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Taking the responsibility - Burden or privilege ?

1. My experiences - a sketch

Many months ago, when Frederic von Orelli asked me if I would give a presentation about responsibility, I immediately mentioned a particular experience to him - an experience that made me accept a lot of **responsibility**, maybe even too much.

An approximately 23 year old woman had a sport accident, which was a heavy impact straight on the head. She wasn't unconscious. On the same day she was medically checked in the regional hospital, the x-rays of cervical spine and shoulder were normal.

Four days later the young woman that I had been looking after for the last 14 years as their family-doctor, showed up in my consultation hour. In spite of 4 times 400 mg Ibuprofen and even though I knew her as an indolent person, she complained about heavy headaches, strong pressure in the forehead area and an extreme sensibility to noise.

On the very next day I sent her for an MR check back to the hospital and in the evening she had another emergency appointment with me in order to discuss the MR-results and procedure. In the early afternoon the radiologist in charge rang me to transmit the following findings: No proof of a traumatic lesion of the cranial vault (Neurocranium), but several signal disorders that were conformable with a demyelinating process like a multiple sclerosis for example. I had about 2 to 3 hours time until the meeting with the young lady would take place and approximately 10 "normal" patients written in for that time. My neurologist, with whom I normally work together, was on holidays, his substitute had the afternoon off. So I desperately tried to reach a young colleague. I knew she was working as an assistant on the neurology in the University Hospital, in fact just in the section, which was in charge of clarification of such demyelinating diseases. Finally I reached her by telephone and was able to describe the situation in detail. The patient had no neurological deficits, no impaired vision of any kind and no sensory or motor conspicuities.

The colleague told me, how despaired such young women often were after such a diagnosis and how little one could do in such situations: lots of diagnostic investigation, but no therapy. A destroyed life and acute reactions up to suicide are frequent consequences. What next?

I decided to keep the dreadful news to myself. I informed the patient only about the first part of the radiological results and did not mention the second part. Due to her pains in the cervical spine, she had to attend physiotherapy for the next couple of weeks and months. Therefore I had good reason to observe her for months and even keep an eye on her neurologically. The supplementary consulted attending

neurologists told me later, that for “legal considerations” they would not have kept the diagnosis to themselves, but would have informed the patient.

Three years went by in the meantime. The patient is doing well: She is full scales going in for sports again, has a new job that she is enjoying and is finishing a challenging further training these days. I’ve seen her half a year ago, because of an infection of the upper air ways. But I do see the mother regularly, due to her hypertension; and every time, most discretely I ask her about her daughters’ condition. Alongside I try to keep myself informed about early treatment of demyelinating diseases.

I have a **burden** - a very heavy burden - loaded on me. It would not have been easy, three years ago, to tell her the bad news, but I could have given over the responsibility to the patient or rather to the neurologist. But I believed that it was my duty to keep the information for myself, to keep the young woman from being unnecessarily burdened. The following years will show what kind of remote damages my decision, which I had to come to within 2 or 3 hours, will have. What happens, if the patient wants to get married, or if she wants to have a Baby? Should then a clarification take place before that happens?
I am aware of having described an extreme example with that story, an example where I bore the whole responsibility all by myself.

On one hand I tend to include the patient or even place the main responsibility for the patients’ health, for his live, on himself. On the other hand we will probably be confronted to an increasing degree with such “coincidental findings” in the coming years; which give us and particularly our patients an unnecessarily hard time, especially, if no therapeutic consequences appear.

In such and similar cases: Do we want to - Do we have to inform our patient about these “coincidental findings”? Are we doing good to our patients, sparing them, or if they realised earlier how short their stay on the earth will be, would they live their lives more aware and meaningful?

Well, not everyday is that dramatic in my practice. We (my wife, myself and our older two sons when they were 4 and 6) settled down 25 years ago in a 3000-soul village between Bern and Thun, where I have had my family-doctor’s practice ever since.

During these years I had different substitutes due to illness and holidays: a retired surgeon was my companion for 6 years, and there were several assistants, that worked with us in our rooms. But often I was with my “practice assistants” or - as we called them earlier - “doctor’s helpers” alone.

In our emergency-area we are 9 practising medical doctors for approximately 10000 inhabitants. We are all between 50 and 65 years old and I am with my 58 years the third oldest in the league.
As you see the patients have a nice selection of medicine men from which they can choose, whom they would like to trust in.

2. “Trust” - burden or privilege?

Sometimes during the long preparation time a (temporary) confusion of ideas appeared. Instead of dealing with responsibility I suddenly was kept busy by the theme “trust” - burden or privilege?

Trust and responsibility: actually in German they have only the three first letters in common (Vertrauen/Verantwortung) but still, they somehow are connected.

To be ready to accept responsibility I must feel trusted by my patient. And the other way round, I also have to trust in him: Already the taking of a venous blood sample holds a risk: I could cause an arterial bleeding or a dangerous infection. Therefore I have to know that I can trust the patient and that in case something went wrong they wouldn’t sue me right away.

Without mutual trust I cannot take responsibility: my hands are tied, I behave defensively, I barely dare to make a decision and try constantly to expand the safety net.

Therefore we first have a look at the topic of **trust**.

During a couple of weeks I made the effort to think about the degree of trust my patients actually have in me and how burdened I felt thereby: both on a scale of 1 to 10.

I made a list and used to write down the estimated numbers in the evenings. By doing these researches, I've become aware, that on a scale of 1 to 10 I had the impression, that the majority of my patients had an average degree of trust of 8 points in me. 8 of 10 possible points!

I actually would have liked to expand the study: How much trust would my assistant think of seeing in every single patient? How would it be compared to my estimation? How much trust would my patient declare in an interview with our team or how much in a survey through an anonym company? How much would these results correspond with each other? I never gave myself a grade of 10. On the other side 4 was the worst grade I put in for an asylum seeker, who had to come to see me unwillingly, because I was the only medical doctor available in her particular case. The screaming child that was dragged into the room would probably attest even less trust in me.

I think from time to time, we all should do such researches of some kind, especially in connection with our patients' trust and satisfaction.

Whereby do I think to recognize the degree of trust?

Is it by the eyes' expression while you're welcoming the person? Or is it Non-verbal? Maybe it's the attitude? Or do you recognize trust by means of the compliance? How does the patient react on my question, on my answers, my reminders, my recommendations, my instructions? Will the (mature) patient dare to question my comments? Will he have the courage to set the boundaries? Even to say "No"? Does a real dialogue result?

The patient that still comes to see me, even if an accident happened with himself or a family member, proves great trust.

Or the patient, that consults me again, even if I could not or did not want to follow her or wishes (for example about certificates a.s.o).

Or the patient that I often asked for uncomfortable (awkward) things (diagnostically or therapeutically).

By the way all these mentioned patients can be male or female.

Why does the patient still consult me, even after 25 years? Is that not a great **privilege**? A tremendous privilege!

So doesn't that make me a happy person? Nothing but trust! Doesn't that make me bigheaded? Doesn't it make my chest swell? Don't I feel good, better, the best - a small king, that all look up to?

If only there wouldn't be these **expectations** attached to the issue of trust! Expectations, which we think we have to meet. What is it that makes me **feel burdened** by trust after all? It's the assumed duty to accept responsibility that can become a burden.

But instead of pointing out and underlining the burden, we try to list the factors, which make responsibility appear as a **privilege**: The more training and experience, the more time and know-how I have, the **more secure** I feel. The better I know the patient and his family and the better I am imbedded in a net of good specialists and consultants, the better I can **estimate** the patients' trust. If I have one or more people in my surrounding, with whom I can share my burdens, I can carry more without groaning. It is very important to me that I can lay down the heavy stuff on God and Jesus Christ; all by myself or together with my wife, but also Mondays from 2pm to 2.30pm with our whole practice team. Like that my backpack is time and time again relieved and capable of taking up new things again. Like that I can manage to take my patients' trust as a privilege in the first place and not as a burden.

At this place I'd like to tell you - not to become too theoretically - another dramatic experience, which I made approximately 15 years ago:

The owner of a secluded farm, that had experienced a lot of heavy things with his wife and his children, came to see me for the very first time, because a pine tree fell on his back. As a former "Schwingerkönig" (Champion of the Swiss National Sport) and hunter he was that kind of man that treated his hunting dog better than his own son. His daughter had an abortion, because she had become pregnant already with 15

years of age. That time the mother rang me who by the way was also quite a raw character. Later, shortly before they got divorced, she would stab her husband in the chest with a kitchen knife. However, that time she rang and told me, her husband had gone mad and threatened to shoot the family and himself with the gun in his hand. Without thinking too much, I set out for their farm and convinced him to come with me to the mental home that was 20 km away, to get a specialists treatment. Later he told me that the following weeks were one of the best times in his life: He felt like being guest in a 4-Star-Hotel with friendly service. Even later I heard that a couple of years before that, in a similar episode, 10 policemen had overwhelmed him by force, which was huge effort that cost a lot of money and caused a lot of damage.

The wife called me, because I knew the family, because I was available and she was allowed to assume, that the farmer would have enough trust in me, that I could bring him to the clinic without using violence. In that moment I was the closest, I felt: It's your turn. I did not feel obliged to, but I was ready to take on the responsibility.

If I would do it again today - 15 years later - I don't know.

3. Readiness to accept responsibility

What is leading people to the point, where they are prepared and ready to accept responsibility - not only when they plough a lonely furrow, in the plains, the desert or in a far away mountain valley?

3- a. Life story

One factor that plays a role has to do with our own Biography. Did we grow into leadership early in our childhood, being the oldest of the siblings? Or did we have to bear responsibility early, due to the mothers' or fathers' early death? Did we have key experiences in our childhood or youth that strengthened our self-confidence and therefore our readiness to accept responsibility? If you experience responsibility more as a burden or more as a privilege is influenced by your life story.

3- b. Heredity

A second factor that influences our readiness to "take responsibility" is our character. The preparedness to assume a risk as well as the readiness to take on responsibility has something to do with heredity transmission.

I had a mentor, that encouraged me to accept the risk of opening my own practice; but I also had a father, that was prepared to take responsibility in his profession as well as in the army and in the family. In this sense I had not only an expert but also a biological inheritance that helped me to accept a family-doctors' responsibility.

3- c. Calling

A third factor that may be leading people to accept responsibility is their calling. Am I destined to be a doctor? To be a general practitioner? A country-doctor? Am I ready to get my hands soiled? Am I ready to leave the house in all weathers, against wind and tide, in the middle of the night, to drive out to a secluded farmer-village, where the dog almost eats me up and on top of that I would have to wash my car afterwards...? Am I ready to do without the specialists' prestige, who is brilliant in his field? Am I called?

In the Letters of Timothy we read how Paul encourages the young lad Timothy. He shows him different aspects of his calling: we read about prophecies and gracious gifts, that Timothy had received and about Paul, how he encourages Timothy to be an example and to accept responsibility in spite of his youth. And in 2. Tim. 1, 7 it finally says: **"For God did not give us a spirit of timidity, but a spirit of power, of love and of self-discipline."** We all could do with such a Paul. God often does not call the man of ability, but enables the called ones. Often God chooses unimposing, poor, decent people, people with mistakes, small ones, unattractive ones for his purpose; maybe to keep them from arrogance? Knowing that I am called and not just self-proclaimed makes the taking on of responsibility easier.

4. The ability to give up responsibility

To become ready to accept responsibility requires the capability of giving up responsibility or passing it on. I first would like to share an experience, which I made many years ago, which shaped my work in the practice for several years. As I asked the local hospitals' surgeon if he could use a general doctor in Oberdiessbach, he answered: I am looking for one for a long time, but here all the practitioners do birth assisting in the hospital! I got all excited, went for a couple of months back to Nazareth in Israel, to the Palestinian-Hospital, where I had made my first clinical curriculum, because I knew, being the only medical assistant, I would be confronted with 2000 births per year and a pregnancy-polyclinic. With my wife, the two boys and even with our Golden Retriever she-dog I moved again for some time as volunteer to Nazareth. And then in Oberdiessbach I indeed was consulted by a couple of pregnant women. For more or less 15 years I assisted births, until a colleague, that had worked for 4 years in Africa, with whom I still was in contact was happy to take my place. In that time I helped approximately 200 children to see the light of the world and to turn the first corner in life: In the record year there were 30 babies. I even delivered our third son alone with my wife: An experience that was not that simple for us. Each birth was a huge stress for me, because I did not really feel competent, so I kept telling all involved people and myself, "the midwife is much more important in birth assisting, than the medical doctor".

Thanks to God nothing horrible happened in these years, even if I have a couple of thrilling stories to tell! But actually I should have **turned down** the job right from the start. For years I bore an unnecessary responsibility that truly became a burden. However I did not accept all the pregnant women. For example a veterinarian with whom I suspected complications or an influential families' daughter that suffered from diabetes. More than once she tried to convince me. But I refused, because I did not want to attend high-risk-pregnancies. Since then 20 years passed by: We see each other occasionally in the village, but she hasn't come to see me ever since, not herself, nor her husband or her children. I had set the boundaries and she had apparently lost trust in me.

When we set boundaries, we will in the first moment - or as the example shows maybe for years - earn incomprehension, even rejection! But if we finally want to earn trust, we have to discover our boundaries and maintain them - draw the conclusions from the situation and even turn down certain requests or pass on the responsibility - in more competent hands. This is a very important attribute for a country-doctor: setting boundaries, send the patient to good specialists, maybe learn from it and eventually later, in a similar case, resume control again. But first we must step back, resign for the patients' benefit not to take advantage of his trust: Rejecting the responsibility.

4. Finances

Well, in principle we would then be ready to accept responsibility. But will "taking the responsibility" be **rewarded**? Often the surgeons' higher wages are justified by their higher degree of responsibility. In fact often in these days a surgeon would not do anything, without the patient's written confirmation, that he had been informed about all possible negative consequences and complications, including the insurance, that he would not sue the surgeon in any case. If we, as family-doctors would want to work like that, how could we move, where would that lead? We often have to react, without such backups. On the other hand, we know our patients or at least their background quite well and are able to estimate, whom we can trust and whom rather not. For example: I practice manual medicine (also manipulation with impulse!) since 25 years without my patient's written confirmation. Thank God nothing really serious ever happened. I also didn't have to appear before court in all these years.

But how is our work rewarded?

According to my experience as a country-doctor, I can say, that **regard and respect** is a fruit, which I can find in many fellow man. On one hand I do earn considerably less than most specialists - especially than the surgeons. On the other hand we, as a family-doctor-family were able to buy a big house, to enlarge it, to raise 5 children and let them have education and we have a good income that allows us to live in comfort.

Taking responsibility has as well other financial aspects:

Taking responsibility is in most cases helping to save. These days we talk in health care about “saving”. But: “Who saves is stupid,” I often say sarcastically. Isn’t “taking the responsibility” becoming more and more dangerous in our today’s world system, where solicitors gain more and more importance, even in our medical considerations and decisions? Somehow the threat of legal action is all around.

So shall I yet accept responsibility or first let them do a MR or a PET or send most patients immediately to the specialist or even to the hospital, where the whole procedure costs the multiple?

Taking on responsibility is often rewarded by the patient, but not by the system, not by the health insurances, not by the solicitors and not by the journalists. Who saves is stupid!? Can that as well be applied to “taking responsibility”?

Or am I yet called to foolishness?

Am I called to take the risk as a Christian? Am I allowed to behave more courageous than my nature would permit me to? Would that be an answer to the lack of country-doctors, which is noticeable here in Switzerland, in Germany, in France, beyond the British Channel, even beyond the Atlantic Sea? Is this a reason to invest oneself in training and mentoring to encourage others to accept responsibility, especially students and assistants?

5. Closing Argument

Most people - people that come to see me, have a lot of trust in me. And I can offer a lot of them professional help - so that they keep coming back for decades. So why the burden?

Each person is like an iceberg; I only see a small part that swims on the waters’ surface. I am aware that I can only see a very small part and that I can only cure a very small part of that person. So I do not pride myself on practicing the so-called “holistic medicine” as a generalist. If someone for example comes to see me because of a flue it’s possible that there is a carcinoma already slumbering inside his/her body or that she/he will suffer from a cerebrovascular insult. I often feel like a mountaineer walking over the snow-covered glacier suspecting a lot of crevasses hidden underneath the white cover. I never know when I suddenly will sink into a deadly crevasse.

This perception is deflating, but the comprehension is also relieving. The indefinable feeling of a **burden** becomes comprehensible. So that’s it: uncomfortable because of insufficiency!

But am I all alone on the glacier? Or is there someone who could point out eventual dangers to me, someone that I cannot see, someone who is experienced in glacier-tours, who can support me on the tight rope and hold me in case of a downfall and lift me up again? Someone who comforts me afterwards and has words of encouragement for me?

YES since 1972 I know the great mountaineer, I gave myself to him and am happy with it - well, he has even adopted me as his son, so that I can be extra save and protected. I am increasingly aware of this amazing **privilege**. I do not behave careless, not to make him sad and not to push away other people. Far from it! I also want to show others, how beautiful it is to be on the way with the great king. Therefore I am not afraid to accept **responsibility**.

6. Possible Questions for Group-Discussion

- Do we want to - do we have to - in such and similar cases inform the patient about “coincidental findings”?
- Is someone experienced with studies regarding trust or responsibility through interviews with patients or doctors?
- How do you think you can estimate the degree of trust your patients have in you?
- What expectations do you think have your (trusting) patients?
- What factors make the responsibility that I have seem to be a privilege?

- What animates you to accept responsibility?
- Can you pass on / give up responsibility again?
- Do you think that the responsibility that you're bearing is rewarded enough?
- "Who saves is stupid!" Is that true?
- Am I called to take on risk?
- Is the lack of country-doctors connected to the fact that young doctors are afraid of taking responsibility?
- Where can our young colleagues learn that in these days?
- Are we ready to encourage others to take on responsibility?
- Do we feel uncomfortable because of insufficiency?
- How is your believe related to your readiness to accept responsibility?