READERS THEATER

DIFFERENT VOICES, DIFFERENT VISIONS

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It’s not easy to find physicians who want to work in rural communities so we were relieved when Dr. Philadelphia contacted us. He’s extremely competent - as a matter of fact, we’ve never had his kind of expertise in our community. But he’s been here almost four years and things aren’t going real well. He doesn’t know the territory.

I’ll be honest, he’s like a fish out of water. In this community, we really care about each other. We all pitched in to build the hospital. But Dr. Philadelphia is an outsider. He’s not part of our community, he doesn’t understand our ways.

For the most part, I am pleased with my move to Two Rivers. When I saw the advertisement for the position, I was immediately interested. The folks here are nice basic people. I care about them. I like it when they say “Hi Doc” in the grocery store.

I’m really hoping that Dr. Philadelphia will decide to stay in our community. I’ll be retiring in a couple of years - so it’s definitely time to get a replacement on board.

Since I’ve come, patients don’t have to be flown by the air ambulance to the regional centers as frequently as in the past. I think that people are probably relieved. I hear that folks say that they don’t hear the air ambulance very often these days.

Dr. Philadelphia has been here almost four years but he just stays at his place out in the country. I hear he’s got quite a spread - horses, the whole bit. A regular Lone Ranger.

Since moving here, I have purchased a few acres, bought some horses, built a home. It’s been great to escape the chaos of big city life. And my place out here - well, it definitely gets me away from the demands at the hospital. It is a great place for my friends to come and visit.

Yes, I’ve met Dr. Philadelphia - if that’s how you describe a quick conversation in the hall. I call him the Heartless Horseman. My friends tell me he treats his horses about the way he treated my husband Carl. Since he moved here you never hear the air ambulance anymore. He wants to keep people in this hospital, even if it kills them.

As doctors, we always try to make the right decisions, but these decisions aren’t cast in stone. Dr. Philadelphia is a “good
clinician.” I have made referrals to him in the past and will probably continue to do so. We’re lucky to have someone with his skills.

Doctor Philadelphia

I’ve read a number of articles about rural healthcare and they say that it can be a little isolating. In a way, that’s true. I don’t have a group of peers - like I did in the big city. And I don’t really socialize with community members. *I’m not really like them.* My friends are people I have known for years; I travel to visit them or they visit me at my country home. I don’t usually participate in pancake suppers and those kinds of things. But that is not surprising. Dual relationships are discouraged by professional codes. But I think I do my part and fit in pretty well.

Nurse Ruth

In this town, we’re all a little bit of kin or that’s how we feel about each other. People are connected. Our kids are on the same sports teams. They go to school together. We all work on community projects. So when you come to the hospital, you expect to be cared for like family. Everyone knows that.

Mrs. Peterson

We were so proud when this hospital opened. Carl helped with the construction and he did a lot of painting. All the ladies made quilts to help raise funds for the hospital. It has always felt like our hospital.

Nurse Ruth

But Dr. Philadelphia, he’s different. He doesn’t mix with us. His kids don’t go to our school. He homeschools them. He wants the nurses to call him “Doctor” Philadelphia. Some people think he’s a leech, taking their money and giving nothing back to the community in return. You know, there are rules for living in our community. We want to know if people are going to be with us if things go a little south.

Narrator

Some folks are saying that Doctor Philadelphia doesn’t play by the rules. They say he’ll never learn them. Folks call him a city slicker, an “outsider.” Some people wonder why a person like Dr. Philadelphia would come to their little community - is he hiding out from someone?

Dr. Wiseman

I have lived in the community for a long time and relationships are very important. When I first came here, someone warned me that it takes a long time to trust and no time at all to lose that trust.

Doctor Philadelphia

I have to admit that I’ve encountered a few small “glitches” since I moved here. Nothing too serious - but things could definitely be
improved with some staff training. I have found that nurses sometimes fail to understand the meaning of DNR orders. They don’t understand what an internist should do. If rural communities want to have physicians with my kind of skills, they may have to change their old way of looking at things, maybe change some of their values.

Nurse Ruth

We are used to the kind of doctor who comes in when he is needed. In a place like this, you have to know who you can trust. I don’t think we ever had a doctor who refused to help someone when they were really, really sick. But I was talking to a person last week who has told the ambulance driver that if she ever has a wreck on her horse she wanted to be taken straight to the next county.

Doctor Philadelphia

The nurses don’t really understand how much the system of healthcare has changed in recent years or what kinds of services should be provided. People want me to be on call all the time. The other day, a nurse actually stopped me in the hall and asked me about someone else’s patient. Once they called me to the emergency room to assist with a birth. I haven’t delivered a baby since medical school. I just don’t know how to deal with these kinds of problems. Could you train these people?

Narrator

Things have been tense since Carl Peterson died. He was a local rancher, about 59 years old. He had a heart attack. Dr. Philadelphia was in charge of his care. It was Carl’s second heart attack. Last time it happened, Carl recovered and was doing well. This time, things didn’t go as well. Some people blame Dr. Philadelphia and say he can’t be trusted.

Nurse Ruth

I was on duty five years ago - before Dr. Philadelphia’s time - when Carl Peterson had his first heart attack. Dr. Frank was in charge. He stayed with us most of the night and stabilized Carl. But then you could trust Dr. Frank; his orders were clear and he was there if you needed him. When Carl left the hospital, he was on medication and was doing quite well.

Mrs. Peterson

Things went well the first time Carl was sick. I knew Ruth and the other nurses - we have connections from way back. They explained everything. And when Dr. Frank patted you on the shoulder and said we’ll make him alright, there was not a better feeling in the world. When Carl and I left the hospital we knew exactly what to do. When there was a problem, we’d call Ruth. She’s convenient
or we could even call Dr. Frank. It was like being among family. This time was different.

Nurse Ruth

In a way, I feel that I let the Petersons down. Things didn’t go so well. The other nurse on duty that night had never taken care of a person with cardiac arrest. That happens a lot these days - money is tight and experienced rural nurses are hard to find. And then we were trying to deal with Dr. Philadelphia.

Narrator

Dr. Philadelphia came to the emergency room when Carl was admitted. He stabilized Carl and wrote orders for his care. He talked to Mrs. Peterson - they were standing in the hallway. Mrs. Peterson was crying. Then he went home.

Nurse Ruth

Sure, he talked to Mrs. Peterson, but she didn’t understand a word he said. She was so confused. After Dr. Philadelphia left, she kept asking me questions. She wanted me to call him. She thought we should call the air ambulance. I didn’t know what to do. He writes the orders and goes home. He lives way out there, right on the county line. We’re here in the hospital on our own and wondering if we’re doing the right thing.

Mrs. Peterson

I asked Ruth - I don’t know how many times - if the air ambulance could be called. Carl seemed so much worse than last time. Ruth was very nice; she kept re-assuring me. But she didn’t want to call Dr. Philadelphia. She said he doesn’t like to be called after he leaves the hospital. But she’s not supposed to tell us that.

Nurse Ruth

Dr. Philadelphia gets irritated when we call him at home. He thinks his orders are clear but the night Carl was here, we didn’t know what to do. If Dr. Frank was available - he retired a couple years ago - I’d call him in a minute. But Dr. Philadelphia definitely doesn’t like to be called.

Narrator

Dr. Philadelphia seems to have different perceptions about what it means to provide good care. At one time, when Dr. Frank was still here, he came to the emergency room because Mrs. Hudson, the Postmaster’s wife, said she wasn’t feeling good. The emergency staff thought she was OK, but when Dr. Frank came in he was concerned, because her lip was drooping just a little bit. He knew her enough to see there was a more serious problem. And he was right, she had an aneurism.

Nurse Ruth

I just don’t think Dr. Philadelphia looks for the small signs. He doesn’t really care about us.
Narrator: He does say that he really cares about the patients. But, then these problems keep cropping up. There was this patient, Hank, who needed orthopedic surgery. Hank has been the Little League coach for 20 years. He’s never said the word “no” to anybody in this community. Dr. Philadelphia made sure his blood pressure medications were adjusted before surgery. But when Hank was hospitalized, Dr. Philadelphia never bothered to visit him.

Mrs. Peterson: I hear that Hank didn’t get much care when he was hospitalized. My grandson is on the Little League Team. The coach told the kids that Dr. Philadelphia never even dropped by for a visit. I talked to Hank’s wife. She was disgusted. She said that if she knew what Dr. Philadelphia looked like, she’d wrestle him to the floor.

Nurse Ruth: He’s so undependable. He didn’t give Hank much attention, but when an 89 year old was rushed from the nursing home to the hospital with arrhythmia, he was quick to act. Seems like he never follows a patient’s advance directives. He loves technology. He had that 89 year old patient on the table and said he would get her heart stabilized. I wanted to tell him to stop. CPR isn’t appropriate for that kind of a patient.

Doctor Philadelphia: The nurses have been a little testy lately, but then these rural people can be hard to please. They complained when I treated a patient for arrhythmia, but the patient was still breathing; her heart was still beating. This was not a DNR. I used a procedure that was medically indicated and it was successful.

Nurse Ruth: Yeah, and she died six hours later. Nurses are supposed to be the patient’s advocate. We are trained to look at the needs of the individual. Because of Dr. Philadelphia’s “solid principles and rules,” about how to solve a clinical problem, the patient had to die twice.

Doctor Philadelphia: They question everything that I do. Like, in the Mr. Peterson case. His heart damage was severe. I suppose the old docs would have called the helicopter. But he wouldn’t have survived a trip on the helicopter. These things can be tough but I think the family took it pretty well. That brings me back to my point about training. Sometimes it seems that people want you to be a miracle worker. One nurse recently stopped me in the hall and asked me about an orthopedic case. She wanted to know if I had seen the guy. That’s the surgeon’s turf.
Nurse Ruth  Testy? Sure we’re testy. Carl Peterson died and when Hank had complications after his hip surgery, Dr. Philadelphia didn’t want to be involved. The orthopedist comes in just one day each week. What are we supposed to do? Pretend that someone can just wait - even if they are in pain - til it’s “appropriate.” You have to understand that things have been tough - especially since the night that Carl died. I think things would have been different if someone like Dr. Frank was involved.

Mrs. Peterson  The day that Carl died - well, it was pretty terrible. I found him in the field, hanging on to the fence and he said he couldn’t breathe. After we got to the hospital, I thought Dr. Philadelphia said that Carl couldn’t refresh anymore. We were standing in the hall, he kept talking about “options.” I was so worried I didn’t know what he said. I remember that he asked about health insurance though.

Dr. Wiseman  I was not at the hospital the night that Carl Peterson died. Given the severity of the heart damage, he might not have survived the plane trip to a regional center. I think that Dr. Philadelphia would have authorized the air ambulance if he thought that was the right thing to do.

Mrs. Peterson  I can’t get it out of my mind that the helicopter wasn’t called because we didn’t have insurance. Dr. Philadelphia said he wouldn’t use the air ambulance if he was in my shoes, but I am not sure what he meant by that statement.

Nurse Ruth  Dr. Philadelphia just doesn’t get it. I saw him talk to Mrs. Peterson but she just stood there. She never asked him any questions. He didn’t understand that in her state, she wouldn’t ask questions. Things aren’t so cut and dried here.

Dr. Wiseman  I don’t think that the Peterson family understood either the diagnosis or the implications of treatment. They needed more time. I would have spent more time with the Peterson family. Not because I am a great doctor - but because people like the Peternals are my friends. We all know we are in this together.

Dr. Philadelphia  When you are taking care of a patient, you have to think about doing good and avoiding harm. That’s basic medical ethics. Sometimes using something like the helicopter actually causes more harm than good. But these people probably don’t think about that stuff. They’ve never had any training in ethics.
Nurse Ruth: Dr. Philadelphia thinks that sticking to protocols ensures good care. When he first came here, he went ballistic because we print the names of everyone who is hospitalized and who is discharged in the local newspaper. He said that was a total violation of medical ethics and patient confidentiality.

Dr. Philadelphia: I think I’ve improved the quality of care since I’ve come. There were things that needed attention. I talked to the hospital administrator and we no longer release the names of patients to the newspaper and to the local churches. We are also trying to remove all the sign-in sheets from the local doctors’ offices.

Mrs. Peterson: That Dr. Philadelphia has made it harder for us to find out who needs a hot dish or a ride to the hospital. Well, he thinks he has made it harder. But fortunately, many of us have our police scanners and three of our ladies from the garden club cruise the halls at the hospital every morning so we can keep tabs on who has been admitted and who might need help.

Nurse Ruth: It’s not just his version of confidentiality that we’ve fought about. We fight about his views on a lot of things. We had a woman in labor who was asking for pain medication. She was from a fundamental Church and they don’t allow medication. The woman’s husband said absolutely not — no pain killers are to be given.

Dr. Philadelphia: We still have a long way to go before the staff here really understand patient autonomy. Recently, they didn’t give a woman any pain medication when she was in labor because the husband insisted: “In pain shall you bring forth your children.” Their refusal was truly a violation of patient autonomy. I’m not sure that anyone on staff realized that.

Dr. Wiseman: I think we have some cultural differences here. I’m an armchair anthropologist. I believe, that if people choose to go into a culture that’s very different from their own, then the burden is on them to change to meet the culture rather than changing the culture to meet their expectations. Rural communities have their own culture.

Nurse Ruth: Dr. Philadelphia made a huge fuss after the Larkspur baby was born. But he didn’t understand what we were facing. If we would have given the Mother any pain medication, she would have been totally ostracized by her Church - and even by her own family. Sure she was scared when she was having the baby, but really
grateful to us when it was over. She said that we could be trusted, that her whole world could have been destroyed if we hadn’t understood.

Mrs. Peterson I don’t know what to say about Dr. Philadelphia. I tell people to find someone else for their medical care. I think when he saw Carl, he saw this old man lying in a bed and figured that he wasn’t worth the trouble.

QUESTIONS FOR DISCUSSION

Why was the Script Developed?

- Present research findings in a contextual form because ethics-related issues in rural areas are more likely to reflect context rather than a single, problematic instance
- Provide a way to use actual quotes and phrases provided by research participants in 9 different studies
- Provide an interactive way to obtain information about bioethics - research participants said they wanted interactive learning activities

How did it feel to participate as a reader or as a member of the audience?

- Have you encountered similar situations before?
- Did you understand or empathize with the characters?

What kinds of problems developed in this story?

- Did Dr. Philadelphia understand community expectations?
- Did patients understand diagnosis and treatment?
- Were there problems involving access to care?
- Were lines of responsibility clear?
- Did the community understand Dr. Philadelphia’s perspective?
- Were there specific cultural values or rules that required consideration?
- Did community members trust Dr. Philadelphia?
- What values were important to members of this community?
- Did anyone explain the community rules to Dr. Philadelphia?

How did the different players respond to the various problems that developed?

- Dr. Philadelphia?
- Nurse Ruth?
- Mrs. Peterson?
- Dr. Wiseman?

What were the organizational processes?
Where did patients receive “bad news” and how were patients/families asked to make decisions?

What kinds of relationships existed among staff?

Who was involved in patient care decision-making?

Were lines of responsibility clear?

Did the behaviors of the various players help solve problems or intensify problems?

What activities escalated the problems?

What were the consequences for the hospital, the community, healthcare providers, patients, and community members?

What kinds of behaviors might have been more helpful?

Awareness of problems

Practical resources to help address/discuss problems

A commitment to experiential and behavioral changes - PACE (positive, accepting, curious, and empathy)

What might this community and hospital do to mitigate problems?