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UTOPIAN OBSTETRICS*

A PLAN PROMOTING EFFICIENCY TO THE OBSTETRICIAN AND SERVICE TO
THE PATIENT

R. A. BARTHOLOMEW, M.D., ATLANTA, GA.

IT happens to be our peculiar lot to live in an age of which there has been none other of equal importance to man's welfare. To win the war and preserve our way of life overshadows every other consideration; yet, no one doubts that another all-out effort will be necessary to win the peace.

In this hoped for period of reconstruction, it is my belief that something should be done to bring to the average physician, and the obstetrician in particular, a more deserved participation in a more abundant life.

There is deep significance behind the facts brought out by Falk in a recent paper entitled "Coronary Sclerosis, the Doctor's Disease."¹ From a study of statistics, he found that coronary disease killed doctors twice as often as laymen. While coronary deaths have increased 114 per cent among all men over a seven-year period, they have increased 240 per cent among physicians. There has been a 50 per cent increase in cardiac deaths among physicians between 1930 and 1940, but, contrasted with this increase from general cardiac causes, is an apparent 600 per cent increase in coronary types.

One cannot explain away these figures simply on the basis of greater diagnostic acumen. The increased susceptibility of the doctor may be

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due partly to greater strain and responsibility, irregular rest and eating habits, and greater physical, mental, and emotional hazards. To counteract these tendencies and possible influences, emphasis is put on moderation, equanimity, and the conservation of energy through the middle and later decades of life.

Falk emphasizes that the only compensation for normal fatigue is rest and that it is more important to get an adequate consecutive number of hours' rest than a number of irregular periods of rest. The doctor should not only have ample vacation periods, but also brief periods of complete physical and mental relaxation from the pressure of daily routine. He speculates on just what influence the replacement of man's former necessity for walking may be having on the increase in coronary disease.

Considering the long and expensive years of preparation for the practice of medicine and the fact that the physician has, through years of experience, attained his maximum efficiency and usefulness at the age when coronary disease takes its greatest toll, it is a matter of local and national concern that the public, if for no other reason than its own interest, should modify its time-honored concept of the busy doctor's daily life in order that some of these predisposing causes of coronary disease may be removed.

It would be of interest if the statistics gathered by Falk could be broken down still further to determine which of the specialties in medicine most favored the development of coronary disease. The specialty of obstetrics permits, least of all, avoidance of the factors which predispose to this disease. It is said that one of the most important attributes of the obstetrician should be equanimity, and rightly so, when one considers the need of a calm demeanor to counteract the fears of the patient's family and friends. Whatever benefit equanimity may be to the obstetrician, it would seem to be more than offset by the detrimental effect of many influences peculiar to this specialty.

Nature intended that man should get adequate hours of sleep and rest to remove waste products, repair tissue damage, and restore vitality. The necessity for this is recognized, and in practically all vocations, provision is made to insure that hours of labor shall not interfere with this fundamental need.

How goes it with the obstetrician? For some peculiar reason the majority of labor cases gets under way between the hours of bedtime and daylight and if accommodating enough to begin during the day, seldom fails to delay the hour of retiring. If he has been fortunate to have obtained full rest the preceding night, he is not only able but willing to lose sleep and spare no effort to render ideal service. However, the following day's office and outside work lack something of the necessary efficiency due to loss of sleep. The onset of another labor ruins the expectation of hoped-for sleep the following night. To obtain much-needed rest, he must depend on the less mature judgment

of an interne or nurse to supervise progress and determine the ideal time for sedation or interference. If the case extends on into the day, office hours and outside work are disrupted. Cancelled office visits may involve failure to recognize developing toxemia or perform a necessary external version, which are equally as important as the labor, although not so recognized by the patient or family. Cancellation of prenatal visits and postponement of office work entail much inconvenience and waiting to the patients. Should a third successive night's sleep be lost, this patient not only receives inferior service in labor, but the office work receives inferior attention.

Loss of sleep and excessive tiring lower the physician's resistance, increasing his susceptibility to disease and infection. Vacations are too easily postponed. The post-partum patient, coming for her final examination, is over-solicitous concerning her physician's need of a vacation, but the prenatal patient is equally insistent that he be available at the expected date of confinement.

There is need of some practical workable compromise between the laity's concept of an obstetric attendant who must be available, not only around the clock, but also around the calendar, and a plan of obstetric care which will assure the obstetrician definite hours of sleep, recreation, and regular vacations.

Such a plan had been devised and was about to be put into operation by several of us when the present requirements of national defense necessitated postponement, through loss of personnel. For the purposes of this presentation it is unfortunate that we are therefore unable to actually state our experience with what we choose to call "Utopian Obstetrics," but the plan is to be put into effect at the earliest opportunity.

One may appreciate better the fundamental requirements of such an organization if he will trace the evolution of a growing obstetric practice. To paraphrase a Biblical narration: The seven years of famine are succeeded by the seven years of plenty, after which further increase in work causes the obstetrician to ask himself why he ever aspired to a busy obstetric practice anyway. He takes unto himself an associate, who, because he is made of the right stuff, is before long in the same predicament.

We now have an association of two specialists, neither of whom is getting sufficient sleep, recreation, or vacation, nor is the one physically able to take over for the other in respect to office work or any of the above-mentioned necessities. Each one lives in constant fear that the other may be disabled by sickness or accident, and realizes, only too well, the physical impossibility of taking over the additional practice.

It is admitted that in less populous areas, the problem may not be such a pressing one, but, even so, it still carries with it the same peculiar disadvantages. The raising of fees offers an effective escape from

overwork but it seems unwise to overstep what the laity regard as reasonable remuneration even for a specialist. Furthermore the obstetrician owes it to himself to retain a sufficient volume of practice to insure wide experience and safeguard himself against periods of economic depression.

It seems to us the solution lies in forming a group, the nucleus of which should be one or two men who control a considerable volume of work. An association of four men in a populous center lends itself to a convenient division of labor. Among the basic requirements there should be congeniality, a spirit of "give and take" flexible enough to smooth over differences of opinion, frankness, honesty, and a willingness to sacrifice some degree of independence and possibly some individual income for the larger benefits to be obtained through such an association. Through free expression of opinion, a standardization of procedure will gradually be evolved. It is essential that the group work exclusively in one institution and that the offices be in or adjacent to the hospital and be easily accessible.

In arranging a rotation of hours, provision must be made for (1) office hours, (2) hospital work, (3) outside work, and (4) definite hours for sleep and recreation.

During the morning hours, two of the group work at the office; the third member remains in the hospital supervising labors, and making rounds, while the fourth member attends to outside work, whether this be teaching, clinics, home calls, or emergencies, but with more or less of the time free for personal use. In the afternoon the two members at the office shift to hospital and outside work, respectively, while the two previously attending to these duties, shift to the office.

At night, one member remains available at the hospital for labor cases until 1:00 A.M.; he is then relieved by another who remains on duty until the day shift begins. This insures considerable rest for these two members. Since outside calls and emergencies are relatively less at night, the other two members are able to use this time for rest or other purposes with little chance of interference. All telephone calls from patients at night are taken by the member on duty at the hospital.

The shifts vary from day to day and week to week. It is possible for the members to have more free time at week ends, since shifts of hours then apply only to duty at the hospital and responsibility for outside calls or emergencies. It is also possible to cover the work with three men, permitting one member of the group to be absent several days to a week each month for recreation or visiting other clinics in search of improved methods.

From the patient's standpoint, what objections may be raised to this manner of obstetric practice? First and foremost, the patient may feel she cannot exercise the privilege of calling upon the physician of her choice. This will be obviated by the fact that during the prenatal period she will contact each member of the group sufficiently often to feel well acquainted with and have confidence in each one of them. If unusual complications arise during pregnancy or labor, she may still designate

the one whom she would prefer for consultant or assistant. But unless this privilege is restricted to occasions of real importance, the plan loses its benefits to both the patients and the group members.

The benefits to the patient far outweigh the disadvantages. At the office, appointments are kept on time, much to the betterment of the patient's disposition and the satisfaction of those who may have brought her to the office. The patient is impressed by the fact that the doctor seems to have ample time to examine her thoroughly and answer her questions in an unhurried manner. She does not have to experience the inconvenience of leaving the office without being seen, due to a hospital or outside emergency which suddenly interrupts office hours. Furthermore, she feels her office visit is more worth while if the doctor is alert and wide-awake, than if he is nodding or momentarily dozing in her presence.

At the hospital, each shift during labor brings to the patient the advantage of consultation, as agreement is reached on what procedure or treatment will best serve the mother's and baby's welfare. By analogy this practice has been an accepted procedure in the nursing care of patients for many years. Indeed, the patient would be one of the first to object if twenty-four-hour duty was imposed on her nurse.

From the doctor's standpoint what objections may be raised to this manner of obstetric practice? Objections will arise unless the members composing the group are congenial, conscientious, honest, and able to instill confidence in patients. Each member should be well grounded in the basic fundamental principles of obstetrics and able to standardize on the details as well as the essentials of prenatal care. Harmony of this degree could perhaps be attained more successfully if the members of the group received their training from the same clinic or under the same Chief.

Some would consider the division of income as the greatest difficulty to surmount. It is not my intention to present in detail a financial set-up that would meet with universal approval. Suffice it to say that one cannot have his cake and eat it too.

The rewards of longer, more enjoyable and abundant life, opportunities for recreation, rest, travel, study, research, visiting, and learning from one's contemporaries, and last, but not least, the knowledge that patients can be treated more satisfactorily, far outweigh the question of whether one might do better financially by practicing alone. On these premises, it should not be difficult for a group to divide, on a percentage basis and with due regard to seniority, what remains after routine office expenses have been paid.

Such a plan of practice would seem applicable not only to obstetrics, but to pediatrics, surgery, and other specialties. It would seem highly desirable in general practice in which obstetric cases and emergencies

so frequently disrupt office hours. Confidence in the individual physician would be replaced by confidence in the group as a whole.

Even as these lines are written, there are heartening signs that the greater resources and gathering strength of the nations opposed to the Axis Powers are gradually turning the tide. There is a prevailing confidence that the war will not only be won but the peace also, and that we will live in a better world. There will be many changes in our order of living, some of which will certainly concern the practice of medicine. We should proceed on the concept of the greatest good to the greatest number, stress the importance of medical counsel in attaining this end through any legislative means, and finally strive for a better adjustment between the work to be done and the life to be lived as visioned in Utopian Obstetrics.

REFERENCE

- Falk, O. P. J.: *Illinois M. J.* 80: 115, 1941.
1259 CLIFTON ROAD, N. E.