The crisis in Obstetrics

GS Gebhardt
SASOG 2014
Crisis? What crisis?

The factors most commonly cited by doctors for choosing not to work in obstetrics are:

- Relentless pressure
- Insufficient time for family and leisure
- Irregular work hours
- Fear of burnout
- Litigation/fear of litigation
- Cost of liability insurance
- Participation in TOP programme
- Exposure to HIV and/or TB
The burden of obstetrics

- 72% of acute work in O&G; yet training is structured 50/50
- Increase in numbers and in severity of disease; outgrows health services faster than concomitant increase in infrastructure and personnel
- No staffing norms yet
### Percentage distribution of the projected provincial share of the total population

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Burden of obstetrics - Tygerberg drainage

- 20,690 (2004)
- 22,598 (2005)
- 26,185 (2006)
- 26,472 (2007)
- 27,164 (2009)
- 29,746 (2010)
- 26,816 (2011)
- 29,547 (2012)
- 35,419 (2013)
1770 places at 8 universities

2 Years intern, 1 year COSMO

MO/registrar in O&G

Expensive overheads
Impact on family life
Inhuman working hours
TOP
Indemnity costs
Continued ultrasound training

Obstacles - are we creating them? Entry exam difficult to pass; is it relevant?

36 723 applications in 2013
Are male O&G still in demand?

- Specialist-public or private sector?
- Sub-specialisation or not?
- Academic medicine or a life dedicated to patient care?

Few consultant posts in government sector

No state sector funded posts for subspecialist training

Where will the future generation of academics come from?

3 Gynaecology
1 Obstetrics

⇒ The bulk of maternal and perinatal mortality lies at general specialist and district level
How can we make Obstetrics ‘sexy’ again?
Reaching MDG- care givers

Medical officers/family physicians at district level dedicated to maternity care
Specialists in rural and district areas to guide
There is a cost to caring: Burn-out and compassion fatigue
Burn-out and compassion fatigue

A syndrome of

- **Emotional exhaustion** (workers feel they are no longer able to give of themselves at a psychological level)
- **Depersonalization** (negative, cynical attitudes and feelings about one's clients)
- **Reduced personal accomplishment** (evaluate oneself negatively)

Maslach Burnout Scale

Recognized in the ICD 10 (a "State of vital exhaustion") (Z73.0)

Between 16% and 85% of health care workers in various fields develop compassion fatigue (*secondary traumatic stress disorder*)
Burnout, depression and job satisfaction in obstetrics and gynaecology registrars

Emotional exhaustion
Depersonalization
Personal accomplishment

- 13% satisfied all three subscale scores for high burnout
- > 50% have high levels of depersonalization and emotional exhaustion
- Registrars with high levels of emotional exhaustion were
  - less satisfied with their careers (P = 0.001)
  - Regretted choosing O&G (P < 0.001)
  - Higher rates of depression (P < 0.001)

Conn Med. 2012; 76(7):389-95
J Gynecol Obstet Biol Reprod (Paris). 2014 Jan 20; S0368-2315
Steps to burnout

1. The Compulsion to Prove Oneself
2. Working Harder
3. Neglecting your own Needs
4. Displacement of Conflicts
5. Revision of Values
6. Denial of Emerging Problems
7. Social Withdrawal
8. Depersonalization
9. Inner Emptiness
10. Depression
11. Burnout Syndrome
FEAR OF MALPRACTICE SUITS SPURRING SOME DOCTORS TO LEAVE OBSTETRICS

FEAR OF MALPRACTICE

Most money currently paid in conjunction with obstetric malpractice cases is a result of actual substandard care resulting in preventable injury. Well more than half of hospital litigation costs might be avoided if physician practice included: 1) delivery in a facility with 24-hour in-house obstetric coverage; 2) adherence to published high-risk medication protocols; 3) a more conservative approach to VBAC; and 4) use of a comprehensive, standardized procedure that note in cases of shoulder dystocia (payment was the primarily driven by poor behavior documentation and could have been avoided had record keeping been in high complete and uniform)
Analysis of obstetrics and gynaecology professional liability claims in the Western Cape 1994-2014

- 279 cases managed by the DoH medico-legal office
- 31% Gynaecology related
- 69% Obstetrics
- 15.7% ended in pay-outs
Major claims in the past few years:

- Failed sterilisation (16; of which 8 settled out of court)
- Iatrogenic bladder/bowel injury during routine operation (5 open, 1 laparoscopic)
- Retained swabs (4)
- CP after hypoxic brain damage during delivery (5)
- Missed 3\textsuperscript{rd}/4\textsuperscript{th} degree tears resulting in later problems (2)
- Uterine rupture during VBAC (2)
- Burn wounds in theatre (2)
Medico-legal claims - Western Cape

• Backlog ~ 10 years (inquests).
• Next case - CP, baby born 1998.
• Almost 50% of settlement encompasses lawyer’s fees.
• Time consuming, effort, stress.
• There is not a national budget for claims - funds have to come from the equitable share to provinces (health budget e.g.- competes with equipment etc.)
Defensive medicine and CS rates

Increasing state medical liability premiums were inversely correlated to decreased selection rates of obstetrics-gynecology as a career by U.S. medical graduates

Obstet Gynecol. 2014 May;123 Suppl 1:120S-1S

States with higher malpractice rates have lower vaginal delivery rates and higher cesarean delivery rates than states with lower malpractice rates

Obstet Gynecol. 2014 May;123 Suppl 1:119S-20S.

Having had lawsuits and daily worry of suits were associated with higher likelihood of recommending caesarean, compared to those without lawsuits

J Matern Fetal Neonatal Med. 2014
CS Rate Cape town metropolitan area

- Tygerberg
- GSH
- Metro
What can we do?
What can we do?

• Stimulate a passion for maternity care in medical students/interns/COSMO
• Create a working environment that helps reduce burnout (shorter shifts, effective handover)
• Recognise early steps of burnout and deal with it effectively
• Make junior doctors feel safe (protocols, guidelines, skills training, support)
• Avoid blame in morbidity reviews
• Write exemplary notes (standards for note keeping)
• Lobby the policymakers/ statuary bodies
Thank you