the child is, or if we find that the adaptation between the child and the pelvis is not satisfactory, and still trust to nature, instead of meeting the complication squarely, the responsibility for any bad results cannot be shifted. Until the obstetrician is willing to admit honestly that every bad result which occurs in his practice, in the absence of unpreventable complications, is due at least to an error of judgment, if not to negligence on his part, we cannot expect to put obstetrics on a proper basis and the results will remain more or less unsatisfactory.

At the present time the great majority of obstetric cases are handled by men who are not properly qualified to decide whether the individual patient is normal, or presents some abnormality of greater or less degree which may require special treatment. For this reason the majority of abnormalities pass unrecognized and indeed unsought for until the failure of the patient to deliver herself becomes apparent, when it is often too late for an elective operation to be performed, and the baby must be dragged through the pelvis by brute strength with unfortunate results to both patients, since at this late date any other operation is too dangerous to the mother's life to be advised. In the average case a consultant is seldom called in early enough to make a free choice of treatment. The attending physician calls his consultant only when he has become thoroughly frightened over the conditions present and wishes to shift the blame from his own shoulders, and the consultant is faced by a problem which too frequently offers him little choice in treatment and must perform an operation which he would never attempt if he had seen the patient early in, or before, labor. The situation is now very different from what it would have been before labor, and the question for the consultant is no longer what operation is

best, but whether any operation can be performed which holds out any hope of success, and as usual the operation of necessity gives worse results than the operation of election. A second reason which contributes to the unsatisfactory conditions which exist is the fact that obstetrics is surrounded by a maze of traditions which renders any departure from the usual methods of treatment an act of distinct courage on the part of the attendant. Unless every case is carefully studied on its merits and all the circumstances of the individual patient taken into account before the method of conducting the labor is decided on, no real progress can be made, and our results will continue to be more or less unsatisfactory. We have in the past been too much afraid of frightening our patients by making a careful study of them, and have often missed abnormalities which should have altered the whole method of procedure in the given case, and to do proper work we must study our patients as carefully as for any other surgical condition. A third factor which has to be taken into consideration exists in the prejudices of the patients. It is time, however, to educate the intelligent public so that they will understand the reasons why bad results occur, and how those bad results can be avoided. When intelligent people once realize the importance of proper care and understand that bad results are usually due to ignorance or carelessness they will no longer be satisfied to place themselves in the hands of incompetent obstetricians, whose reason for doing obstetrics is that they feel that unless they take this work which they are incompetent to perform properly they will not get the work which they can really do well. When the public learns that the hard luck which attends the practice of certain obstetricians is due to ignorance or incompetence, we shall hear fewer hard luck stories, because the incompetent obstetrician will have few opportunities to have hard luck.

I believe, therefore, that the time has come for the consultant, when called to a case in which a bad result has occurred, to state frankly the reasons for the bad result and how it could have been avoided if the case had been properly conducted from the first. At present professional etiquette frowns on this attitude and the consultant often deliberately protects the family physician at the expense of his own reputation. The consultant is, however, somewhat at fault himself because he is afraid that the family physician will call in someone else to his next case if he tells the truth to the family and, therefore, his pocket will

suffer. He is also afraid that a plain statement of the facts may give rise to a malpractice suit against the family physician if the patient's friends realize where the responsibility for the bad result belongs. This is an unfortunate situation, but the family physician must be taught that if he undertakes work of a serious nature which he is not competent to perform he must abide by the consequences and not be left in a position to repeat his error at the expense of his other patients. I admit that I am tired of going in consultation with men who have absolutely no appreciation of what they are doing. Much as I enjoy the handling of a serious obstetric problem I do not enjoy performing difficult operations, the prognosis of which is to say the least doubtful, for conditions which could have been handled safely and easily if the patient had been properly examined before the advent of labor, or the abnormality had been detected early in labor. The general practitioner and public must both be educated to the point where a consultation is called in every case in which the slightest doubt of the outcome exists, before the patient goes into labor, when the line of treatment best suited to the case can be determined and safely followed out. If the patient shows no abnormalities requiring special care she can then be left to the care of her own physician with proper recommendations as to the conduct of the labor, or on the other hand she can be retained under the care of the specialist if her case seems to demand expert treatment, and can thus be assured of competent care. This will serve a double purpose, relieving the expert obstetrician of the care of normal cases with which he is often overburdened, since many normal women are afraid to trust their family physicians at this time, and also relieving the general practitioner of the care of patients whom he is not qualified to handle properly, and from whose care he derives nothing but harm.

I have recently been consulted by a patient whose first and only labor resulted in the loss of her baby, serious pelvic lacerations and persistent incontinence of urine although no vesical fistula is present. Her physician told her after delivery that she had a flat pelvis which was the cause of the trouble, no pelvic examination having been made until after the loss of the baby. As a matter of fact she has not a flat pelvis but a typical funnel-shaped pelvis with marked obstruction at the outlet, a condition which certainly could have been recognized before the advent of labor, since it is extreme enough to have warranted

a primary Cesarean section. From my experience in the last few years I am led to consider this a very common happening, and it seems time to alter the conditions which render it possible.

There are comparatively few men in good standing whose self-respect would permit them to perform an abortion on a patient unless some serious condition threatened the patient's life or health, but probably a great majority of the men in general practice will attempt obstetric operations which are not indicated under the conditions which exist in the individual case, which often result in the death of the baby and serious injury to the mother, and yet feel that they have done their duty by the patient. I personally see very little difference between the action of the abortionist who sacrifices the life of the child for the convenience of the mother and the action of the incompetent practitioner who persists in performing improper operations which result in the death of the child, either because he is unwilling to admit his ignorance and take steps to remedy it, or is too proud to refer his patients before trouble arises to a consultant who can tell him what the probable outcome of the case will be and outline the proper methods of treatment.

It is time for those of us who are teachers to stop teaching obstetrics to be practised by the incompetent and insist that every case, when it is in any way possible, should be submitted for judgment to someone competent to express an opinion as to the proper treatment to be pursued in the individual instance. If we can accomplish anything toward educating the profession and the public by calling their attention to the improvement in results which can be obtained by the careful study and treatment of the individual case we shall have done more good in the community than by all the time spent in trying to teach the man who takes too little interest in obstetrics to fit himself properly to care for his patients and will never do intelligent work.

There is probably no branch of medicine, however, in which the man who has had no special training feels so completely competent as in obstetrics, and yet there is probably no branch of medicine in which the incompetent practitioner is capable of doing as much harm. For this reason I feel very strongly that we should insist in our teaching, first, that unless a man is willing and able to fit himself specially for this work he should be strongly advised not to undertake it except in emergency, and, second, that if he does undertake work for which he is unfit he

must abide by the results and not expect his more competent brethren to protect his reputation at their own expense.

When obstetrics is taught seriously so that every graduate in medicine realizes that serious complications may arise at any time in patients apparently normal, and that any case instead of being a simple matter may become full of danger to both patients if not properly handled, we shall have made a great advance in teaching, and I believe the results in practice will be correspondingly improved. As long, however, as we continue to teach obstetrics in such a way as to lull the fears of the incompetent we cannot expect to improve the work of the general man. It is perfectly natural for the man in general practice who has been taught that the care of pregnancy and labor requires no special training or aptitude, to neglect that branch of medicine for what he considers more important, and we cannot expect to raise the general standard of work until we insist on the importance of a thorough knowledge of the conditions present in each individual case and on the dangers which are likely to attend carelessness or ignorance. We must prove to the general practitioner that one of two things is necessary if he is to continue to do obstetrics, either he must fit himself to study his patient scientifically, or he must give up doing obstetrics unless he is willing to pay the penalty for any poor work which he may do. We must teach honestly the methods which we believe are the best, and which give the best results in expert hands, and make our students appreciate the dangers which they run for their patients when they attempt to treat them by obsolete methods, making them feel their responsibility for every bad result if they attempt to handle serious cases without an adequate preparation.

The recognition of the obstetric surgeon as a definite specialist by the layman as well as by the profession means that there exists a distinct need in the community for a man who is qualified to treat the cases in which serious complications develop, a fact which proves that the training of the bulk of the profession is inadequate to meet the needs of the community. The results obtained in specialist practice naturally compare very favorably with the results in general practice, and it is exceedingly rare for either mother or child to be lost in competent hands except as the result of some organic lesion, which cannot be obviated by any method of treatment. This result has been obtained by insisting on the importance of a careful supervision of the

patient from early in her pregnancy, and the attempt to foresee and prevent possible complications before they become serious. The study of the patient should begin as early in pregnancy as possible and every patient should be considered abnormal until a painstaking examination shall have demonstrated the absence of physical abnormalities. If anything abnormal is demonstrated, or if the patient's past history contains anything of interest she should be classified as an abnormal case and the progress of pregnancy watched accordingly. If the patient is demonstrated to be normal she should be carefully instructed in regard to the hygiene of pregnancy and required to report at intervals for further examination. In this way many of the complications, due to ignorance on her part, can be avoided, and it is a necessary precaution, because the average woman is either absolutely ignorant about herself, or what is worse, has been wrongly instructed, and many unfortunate results could have been avoided by proper instruction in the early months of pregnancy. If we know nothing of the physical condition of our patients until shortly before labor we are not in a position to tell whether or not we are dealing with a new complication and the proper treatment of the case will often depend on this knowledge. In the latter part of pregnancy the patient should be most carefully studied to determine what the character of her labor is likely to be. Naturally the estimation of the size of the pelvis and the size of the child stands high in precautions to be taken and the comparison between them should be most accurately studied, if necessary under ether. If we have determined that there is no particular obstruction to the passage of the child through the maternal pelvis we are then in a position to study the patient from other aspects. We know whether the patient is organically sound or not, and this knowledge will naturally have a strong influence in determining in what manner the delivery of the patient is best to be accomplished. We know the patient's early history, how she has reacted to such strains as have been thrown upon her, both mental and physical, during her early life. If she has reacted badly to strain in the past or if she is physically poorly equipped for labor, she must be handled with greater care than the patient who has been perfectly normal all her life. The condition of the soft parts should be taken into consideration to a certain extent in outlining treatment, since many patients are invalided as the result of serious lacerations and require more or less serious operations after delivery.

If this can be foreseen, as is possible in some cases, the method to be employed at the time of labor will be radically different from that employed in those patients who are not abnormally rigid. Another factor which must be taken into consideration is the importance to the patient of avoiding even the slightest risk to the baby. In elderly primiparæ or in women who have had several miscarriages and who are about to have their first normal labor an entirely different method of treatment may fairly be outlined from that in the young primipara who is in good general condition, since to these women the life of the baby assumes a relatively greater importance, on account of the diminished liability that they will have future pregnancies. Furthermore, when for any reason it is considered wise to advise against future pregnancies no avoidable risk should be taken for the baby and the method of delivery adopted which entails the least risk for the child, providing it does not involve undue risk for the mother.

In case a patient has been proved normal by every test the responsibility of the obstetrician does not end with determining that fact, since labor, even in apparently normal women, may go wrong. In order to do his full duty by his patient he must be in charge of the labor from the beginning and take all the responsibility for it. I do not mean to say that he must sit by his patient throughout her labor, but I do mean that he must see his patient early in labor and often enough thereafter to be sure that nothing abnormal can escape him. If he elects to stay in bed and allow a nurse to conduct the labor for him I do not feel that he has given the patient the care she has a right to, and I consider the practice of allowing nurses to make vaginal examinations and call the obstetrician at the last moment little short of malpractice. The method of personal supervision is harder, and involves a greater sacrifice of sleep and time, but it is the only way in which he can give his patient the care which she comes to him for, and for which she usually pays whether she has received it or not. In the course of her labor the patient should be relieved of as much strain as possible. Anesthesia should be employed as early in the labor as the sufferings of the patient seem to demand, and the labor should be terminated as soon as it has reached a point where surgical interference promises no greater risk to the patient than the continuance of labor. This point will naturally be reached earlier in the practice of the trained than in the untrained obstetrician. Patients

whose labor is conducted under this method suffer a minimum of complications developing after labor. The danger of serious laceration may be urged as an objection to the substitution of an operative for a natural delivery, but the competent operator sees no more extensive lacerations in cases delivered instrumentally than in normal deliveries, and the benefits to the modern women, due to the avoidance of all unnecessary strain, can hardly be overstated. In other words, the patient is no longer taxed to the limit of her endurance and her reserve strength is maintained unimpaired for the burdens of her daily life, by a judicious application of the principles of modern surgery. This method of procedure can, however, be recommended only to the competent man, since operative delivery in the hands of the untrained obstetrician is an exceedingly dangerous procedure.

It is in the treatment of patients whom the preliminary examination has demonstrated to belong in the abnormal class that the most striking results of intelligent treatment can be obtained. This is particularly true of those who present only moderate degrees of departure from the normal since a fair difference of opinion as to the proper treatment of the so-called borderline case exists between different members of the profession. There can be little doubt when a serious disproportion exists between the maternal pelvis and the child but that abdominal delivery offers the safest means for both patients. When, however, the discrepancy is of moderate degree, a considerable difference of opinion exists. If we are to follow the traditions of obstetrics in these cases we must allow the patients to go into labor with the understanding that if the natural forces fail a more or less difficult high forceps or version, or even a pubiotomy will be resorted to as the means of delivery. It seems to me that true conservatism demands in cases of this nature that the treatment which experience has shown to be the safest for both mother and child should be adopted, and that an elective Cesarean section should be performed in the interests of both patients. At least a plain statement of facts to the patient and her friends will allow them to make an intelligent choice, and the responsibility is assumed by them if they refuse to accept the advice of their attendant. The health of the mother and the life of the child are too important to be risked in doubtful cases, unless the mother declines to submit herself to an elective operation, and

the obstetrician has fulfilled his duty to his patient in offering a safe and sure solution of the problem.

When the life of the child is of extreme importance, whether on account of the age of the mother, her previous history, or some other factor, the method of delivery which will most surely guarantee the life of the child should be chosen, and in this case again Cesarean section is the operation of election, since it unquestionably offers the safest means of delivery for the child, bar none, and the fact that delivery of the child through the natural passages may be possible should not be seriously considered against it.

When other physical defects exist or the nervous stability of the patient is questionable it is often necessary to elect in advance the method of delivery which will throw the least burden on the mother, and insure a prompt and complete convalescence. The choice of treatment in these cases demands the most exhaustive study of the patient, and the conclusions with their reasons should be stated fairly to the patient and her preference receive due weight in the choice of treatment, although the responsibility for the decision must rest with the attendant. It must not be forgotten that what is considered a normal labor not infrequently leaves the patient with permanent injuries, whether physical or nervous, and the question to be decided is not how the patient can be delivered, but how she can be delivered with the least danger of injury to herself or the child. When obstetrics is practised in this way, and the patient is studied as an individual whose future welfare is under consideration and not as a member of a class of patients, the care of whom is a necessary evil, then the obstetrician will have fulfilled his obligations to his patient, and although he may be guilty of poor judgment in certain cases, he cannot be blamed for carelessness in meeting his responsibilities.

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