The art of medicine

Could you wait a second?

"How can I help?" I asked the last patient of my morning clinic. Just the one extra patient that morning and I was looking forward to finishing on time for once. The smartly dressed woman in her thirties sat down and I hoped it would be a request for a contraceptive repeat. I don't get a lot of those but it's one of the few things that can actually fit in a regular appointment. It would make a welcome break from trying to manage patients with low health literacy living with complex multimorbidity in extreme social deprivation. With most patients I see, the allocated 10 minute slot barely covers the time taken to list their presenting complaints, let alone provide the care they need.

"I really don't want to get pregnant. I want to start on a pill", she said. Not quite the gold-standard repeat prescription, but near enough. I still felt confident that I would finish on time. I turned to my computer and found the template for contraception. Then, a quick mental run through of eliciting her values, discussing the pros and cons, and providing options consistent with local evidence-based prescribing guidelines (which can be paraphrased as "the cheapest generic option has the best evidence"). And I couldn't forget the Department of Health mandated "have you thought about longer acting forms of contraception?" speech.

But something didn't feel quite right. I interrupted my internal monologue to go back over what she had just said. "I *really* don't want to get pregnant." There was something about the vehemence with which she expressed herself that jarred. At this point on a normal day, I'd be running 40 minutes late with six patients still waiting to be seen, and the only gut feeling I'd have would be the burning sensation indicating that in the extended absence of any other suitable substrate, my gastric lining was looking to digest itself. But that day wasn't a normal day. I had a bit more time than usual. So I had a decision to make about how to proceed. I could take her words at face value and lead her through the practiced steps of a dance played out many times before. Or I could let her choose the music and try and follow where normally I would lead.

So I turned back to her and did my best attempt at a reassuring smile. I gave my time and attention to my patient rather than my computer. I tried to see her as a person and not as a presenting complaint. Her features reminded me of my wife's cousins so I wondered if she was Kashmiri. Her long-sleeved white silk top hung loose, hand-embroidered with delicate flowers accented with light blue beads. Gold rings sparkling with different coloured gemstones adorned her fingers—a wedding ring, an engagement ring, and a few others besides. On the chair beside her was a designer handbag that my wife would probably have commented on admiringly as an ice breaker. I'm not so good at small talk, and to be honest I was too embarrassed to admit to her that I recognised the brand. But what really caught my attention was her face. The controlled lack of expression might have come across as disdainful were it not for the haunted look in her eyes and the way she was sitting, tense and bolt upright on the edge of her seat. She looked at me intently but made no move to speak. I tried to give her something to work with.

"Can I ask why you don't want to get pregnant?"

"My husband wants a baby but I really don't want one."

"Well, having a baby is a big decision and I don't think you should feel pressured into having one if you don't feel ready."

"I know. I'm really worried I'm pregnant because I feel pregnant. I don't want this to keep happening."

"I can see from your notes you've had to end a pregnancy once before. That's not an easy thing to do."

"No—it was horrible. It was the most painful thing I have ever been through. I felt so sick and I was in so much pain—I never want to go through that again. I really don't want to get pregnant. They gave me some pills after my termination but he took them away from me."

She said it in such a calm and matter of fact way I nearly missed it.

"He took them away from you?"

"Yes, he doesn't want me to take the pills. So he threw them away. That's why I need to talk to you. But I don't want him to know."

I hesitated for a second. Just enough time for me to realise that I was at another crossroads. If I started talking about contraception then I'd have a chance to get lunch before my next clinic started. Or I could see how far down the rabbit hole went.

"Your husband seems very controlling."

"He is."

I remained silent for another few seconds and then, slowly, the full extent of the cruelty and violence visited upon her unmasked itself. She told me about her terror, her anguish, her isolation, and her confusion. It was hard to stomach. I felt part of me dissociate and I found myself thinking about one of those Indian soap-operas that have become surrogate families for my parents in their retirement. A full cast of caricatures played out their pantomime villain roles as the overindulged son of the mother-in-law from hell recreated the violence of his childhood in his own private Punch-and-Judy show.

"Is this normal? Is it my fault? I don't want to be pregnant because then it would make leaving him harder", she said.

I snapped back to my consultation and gave her my full attention. I saw a glimmer of hope as I realised that she was thinking of leaving him. While her parents had unintentionally arranged her imprisonment in a gilded cage with all the jewellery and handbags she could want, they had also given her the keys to her freedom. They had given her an education, love, and a sense of self-worth. She didn't want to be an apologetic punch-bag at the beck and call of her abusive husband. She wanted to be her own person.

I knew I could not undo the horrors she had lived through, but I could certainly do something to help her now. I had done my mandatory training on adult safeguarding and had learned about the structured assessment tools with catchy acronyms that we use—HARK and DASH. Except I no longer needed to ask her if she has been Humiliated, Afraid, Raped, or Kicked in her relationship. After an hour of talking about what she'd been through I knew there would be no empty boxes in that template. And neither of us felt like going through the Domestic Abuse, Stalking and Harassment and Honour Based Violence Risk Identification and Assessment and Management Model right now. But the one thing I did take from the training was the importance of asking the patient if she felt safe in her own home.

"No. I'm worried one day he might just kill me", she replied.

Fortunately, my practice has access to incredible local support services for people suffering from domestic violence. So I could put her in touch by phone with an advocate straight away to come up with a safety plan—and they arranged another meeting at the surgery the next day to go through everything in more detail. Including the DASH tool.

It was hard for her to make appointments to see us. She had to lie to avoid her husband getting suspicious so I couldn't see her that often but I kept in touch with the advocate. And the news wasn't good. She had decided to stay with her husband. She thought that he had an undiagnosed mental health problem and if he got help things would be different. She missed the follow up appointment I made with the nurse to get a contraceptive injection so she wouldn't have to hide her pills.

And then it got worse. The advocate met her and found her with a split lip and a black eye. But she would not press charges or speak to the police. We did not agree with her decision but we supported her nonetheless. The escalation in violence worried us. I felt like a failure. I felt powerless to stop history repeating itself. I told myself that I shouldn't have listened. I should have just looked busy.

Sometimes things turn out as expected: the police never heard about the violence; her wounds healed; no one around her saw beyond the long sleeves and makeup that concealed her fading bruises or the tension that masked her fear. But sometimes things happen that we might not expect. He failed

to break her spirit. Instead, the hell in which she lived tempered her fear into a steely resolve. And one day she woke up, picked up her emergency bag, and walked out the front door, never to return. I thought I had failed her, but we had done what we needed to do. We had helped her to help herself.

There are times when I'm glad I have checklists to help me work safely and systematically. Templates can help us to standardise care when dealing with the inevitable complexity and variability that exist in all health-care systems. But checklists and targets have limits. In the 12 months before that deceptively quiet morning, my colleagues and I had seen this patient at least six times. I had seen her twice. And each time we had stuck to our templates. We were focused on her medical needs. We had listened to what she said, but not what she meant. What had been left unsaid was how much she needed kindness, sympathy, and patience. For me to give her a few seconds of my silence so that she could finally break hers. I know if I had been busy, it would have seemed like that would take forever. But the passage of time is a peculiar thing. As strange in a consultation as it is in Wonderland:

Alice: "How long is forever?"

White Rabbit: "Sometimes, just one second."

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All patient information in this essay has been changed to protect patient confidentiality.