The Blunt End of the Needle
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Objectives: To explore the importance of, and challenges associated with, various modes of communication as they apply to the activities of the obstetric anesthesiologist.

Consider: “Every needle has a sharp end that goes into the patient and a blunt end that is attached to a health care provider. Anyone who thinks that all of the action occurs at the sharp end does not understand human behavior.”

Summary: In delivering the 2006 Hehre Lecture at SOAP, David Chestnut said, “Good relationships with the nurses and staff are critically important. I have observed that recurrent conflict between an anesthesiology resident and a labor and delivery nurse is a predictor of future trouble. For that reason, I never try to hire one of my residents who could not learn to get along with the labor and delivery nurses.” This quote is not meant to speak poorly of either anesthesia residents or labor and delivery nurses, but rather to highlight that the L&D environment is an emotionally charged, professionally challenging environment for a variety of reasons. Some do better in that environment than others. This lecture will highlight a variety of scenarios where communication skills are challenged. L&D is a very different environment than the regular operating room setting, as our patients are virtually always awake, alert, not under the effects of sedatives or hypnotics, and are in the midst of an intimate life-changing event. Our obstetric patients know their health-care providers, they remember us, they are very aware of what we say to and around them. Many of the situations we encounter are influenced by personal, cultural, religious, consumer-directed, or other non-medical overtones. Consequently, the interpersonal skills of an obstetric anesthesiologist are challenged in ways not often encountered in other areas of anesthesia practice.

The following situations will be discussed in greater detail in the lecture:

1. Body language and greetings: Should physicians introduce themselves with first name (Hello, I’m Bill Camann, your anesthesiologist), or by Dr. Last Name (Hello, I’m Dr. Camann, your anesthesiologist)? What do patients prefer? Does it matter? Should we sit down or stand up when talking to patients? Does it matter? The answers may surprise you!

2. How do the words we use influence patient’s perception of painful procedures? Should we explain such procedures using harsh, explicit, pain-descriptive words, or by using more gentle reassuring, relaxing words? For example, even with simple procedures such as a skin wheal prior to an IV or regional anesthesia placement, should we say things like “This is like a big bee sting, it is the worst part of the procedure, it will burn and sting!” or should we say “This is a small pinch that will make you numb and comfortable”? The evidence for either approach will be presented, along with a discussion of the nocebo/placebo phenomenon.

3. It is not uncommon that physicians find themselves in the legal setting. The words used during testimony at trial are critical in convincing a jury to prevail in your favor. In 1982, Paul Newman starred in a movie that many claim is the finest acting performance of his career. “The Verdict” was nominated for many academy awards, including Best Picture, Best Actor, Best Director, Best Supporting Actor, and Best Screenplay. The movie is based on a real obstetric anesthesia malpractice case that occurred in Boston in the 1970’s. A slick, high-powered law firm represents the anesthesiologist and prepares him for his testimony at trial. Several powerful scenes from this movie, indicating the preparation and importance of very particular words, will be shown.

4. Cultural influences in childbirth are common. The understanding of the importance of various cultural practices in the obstetric environment are critical for the successful obstetric anesthesiologist working with a diverse patient population. Some examples will be discussed.

5. Not every woman needs or wants pharmacologic pain relief for labor and birth. Various natural childbirth techniques are often encountered on the L&D unit. For example, hypnobirthing has become a common practice for those seeking to achieve an unmedicated childbirth. Many hypnobirthing classes emphasize the importance of using appropriately calm and reassuring words, such as “surge” rather than “contraction”, “release” rather than “rupture”, “breathing down” rather than “pushing”, “blossoming” rather than “dilation”, and others. The obstetric anesthesiologist must understand these techniques, and be comfortable and supportive practicing in a setting where the use of complementary and alternative methods is common. Many of the commonly used natural childbirth techniques, such as hypnobirthing, or the employment of a doula, are entirely compatible with the concomitant use of epidural analgesia. Some examples will be discussed.

6. We have all heard of natural childbirth. Is there such a thing as the “natural cesarean”? With a cesarean delivery rate of approximately 30-40% or higher in many developed countries, some have advocated for efforts to make this experience a more natural, patient and family friendly experience. Examples will be discussed.

Key References:

13. Arendt KA, Zhou J, Segal S, Camann W. Childbirth time selection based on