



The Suit And Division Chief

Emmet Hirsch, MD

The Suit and Division Chief went to a meeting
 In a hospital far away
 Where labors were snappy and patients were happy
 And most things were mostly O.K.
 Said the Suit to the Chief: "I maintain the belief
 That it's vital (I do not exagg)
 To enhance our defense by obtaining consents
 For each birth, whether section or vag
 Or vag
 For each birth, whether section or vag."

Said the Chief to the Suit, "What's the cause and the root?
 This is nonsense! Explain what you meant!
 Can a patient decline Mother Nature's design
 Through the lack of a formal consent?
 'I demur!' cries the patient, 'I've altered my plan
 I withhold my consent to proceed.'
 She can dream and pretend, but the head will descend
 And the baby will come with all speed,
 All speed
 And the baby will come with all speed."

The Suit then retorted, "My will won't be thwarted
 Though lay you your gripes at my doorstep.
 Consents you shall have for both section and vag
 And for breech and epis and for forceps!"
 Said the Chief (with some pluck, for a nerve had been
 struck):
 Don't you know you are asking a lot of me?
 Are you joking or clowning? Why stop while she's
 crowning
 To sign for an episiotomy?"
 Oh, me!
 "To sign for an episiotomy?!"

"If consent is your beef," cried the horrified chief,
 "Then you know not the minefield you sit in,
 For a signature field may be no better shield
 Than the paper on which it is written."
 The Chief raised objections, corrections, reflections,
 Which the Suit, lost in thought, didn't hear.
 For he suddenly saw there was one fatal flaw
 That, if fixed, made the risk disappear.
 Disappear
 That, if fixed, made the risk disappear.

"We can beat this whole rap," he deduced in a snap,
 "Just by shifting these burdens that peeve.
 For the moments that start 'em are not intrapartum
 But rather when couples conceive!
 'Consensual' sex is the reason this vexes,
 So now all must prove (and be brisk!)
 That discussion was had 'tween the Mom and the Dad
 Of alternative, ben'fit and risk!
 And risk
 Of alternative, ben'fit and risk!"

Those who experience a vague shudder of recognition while reading The Suit and Division Chief should know that it is loosely modeled after the classic Victorian nursery rhyme, The Owl and the Pussycat. I encourage all readers who don't have a child handy to find one so that they can engage in the delightful experience of reading aloud Edward Lear's far superior original.

Those of us who practice medicine for all the right reasons (that is to say, nearly all of us who practice medicine) may be forgiven a small measure of resentment over recent developments. The medical malpractice crisis and HIPAA are only the most recent additions to a growing list of constraints to the practice of medicine. There is more to come. Consent forms for vaginal delivery, forceps and episiotomy may be closer than you think. Some of you already have them.

Do not misinterpret this poem as an attempt to belittle the important issue of informed consent. Gone are the days of paternalistic medicine, and good riddance, I say. Who among us would submit to tests, treatments, and procedures without understanding their alternatives, benefits, and risks? Patients have benefited greatly from the value placed on autonomy, much as they and society in general have benefited from increased accountability, protection of privacy, regulatory scrutiny, consideration of cost-effectiveness, and a host of other changes. A formal and complete consent process is necessary for ethical, compassionate, patient-centered medical practice. Certainly, there are circumstances where even autonomy must yield to exigency, but those are relatively uncommon even in a specialty such as obstetrics, where on-the-spot decision-making occurs frequently. I am certain that most of us cover all the components of properly obtained consent in our dealings with patients. It is not the consent process that turns us off. Rather, it is the *consent form* that makes many of us physicians squirm, for the same reason that it allows our administrative colleagues to sleep peacefully at night. Physicians,

administrators, and patients alike recognize the association between “informed consent” and “protection from liability.” This association, along with the occasional burdening of patients with information they neither need nor wish to know, makes many yearn for the days when “trust” just about covered it.

Administrators should not be criticized for cherishing the signature on a consent form; it may indeed protect us from legal claims or harsh awards and settlements. There may be “Suits,” like the fictitious one in the poem, who dreams of shifting the burden of responsibility completely toward the patient by having them sign a “conceptual consent form” detailing all the risks and benefits of parenthood (I almost wish I had had one!). But let us not confuse satire with reality. These considerations are part of their job.

Our duty as physicians is clear: we must advocate for our patients. How did the OB Practice Committee of my division meet the challenge of instituting informed consents in obstetrics? We chose to view our participation not as a capitulation to protect the hospital’s financial reserves at the expense of our patients’ peace of mind, but rather as an opportunity to engage our patients in a truly educational experience. The documents we produced were written in that spirit.



Emmet Hirsch, MD