

April 8, 2010

Conflict Resolution in Healthcare Mediation As The Physician's Treatment of Choice

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There is a perception by many, including myself, that in some hospitals there are a few physicians on staff who are of questionable quality yet are protected from the quality process by executive management either because they bring much money into the hospital by their admissions and procedures or they are politically connected. I had never seriously considered the universality of this issue nor the associated importance of the socioeconomic milieu.

In October of 2009 I went on a medical/fact-finding mission to Jerusalem, the West Bank and Gaza with members of the State of Washington Chapter of Physician for Social Responsibility. In the group of twelve there were six physicians, a human rights lawyer, two from Veterans for Peace, a Lutheran minister who was married to a psychiatrist in the group, and a hospice nurse married to a cardiologist in the group. The hospice nurse, who was our leader, served as a grief counselor to mothers who had lost children in the most recent Israeli-Gaza conflict.

I do not wish to deal with any specific political issue – there were many – other than to say no political faction is without blame. Rather, I would like to tell of an experience in the neurosurgical clinic – my last patient of the five days I attended with the Gazan neurosurgeon. The point of this anecdote is not the universality of neurosurgical issues (there does seem to be one common complaint in any neurosurgical practice: “Doctor, my back hurts.”) but to tell of a father of a 4-year-old boy who had a partial right Erb’s palsy – his arm was functionally useless. This was a birth injury due to traction on the brachial plexus and cervical nerve roots. While this was an unfortunate occurrence, this, in and of itself, was not the problem to the father.

The father, who was visibly angry in words, tone and body language, was a Palestinian industrial engineer educated in the Philippines and Germany. His issue initially was with the obstetrician and then with the hospital and finally with the system. The father said it was clear that his child, while *in utero*, would be of higher than normal birth weight and his wife should have undergone a Cesarean section. He suggested this to the obstetrician but was ignored.

The father, after his son’s birth, learned that the same obstetrician had had four other deliveries, each with an Erb’s palsy, about the time of his son’s delivery. The father went to the chief of the hospital who blanketly refused to do anything about it. The father then went to the director of the Gaza hospital system, who also refused to do anything. The matter, according to the father, was never investigated.

There is more to understanding this particular affair as simply questionable quality, trending of physicians and uncaring administrators and bureaucrats. I believe the obstetrician was politically connected and thus protected. Therefore, it is important to understand a larger perspective.

Gaza is a challenged state. It is 140 square miles with approximately 1.4M citizens and a wall on three sides with but two gates, one of which borders Egypt. The fourth side borders the Mediterranean. It is difficult to get in and it is more difficult to get out. The Israeli government, weeks prior to our arrival, had reviewed our passports, CVs and purpose of mission. Upon entering and leaving Gaza, the Gazans and Israelis examined everything we had with us in detail. It took over two hours to get through the gate from Gaza back into Israel. There are many persons in their 20s who have never left Gaza in their entire life. The unemployment rate is over 50%. Tons of raw sewage are pumped daily into the Mediterranean because of an inadequate sanitation system. Tap water in Gaza is not potable.

Patients often need to “go abroad” for care; that is, they must go to Egypt, Israel, or the West Bank, or perhaps even Jordan, for care that is not available in Gaza. Some patients have died while waiting permission to “go abroad.” Supplies are quite limited and difficult to bring into Gaza because of Israeli security. I am not at all faulting Israeli security because Hamas, the political power of Gaza, is basically at war with Israel. It is well known that military materials are smuggled in with such medical equipment and with patients upon their return.

Additionally, it is difficult for physicians to go out for conferences or education. I met one general surgeon who had completed his training in Egypt and had twice been unable to sit for his boards in Egypt because the Israelis would not give him a pass to do so.

The healthcare situation in Gaza is seriously challenged socially and politically. That notwithstanding, I found it of great interest that the frustration with management's acceptance of poor quality for "bottom line" reasons that I had faced as a chief medical officer ("Don, sometimes the intolerable becomes tolerable.") was here again being described by the father of this young patient in a region with so many socioeconomic problems. Had this been at a hospital in the United States would anything different have been done? The answer is "yes (probably)." If the father had not gotten satisfaction, he could have gone to any number of outside entities, including a lawyer – think Tenet's Redding (California) Medical Center. This father cannot challenge his system.

I urge all physicians to travel internationally, not only for patient care, but also to learn of the politics of other health systems. Plutarch wrote politics is a way of life. Whether in healthcare or any other need in life, it is politics and politics alone, that determines who gets what, when, where and how – without violence.²

1. "They are wrong who think that politics is like an ocean voyage or a military campaign, something to be done with some end in view, or something which levels off as soon as that end is reached. It is not a public chore, to be got over with; it is a way of

life.” Cited by Deborah Stone, *Policy Paradox; the Art of Political Decision Making*; Norton & Company, 1997, p. 54

2. An amalgam of Harold Laswell, John McDonough and Hanna Arendt