

Sabrina's Story and Practical Wisdom

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Our need to serve as leaders is intertwined with our need to care for our patients. This is the theme of what follows.

Occasionally, you experience something that reinforces the challenging path that you chose to take to be involved in medicine. For some, these experiences occur more frequently than for others, yet they need to occur to continue to motivate and support us, especially in challenging times. At the same time, all of us are involved in organizations where decisions are being made that have the potential of undermining our ability to care for patients, and teach, the way we want and the way we should. In environments like this, leadership matters, as does our ability to advocate for our patients' needs.

I would like to share an experience that has helped to reinvigorate me, not because it is unique but because it is not. It is Sabrina's story. If we take a moment to reflect on what we are experiencing as clinicians and teachers, we are better prepared to handle the challenges of our leadership roles.

First, the context. At my institution, like yours, decisions are being made every day that have the potential of shaking our confidence in our commitment to our organization. We are facing job cuts that are affecting those on the front line, as well as

those in management. Bordering on unrealistic, we are being asked to dramatically increase productivity, and decrease costs, while improving patient satisfaction. Commitments and agreements are being broken on a daily basis.

I have cared for "Sabrina" (all names changed for confidentiality) over the past 10 years. I first met her when she was in her early 20s, during a time that she fell in love with her future husband "Johnny." She is a woman, with a touch of a Southern accent, who is full of life but challenged, on and off, with depression and anxiety. I was fortunate to care for her as she became pregnant with her first child, "Brad." He is now 6 and comes with her to most of her appointments. He is a high energy young man, who laughs as I joke with him. Sabrina and her family disappeared from my practice for a couple of years, due to changes in insurance, but about 2 years ago, she found out that she was pregnant. She said that she would only be comfortable with me caring for her. She and Johnny were ecstatic. Tragically, at about 10 weeks, she had a miscarriage. The family was clearly challenged by this loss but continued to move forward. Then last summer, she found out that she was pregnant—with twins . . .

In my last column, I shared the importance of leadership in the face of crisis. Key points included the importance of focus on your organization's mission and values.

By keeping the mission and values of your organization as the core, it is possible to avoid "situational ethics." Staying true to your values, even when it may be seductively easy to move away, helps maintain your reputation, which is easier to lose than financial stability. To maintain your values, it is helpful to utilize "practical wisdom" as discussed by Barry Schwartz, PhD (see http://www.ted.com/talks/barry_schwartz_on_our_loss_of_wisdom.html). In this lecture, he discusses Aristotle's ethical work on meaning of practical wisdom. Practical wisdom is defined by the combination of moral will and moral skill. The moral will is defined as the commitment to do the right thing for other people. Moral skill is the ability to figure out what doing right means. He describes a wise person as knowing when and how to make exception to every rule, and the wise person knows how to improvise in order with the changing context of the real world. He goes on to describe how wise people use their wisdom in the service of other people and not to manipulate them. Wisdom is something that is gained over time through your experiences and not something with which you are born. Wise people need to have the opportunity to improvise, the ability to fail, and to learn from their failures. And brilliance is not a substitute for wisdom.

. . . Sabrina had an extremely uncomplicated prenatal course. I wanted to get an obstetrician involved early in the pregnancy, in case

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anything untoward were to happen. The obstetrician she saw told me that they, our obstetrical group, no longer would co-manage twin pregnancies and that if I needed any additional help to reconsult them. I had several ultrasounds done during the pregnancy, by another obstetrician, to make sure that there was equal, or concordant, growth, which fortunately there was. Unfortunately, twin B, the boy (Twin A is a girl) had evidence of some dilation of one of his kidneys. Both the obstetrician and I tried to have her seen by pediatric urology, but they refused, saying that there was nothing to be done until after the child was born, in spite of a family that had obvious concerns.

Every couple of weeks, Sabrina, Johnny, and their son Brad would come into my office on Tuesday afternoon. At each of these visits, my first-year medical student, "Michele," and my pre-med student, "Brittany," would see them all, learning about who these people were, their concerns, and their hopes. At 32 weeks, the twins were both in breach position, so I had to discuss the possibility of a C-section. She wasn't happy at this possibility but was comforted to some extent by the fact that if she needed a C-section that I could do it. We had a saying that "I would help with the decision and make the incision." I also had a "serious" conversation with Sabrina, reminding her that she is Mom and that she needed to go home and have a conversation with the twins about how they needed to get their act together, and roll over, to come down head first. When I was out of town, one of our interns, "Bob," would see them. He would plan to participate in the delivery, as well. The next time that I saw Sabrina, sure enough, both children were head down. They stayed that way throughout the rest of the pregnancy. The next hurdle was that I was going to be out of town for several days due to my MHA classes. I simply had

another "serious" conversation with Sabrina, this time telling her that she was not to go into labor until Sunday at noon, when I would return. The following Tuesday, she was still pregnant, although she finally had stopped working after our last appointment. I stripped her membranes and told her that she could go into labor at any time. Wednesday night she presented to labor and delivery with a spontaneous rupture of her membranes . . .

Barbara Kellerman, in her book *Bad Leadership* (Harvard Business School Press, 2004, ISBN 1-59139-166-0) argues that it is difficult to distinguish between leadership and coercion, because of the relationship between leadership and power. This leads to the possibility of good leaders with good followers, doing good things but also the possibility of bad leaders with bad followers, doing bad things. We are all part of organizations where the good leadership is assumed, yet like all organizations the possibility of bad leadership is present. After defining bad leadership in great detail, she highlights 12 attributes of systems in which the potential of bad leadership is decreased. They include (1) Limiting tenure. When a leader is in a role for too long, they tend to overreach. (2) Share power. When power is centralized, there is an increased likelihood that it will be misused. (3) Don't believe your own hype. Enough said. (4) Don't lose touch with reality. Make sure that you test your assumptions against past experiences and with those who will be affected by your decisions. (5) Compensate for your weakness. This requires accurate self reflection and openness to asking for, and accepting, help.

. . . At about 10 pm, I returned to the hospital to find Sabrina comfortably sitting in her hospital bed with Johnny at her side. Sabrina's mother, "Grace," was also there, looking very apprehensive. Sabrina

was indeed ruptured but was not in labor. The twins were both head down, however, and they looked extremely healthy on the monitor. I decided to augment her, as she had been ruptured for several hours at this point. I spoke to the obstetrician who was on call and asked that he formally consult in case I needed assistance, and I spoke to Sabrina about the overall plan for delivery. The resident continued to monitor Sabrina overnight, while I returned to my office to try to work and where I could monitor things through our electronic health record. At 6 am, I returned to Labor & Delivery. Sabrina had not made any progress, so I had my last "serious" conversation with her. I explained that she had had enough rest and that it was time to get these kids delivered. With her next check at about 9 am, she had changed from 3 to completely dilated. It was time to have a baby, oops, I mean babies . . .

Every day, we have choices that we have to make in our roles within our institutions. We are exposed to good and bad leadership, but we have the opportunity to make a difference by speaking our minds. We need to demonstrate practical wisdom. We, first and foremost, need to demonstrate moral will. When we see our organizations making decisions that are contrary to our patients' needs, we need to be willing to speak up, even if it is divergent from the views of our leaders. We also need to be willing to abandon the methods of the past and find new ways to meet our patient needs. We need to assure access for our patients, and we need to connect with them in a way that embodies more than just an exchange of knowledge but rather an emotional connection that demonstrates true caring.

. . . We took Sabrina to the operating room to enable us to be ready for any eventuality. It was

a very controlled environment, but there was an entire "village" there to care for Sabrina and her babies. Johnny was on her right, my medical student, Michelle, on her left (don't tell, but she skipped class to be at the delivery), myself and intern, Bob, who would perform the delivery of twin A. There were at least 10 other people in the room, including a perinatologist (the fourth obstetrician involved in her care), an anesthesiologist and his resident, an additional family medicine faculty and two residents, a pediatric resuscitation team, scrub tech (just in case) and two nurses. With three contractions, Sabrina delivered Rose, a beautifully healthy baby girl, weighing more than 6 pounds. Now was the moment of truth; would twin B come down into the pelvis? Initially, it seemed so, but with the uterine relaxation, a hand and arm presented itself. I worked to reduce it while the perinatologist used the ultrasound to see heart tones from above. She then double checked my

reduction. Twin B's head was now in the pelvis, and with three additional contractions, "Seth" was born and he let us know it with a loud scream. Sabrina had delivered two very healthy children. She stayed in the hospital for just a little over 24 hours, when she respectfully requested to go home. I will see the entire family back in clinic in 3 days.

Occasionally, you have an experience that reinforces the challenging path that you have chosen to take to be involved in medicine. For me, this was one of those experiences. You never know when they will occur, but if you take the time each day to look for them, you are likely to see them. I share my episode with you in hopes that you will take the time to see your own episodes. Family medicine is now at a crossroads. Never has your work meant so much to our society. There is an increasing awareness of that fact outside of our discipline and our profession, and a multitude of new opportunities will

be coming our way. But, with opportunity comes responsibility. We must learn from our mistakes of the past. We must advance family medicine for what it can do for others, not what it can do for us. Our patients will look to us for the compassionate, comprehensive, coordinated care that we represent. Our learners will look to us for guidance as to how to be effective in this new world of team-based care—grounded in science but provided with sensitivity to our patients' needs. And, our colleagues will look to us for inspiration and support. We must provide practical wisdom with moral will and moral skill as we attempt to guide our organizations forward in these challenging times.

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