Pain during childbirth leads to $2.4-million lawsuit

Fran Lowry

In Brief • En bref

A woman from Hamilton, Ont., is suing a local hospital and three physicians, alleging that she suffered excessive pain while giving birth. The first-time mother alleges that she experienced excessive pain during delivery despite her repeated requests for pain relief.

Une femme de Hamilton (Ontario) poursuit en justice l'hôpital Chedoke-McMaster et trois médecins en affirmant qu'elle a trop souffert au moment de l'accouchement. La mère primipare affirme qu'elle a souffert de la douleur excessive au cours de l'accouchement, malgré ses nombreuses demandes pour soulagement de sa douleur.

In a case that many physicians are certain to regard as yet another sign of the increasingly litigious nature of medical practice, a 40-year-old chartered accountant from Hamilton, Ont., is suing Chedoke-McMaster Hospital and three of its doctors for $2.4 million, claiming she suffered excessive pain while giving birth to twin boys.

Lesli Ann Szabo, a first-time mother, says she told her obstetrician that she had an especially strong aversion to pain and was dreading giving birth because of it. In the past, she had even sought psychiatric counselling for this aversion. Szabo says the obstetrician assured her that she would be kept "comfortable" throughout her labour and delivery. Instead, she claims, she suffered excruciating pain and no steps were taken to relieve it, despite her repeated requests for pain control. The case attracted widespread media attention — even the *National Enquirer* wanted her story.

Around Hamilton, Szabo enjoyed little public support because in the public's mind childbirth and pain are practically synonymous. "She now has healthy, beautiful twin boys," commented one woman, echoing the thoughts of many. "What on earth does she have to complain about?"

Because the case is currently before the courts, neither Chedoke-McMaster Hospital nor the doctors involved would speak to *CMAJ*. As well, the hospital cannot discuss any facts pertaining to Szabo's care because she has refused authorization to release details to the press or other interested parties.

"From the hospital's point of view, we deny Ms. Szabo's statement of claim," says Cynthia Janzen, director of public affairs at Chedoke-McMaster. "We can't respond to the allegations, but I can tell you that we do not agree with her version of events."

However, Szabo, who is married to a Hamilton family physician, was willing to discuss the case. "I'm not doing this for the money," she says. "I'm an accountant and my husband is a doctor — we don't need it. I just want other women never to have to go through what I went through."

"When I read about this case in the paper, I thought: Why on earth [would] anyone ever tell her that she wouldn't have pain?" says Dr. Ronald Melzack, the E.P. Taylor professor of pain studies in psychology at McGill University. "Giving birth is a very painful business, and there are good, sound anatomical reasons for this."

Epidural anesthetic fails to relieve this pain in between 5% and 10% of cases. If the epidural does work, the patient may get partial — but not total — pain relief during labour.

But Szabo says she did not want an epidural — she wanted to be completely unconscious during the birth because of her intense fear of pain: "I wanted to be put out. I wanted a general anesthetic." She alleges that this was not done, and that other methods of pain relief, such as nitrous oxide or pudendal block, weren't used either.

Szabo claims that shortly after she arrived at the hospital, a resident in anesthesiology, who had little experience, attempted to place an epidural catheter at about 5:30 am. When a staff anesthetist arrived, Szabo asked that morphine be put in her epidural drip.

Around 11 am, she said, she sat up with a start. "I was in agony," says Szabo, who alleges that the nurse she called "ridiculed me because I was afraid of feeling pain. I was fully dilated by then. They called for my husband and wheeled me down to

Fran Lowry is a freelance writer living in Toronto.

the main delivery room. There was no anesthetist in attendance. They kept telling me he would come at 1 pm, then it was 2 pm. By 2 o'clock I asked to be transferred to another hospital, and was refused. That's when I lost it."

Szabo says she has received little sympathy and lots of hostility since launching the lawsuit — responses have included angry letters and two telephone threats.

Dr. Stuart Lee, secretary-treasurer of the Canadian Medical Protective Association, says there has been a steady increase in the number of lawsuits brought against physicians in recent years. Whether that is because standards of care have declined or because society in general has become more litigious is hard to tell, he says.

"Broadly, throughout society, we are all suing each other more frequently than we used to do," he adds. "I don't think there is any evidence to suggest that lawsuits against doctors are increasing at any greater rate than lawsuits against all of us."

The concept of quality in health care remains as elusive and subjective as ever, yet there are more expectations attached to that concept of quality, says Carol Clemenhagen, president of the Canadian Hospital Association.

"Consumers, rightfully, have high expectations of Canadian health care," she says. "I think that today there is very much an individualist focus, so when difficulties arise around the communication between patients and caregivers, we are into a very complex relationship. When you add to this a sense that the individual is defining what quality means — at least to that individual, with all the possible factors involved — we are making that relationship even more complex."

Trying to meet the hopes of patients in today's era of fiscal restraint, when there are fewer health care workers and longer waiting times, is becoming a problem, she admits.

As far as Lesli Ann Szabo is concerned, her expectations were definitely not met. "I know people who have had babies and have had no pain at all. They've had functioning epidurals, they've had pudendal blocks combined with nitrous oxide when the epidurals were not working, they've had narcotic drips. Why were these options not offered to me? We're not talking about a small-town hospital here, we're talking about a tertiary-care centre. You can bet that this would not have happened in a private hospital in the US." ■