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1. The challenge or theme illustrated by this episode:  
Decision making in a highly hierarchical setting (Japan).

2. Brief statement of context:

A staff obstetrician (Me) in charge encountered a fetus that had been under the life-threatening condition due to an unknown reason. She was informed of the background of the fetus that he had been found with multiple anomalies that could not sustain his life in spite of neonatal intensive care. The mother of the fetus had been hospitalized to manage the hydroamnios due to the anomalies.

In the Obstetrics & Gynecological ward of J Hospital in Japan, there is a rule that an in-charge doctor should take all responsibilities to take care of every patient, if an attending doctor is not available. When I came across this case, an attending doctor was not available, because he had been performing a complicated gynecological operation. The attending doctor of this case was Dr. S, a director of the Obstetrics & Gynecological Department, famous for his medical skill, however; notorious for his short-tempered characteristics.

Though it was obvious that I should perform an emergency Caesarian section in this case, I sought an immediate superior, Dr. K's advice. I would like to confirm that my choice of C-section was reasonable, because it was almost no doubt that Dr. S got irritated badly if I treated especially his patient in unjustifiable way.

Dr. K's answer was "Yes". Moreover, the mother and family would like to undergo the operation so that they save their baby's life, even though he may not be able to live long. The emergency C-section was successfully over and the baby was transferred alive to the neonatal intensive care unit.

While I was writing the operation record in the office, Dr. S rushed into the room getting his face red and he started to blame me in front of many staff.

"You, stupid!"

3. The conversation

(After each statement by one person, use the **tab** key to go to the next row of cells for the next person's statement. When you reach the last row of pre-formatted cells, using the **tab** key will create a new row. Putting each statement in its own cell will improve the formatting when the case is printed.)

<u>My Thoughts and Feelings</u>	<u>What We Said</u>
I was a doctor in charge at that time. It is you that always tell us "In-charge doctor should take a responsibility to provide substantial medical care, when an attending doctor can't do it."	Dr.S: You, stupid! Why didn't you inform me of the emergency before you decided to perform C-section just by yourself?
	Me: Because it was obvious that we didn't have any spare time to consult you. The heart rate of the fetus was continuously decelerated. Additionally, we knew that you had performed the complicated gynecological operation, so I don't disturb you.
If you had recognized the complexity,	Dr.S: This is never as such a simple

<p>you should have confirmed with the mother and family how to manage in case of an emergency situation as such and addressed it on chart. Literally, you didn't do it at all.</p>	<p>case as you think. The fetus has the known lethal anomaly, for which some mothers don't agree with an emergency C-section.</p>
	<p>Me: I consulted an immediate superior Dr. K whether I should perform the emergency C-section or not, because I understood the complexity of this patient by briefing from the staff. Then Dr. K's answer was Yes. Additionally, we confirmed what the mother and family demanded. She would like to undergo an emergency C-section so that she saved her baby's life as long as possible.</p>
<p>How clever he is! He tries to make a conflict between me and Dr. K. Anyway, every third person may think it is unrealistic that I could force her to assist me for the operation in this typical Japanese hierarchical setting, because she is much senior to me.</p> <p>What a hell he is talking about! Is it Afghanistan, where I have spent three months as a relief worker? How wicked he is! He really would like to humiliate me.</p>	<p>Dr. S: It's weird. I have already discussed this case with Dr. K. She said that you had insisted on the emergency operation and asked her to assist you. I assume you may misunderstand that you are an absolute decision maker as if you were in the developing country where you might be the one.</p>
	<p>Me: I can not understand what you are talking about. First, I did not insist. Second, of course I know that here is Japan and you are an absolute decision maker. But at that time, I tried to take my responsibility to do my best as an in-charge doctor. Anyway, I feel sorry that I didn't inform you of this incident as soon as possible.</p>
<p>OK, all right. I know what you want to do. You really don't like that anything you own are taken by someone inferior. So you would like me to atone for you by bringing shame on me in front of everyone. No problem. Let's do it. Then you yourself will be humiliated, because I didn't do anything scientifically nor ethically wrong in this case as an in-charge doctor.</p>	<p>Dr. S: I think we need more discussion. Not only you and Dr. K but also all doctors in our department should take part in the discussion so that we won't encounter this kind of mismanagement.</p>
	<p>Me: I see.</p>

4. Lingering concerns, puzzles, or questions:

I am curious whether this kind of power dynamics related conflict is culturally specific or more or less universal.

When you are finished, please post your case. **Please bring 4 hard copies of your case to class.**