# Neither *Legal* nor *Reasonable*

## *– Analysing a Patient Encounter*

By A/Prof Cheong Pak Yean

*In his article "Putting Pen to Paper", published in last month's issue of* SMA News *(http://goo.gl/NgtT8t), A/Prof Cheong wrote about the new perspectives to writing medical narratives that he had gained from attending the Evolution of Psychotherapy conference held in California in December 2013, and also mentioned that he had penned a piece soon after the event. The following is the essay that he composed.*

## Neither legal nor reasonable

"The next patient is my primary school Chinese teacher. I have not seen her since I left the school but I recognised her in the waiting room. She has high LDL cholesterol. This is a good opportunity to do patient education in Mandarin," my resident mused.

The petite lady was in her late 40s and sat facing my resident impassively, while he enthusiastically engaged her in fluent Mandarin. I observed the dynamics of this role reversal as my resident taught his former teacher the significance of the laboratory tests and counselled her on dietary changes. "There is no need to take any medicine for the high cholesterol for now," he concluded. "I will give you an appointment to repeat the blood tests in three months' time."

As my resident turned away to book the appointment, I continued to engage the patient in Mandarin. I asked if she now understood the significance of "cholesterol", "saturated fat" and "trans fat" in her diet, referring to these terms in English. The patient was probably effectively bilingual but responded in Mandarin. To me, it was a linguistic challenge not to lapse into English, especially with a Chinese schoolteacher. I persevered. A greater challenge, however, lay ahead.

"How's your family?" I enquired, thinking that this question would open up familiar territory. I expected the rest of the conversation to revolve around family risk factors and group eating habits. However, I noticed a shift of emotions as her eyes welled up. I immediately stopped talking and stayed with her. After a long while, she whispered. "My husband passed away a year ago from pancreatic cancer." Tears flooded her eyes in the poignant silence that followed. I remained connected. When I sensed that the crest of pain had passed, I broke the silence. "I am sorry to learn that," I said, then reflexively asked, "How are your children now?"

That triggered a torrent of tears, shed soundlessly, revealing the deep hurt within. She struggled to maintain her composure and dignity. "My daughter was taken away to be cared for by my in-laws. My husband willed that before he died. I have not seen her for some time now." In my knee-jerk response to empathise, I uttered in Mandarin, "这不合法，也不合理吧!" ("This is neither legal nor reasonable!") I was prematurely puzzled and morally incensed, even though I did not know the specifics of the case. But the patient appeared mentally competent and was still gainfully employed.

"太复杂，太复杂," she muttered repeatedly in reply to my quizzical eyes. ("Very complex situation, very complex situation.") "I have another appointment next week with my lawyers," she said, as she composed herself. I could sense that she did not wish to say anymore. I also did not feel that it was respectful to probe even though I had the tools to do so.

My resident then set his former teacher a date for review in three months. It was indeed an unusual consultation. We had done the lipid part decently in Mandarin, then stumbled on a proverbial can of worms, but left it unprocessed.

## Analysis of this patient encounter

Mark Twain wrote, "Truth is stranger than fiction, but it is because fiction is obliged to stick to possibilities; truth isn't." Thus, my friend Dr Lily Aw and I spent a morning crafting the following notes to make the reading of this case less strange and more educational.

### 1. The information sandwich

A good algorithm for doctors to provide information to patients is a "sandwich", viz:

- Bread: explain reasons for giving information as a lead-in;
- Filling: provide information in packages; and
- Bread: elicit responses to information provided.

For this case study, the following "sandwich" is useful:

- Bread: *"Allow me to tell you about dietary practices to lower your bad cholesterol."*
- Filling: *"Reduce dietary intake firstly of cholesterol, and secondly bad oils. Saturated and trans fats are bad oils used by your liver to produce more LDL cholesterol."*
- Bread: soliciting cognitive response – *"How does this information apply to you?"*; soliciting behavioural intention or response – *"What can you do?"*; soliciting affective response – *"How do you feel after learning this information?"*

In this case study, I asked the patient for her cognitive understanding of the information presented to her by my resident, to help complete the "sandwich".

### 2. Role reversal

The Oxford English Dictionary defines "role reversal" as "a situation in which someone adopts a role, the reverse of that which they normally assume in relation to someone else, who typically assumes their role in exchange".

The young resident played the role of the teacher to his ex-teacher, who then became the pupil. There is less tension when just information on a neutral subject like dietary restriction is provided; while counselling and processing emotions would be more onerous, for example, in helping the Chinese teacher make sense of her loss.

When used in counselling, the technique of role reversal is a powerful experiential tool in psychodrama and requires

the protagonist to move out of his own role into the other person and enact the other role while in therapy (on stage).

### 3. Open questioning and active listening

*"How's your family?"* remains an open question only when coupled with active listening. Active listening means to observe/listen/sense the patient's global response, including body language. In this patient, there was increased lachrymal tear secretion and she was engrossed, lost in her own emotions. The doctor listened with his eyes, observing and tracking the patient's emotions as they surfaced. The skill of keeping silent is critical.

The same question, *"How's your family?"*, would be processed as a closed question (that does not provide space or permission for the patient to meander to her emotional realm), when posed in the following three alternative ways:

- *"How's your family? How are your children now?"* The two questions asked in quick succession forms a conjoint question. Only the second question is processed and would likely be answered cognitively by "okay", ie, her daughter is well, not sick.
- *"How's your family? Anyone else has high bad cholesterol?"* The answer to this limiting question would likely be "not that I know of" or "my husband/sibling/parent", as the question is limited to that of cholesterol.
- *"How's your family? It's good that you now know how to use diet to lower their cholesterol."* The questioner answers his own question by making a statement.

### 4. Revelations

*"My husband passed away a year ago from pancreatic cancer."* His demise was a year ago, beyond the usual period of grieving. Thus, the patient, though tearing, still easily maintained her composure. The second revelation, *"My daughter was taken away"* was probably more hurting.

### 5. Empathy (mirroring emotions)

*"Tears flooded her eyes in the poignant silence that followed. I remained connected."* Staying connected is an art of relating (silently) when the therapist joins the client in her emotional home where she feels safe. The therapist provides a non-judgemental human presence and witness to the client's flow of emotions.

*"I am sorry to learn that"* is a vocal expression of empathy. To be congruent, the volume, tone, pacing and cadence expressed by the doctor must reflect the patient's mood. The doctor's body posture must mirror the patient's as well.

### 6. Appropriateness of knee-jerk response

In retrospect, was expressing *"This is neither legal nor reasonable"*, without knowing the specifics, appropriate? The patient reacted to this judgemental statement in resignation, "Very complex situation, very complex situation." She meant that her circumstances were very complicated, so there was no point talking about it there.

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>
> *– Mark Twain*

The alternative response is to adopt a stance of respectful curiosity and to ask an open question, *"How did that happen?"*, followed by active listening. The patient may reveal more about her life and relationships if she was so inclined to share.

### 7. Rational responding

*"I have another appointment next week with my lawyers."* The patient finally shifted back to her rational executive faculty. (She meant, "I can take care of myself. Thanks for your concern.")

### 8. Unprocessed can of worms

What could the "worms" be? We do not know. We do not know who was looking after the patient's daughter before the husband's demise and for how long. We do not know whether her daughter was now taken care of by her in-laws because of a legal injunction. We do not know the nature of the relationship of the patient with her deceased husband, with her in-laws and possibly others.

If the patient requests for further help, the doctor can counsel her further or refer her to a professional counsellor. However there is a fine line between being therapeutic and intrusive. After all, the patient presented for a biomedical consultation for high LDL cholesterol. The doctor stumbled upon a can of worms but arguably should not open it, unless he has the competence and has the patient's permission to process it. ■

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