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Interdisciplinary trust and respect protects patients from changing power dynamics in healthcare

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Interdisciplinary trust and respect protects patients from changing power dynamics in healthcare

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Flaws in our healthcare system can delay and negatively impact patient care. Health professionals have much to learn, not just in terms of biomedical facts, but also about the social interactions in clinical care. Practicing medicine requires a multi-disciplinary approach, which involves efficient communication between health professionals and checks and balances to prevent medical errors. However, sometimes the system can get in the way of providing efficient and quality patient care. This past week on the inpatient floors, we have experienced a couple examples of poor quality care due to lack of communication.

In one instance, calcitonin was prescribed to a patient to relieve pain in the setting of an acute compression fracture of the spine. Pharmacy did not fill the order, and when contacted by the physician, stated, "I need evidence about the efficacy of the treatment." A swift PubMed search quickly verified the efficacy of this treatment for the condition.[1-5] It is associated with very few side effects. Instead of making the physician aware of concerns, the pharmacist never filled the prescription despite not personally talking with or examining the patient. The patient never received the medication. This interaction prevented the patient from receiving a treatment that her physician deemed appropriate. In addition, it required the physician to take time away from caring for her patients to deal with the issue.

In another instance, a patient on a fentanyl patch for chronic back pain was prescribed linezolid for cellulitis with multi-drug resistant bacteria. Pharmacy refused to fill the prescription due to a computer-generated alert that popped up about a potential adverse drug reaction between the fentanyl and linezolid. Pharmacy informed the patient of this, and the patient thought that she had been prescribed a dangerous medication that could have been lethal, even though this was not the case. The patient became alarmed and refused to take the linezolid. It was very important that the patient get adequate antibiotic treatment, and the risk of the drug interaction was very low. This misunderstanding shut down the therapeutic relationship between the patient and physician; that relationship was never repaired. When alerts like this come up, the physician should have had an opportunity to explain the risk of harm vs. risk of benefit of prescribing the linezolid. The physician focused on the benefit of the drug and harm of leaving the condition untreated, while the pharmacist focused on the harm of a potential drug interaction. The patient was caught in the middle. Consistency and trust are vital to effective interactions between patients and health professionals. We wish we had an opportunity to coordinate care before one team member acted unilaterally.

Both situations were frustrating, mainly because no one party was to blame. The physician was prescribing the treatment they thought was in the best interest of the patients, and the pharmacy was trying to prevent errors in dispensing harmful or unnecessary medications. The root cause of these issues is a changing culture of power relationships within healthcare. In the past, we expected pharmacists to review prescriptions for safety and contact the doctor with concerns. At least in these two cases, the pharmacist

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made an independent judgment without communicating. We have observed multiple different professions exerting their right to independently provide care; that right has a complementary responsibility to coordinate care.

We all need to point out systematic flaws that negatively impact patient care and try to change the way things are done; however, this sometimes feels like a daunting task, especially to younger medical students. Nevertheless, all levels of medical professionals and trainees have a responsibility to advocate for the patient. We can use the skills of critically appraising the medical literature and share that information with team members. These experiences reinforced the fact that there are many qualities required to become a good physician in addition to simply gaining medical knowledge. We also need to learn about social interactions within the healthcare system, and it is important to take the time to hone those skills as well.

References

1. Endo N, Fujino K, Doi T, Akai M, Hoshino Y, Nakano T, Iwaya T. Effect of elcatonin versus nonsteroidal anti-inflammatory medications for acute back pain in patients with osteoporotic vertebral fracture: a multiclinic randomized controlled trial. *J Bone Miner Metab*. 2017 Jul;35(4):375-384. doi: 10.1007/s00774-016-0765-8
2. Hongo M, Miyakoshi N, Kasukawa Y, Ishikawa Y, Shimada, Y. Additive effect of elcatonin to risedronate for chronic back pain and quality of life in postmenopausal women with osteoporosis: a randomized controlled trail. *J Bone Miner Metab*. 2015 Jul;33(4):432-9. doi: 10.1007/s00774-014-0603-9
3. Farrokhi MR, Alibai E, Maghami Z. Randomized controlled trial of percutaneous vertebroplasty versus optimal medical management for the relief of pain and disability in acute osteoporotic vertebral compression fractures. *J Neurosurg Spine*. 2011 May;14(5):561-9. doi: 10.3171/2010.12.SPINE10286
4. Lyritis GP, Ioannidis GV, Karachalios T, Roidis N, Kataxaki E, Papaioannou N, Kaloudis J, Galanos A. Analgesic effect of salmon calcitonin suppositories in patients with acute pain due to recent osteoporotic vertebral crush fractures: a prospective double-blind, randomized, placebo-controlled clinical study. *Clin J Pain*. 1999 Dec;15(4):384-9. doi: 10.1097/00002508-199912000-00004
5. Kim HJ, Yi JM, Cho HG, Chang BS, Lee CK, Kim JH, Yeom JS. Comparative study of the treatment outcomes of osteoporotic compression fractures without neurologic injury using a rigid brace, a soft brace, and no brace: a prospective randomized controlled non-inferiority trial. *J Bone Joint Surg Am*. 2014 Dec;96(23):1959-66. doi: 10.2106/JBJS.N.00187

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