

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

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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 fre-

quently 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." ■

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clinical trials are listed below. **Gynecological:** Dysmenorrhea 6.5%, amenorrhea 0.8%, spotting 5.8%, breakthrough bleeding 1.8%, breast tension or pain 4.2%, libido, increase — decrease 2.0%, chloasma 1.8%. **Gastrointestinal:** Nausea and/or vomiting 4.2%, increased appetite 0.5%. **CNS:** Headache 5.6%, migraine 2.0%, depression 2.0%. **Cardiovascular:** Thrombophlebitis 0.2%, varicose veins 3.5%, edema 0.4%. **Dermatological:** Acne 2.3%. **Miscellaneous symptoms:** Weight gain 0.3%. There was a decline in the incidence of symptoms with time. Most adverse effects were observed in the first 3 months of therapy. From cycle 4 to 24, the frequencies of all symptoms were lower than the pretreatment values.

TREATMENT OF OVERDOSE AND ACCIDENTAL INGESTION:

Symptoms: With levonorgestrel and ethinyl estradiol, acute doses in excess of clinical levels when administered to experimental animals, have been shown to have a minimal deleterious effect. In humans, however, the extent of ill effects to be expected following accidental ingestion of a large dose of any oral contraceptive has not been firmly established. Depending upon the amount ingested, liver toxicity, temporary interference with the function of the seminiferous tubules, or in the case of females, possible withdrawal bleeding within a few days of consumption, are theoretically possible. However, case histories of both male and female children, some of who ingested more than half a month's supply of oral contraceptive tablets, indicate that the effects are asymptomatic and without immediate consequence. Despite the frequency of nausea and vomiting in adult females during the first few cycles of use, none of these children presented such symptoms. **Treatment:** Although the physiologic effects of oral contraceptives may be theoretically offset by concomitant administration of gonadotrophin preparations, there are no known chemotherapeutic agents which will neutralize their effects subsequent to accidental ingestion. In the practical management of an acute overdose, gastric lavage may be of value if the offending agent has recently been swallowed. The general rules for observation and symptomatic resolution should be followed. Liver function tests should be conducted, particularly transaminase levels, 2 to 3 weeks after consumption.

DOSAGE AND ADMINISTRATION:

INFORMATION TO PATIENTS ON HOW TO TAKE TRIQUILAR:

1. Read these directions before you start taking your pills, and any time you are not sure what to do. **2. Look at your pill pack** to see if it has 21 or 28 pills: **21-PILL PACK:** 21 active pills (with hormones) taken daily for three weeks, and then take no pills for one week; or: **28-PILL PACK:** 21 active pills (with hormones) taken daily for three weeks, and then seven "reminder" pills (no hormones) taken daily for one week. **3.** You may wish to use a second method of birth control (e.g. latex condoms and spermicidal foam or gel) for the first seven days of the first cycle of pill use. This will provide a back-up in case pills are forgotten while you are getting used to taking them. **4.** When receiving any

medical treatment, be sure to tell your doctor that you are using birth control pills. **5. Many women have spotting or light bleeding, or may feel sick to their stomach during the first three months on the pill.** If you do feel sick, do not stop taking the pill. The problem will usually go away. If it does not go away, check with your doctor or clinic. **6. Missing pills also can cause some spotting or light bleeding, even if you make up the missed pills.** You also could feel a little sick to your stomach on the days you take two pills to make up for missed pills. **7. If you miss pills at any time, you could get pregnant. The greatest risks for pregnancy are** when you start a pack late and when you miss pills at the beginning or at the very end of the pack. **8. Always be sure you have ready: another kind of birth control** (such as latex condoms and spermicidal foam or gel) to use as a back-up in case you miss pills, and an extra, full pack of pills. **9. If you have vomiting or diarrhea, or if you take some medicines, such as antibiotics, your pills may not work as well.** Use a back-up method, such as latex condoms and spermicidal foam or gel, until you can check with your doctor or clinic. **10. If you forget more than one pill two months in a row, talk to your doctor or clinic about how to make pill-taking easier or about using another method of birth control. 11. If your questions are not answered here, call your doctor or clinic.**

WHEN TO START THE FIRST PACK OF PILLS: Start taking your pills on day one of your menstrual cycle. Your pills may be either a 21-day or a 28-day type. **A 21-day combination:** With this type of birth control pill, you are 21 days on pills with seven days off pills. You must not be off the pills for more than seven days in a row. **1. The first day of your menstrual period (bleeding) is day 1 of your cycle.** Your doctor will advise you to start taking the pills on Day 1 of your period. **2.** Take one pill at approximately the same time every day for 21 days; then take no pills for seven days. Start a new pack on the eighth day. You will probably have a period during the seven days off the pill. (This bleeding may be lighter and shorter than your usual period.) **B. 28-day combination:** With this type of birth control pill, you take 21 pills which contain hormones and seven pills which contain no hormones. **1. The first day of your menstrual period (bleeding) is day 1 of your cycle.** Your doctor will advise you to start taking the pills on Day 1 of your period. **2.** Take one pill at approximately the same time every day for 28 days. Begin a new pack the next day, not missing any days on the pills. Your period should occur during the last seven days of using that pill pack.

WHAT TO DO DURING THE MONTH: **1. Take a pill at approximately the same time every day until the pack is empty.** Try to associate taking your pill with some regular activity like eating your evening meal or going to bed. Do not skip pills even if you have bleeding between monthly periods or feel sick to your stomach (nausea). Do not skip pills even if you do not have sex very often. **2. When you finish a pack: 21 pills: Wait seven**

days to start the next pack. You will have your period during that week. **28 pills:** Start the next pack on the next day. Take one pill every day. Do not wait any days between packs.

WHAT TO DO IF YOU MISS PILLS: Miss 1 pill: Take it as soon as you remember, and take the next pill at the usual time. This means that you might take 2 pills in one day. **Miss 2 pills in a row: First 2 Weeks:** 1. Take 2 pills the day you remember and 2 pills the next day. 2. Then take 1 pill a day until you finish the pack. 3. Use a back-up method of birth control if you have sex in the 7 days after you miss the pills. **Third Week:** 1. Safely dispose of the rest of the pill pack and start a new pack that same day. 2. Use a back-up method of birth control if you have sex in the 7 days after you miss the pills. 3. You may not have a period this month. **IF YOU MISS 2 PERIODS IN A ROW, CALL YOUR DOCTOR OR CLINIC. Miss 3 or more pills in a row: Anytime in the Cycle:** 1. Safely dispose of the rest of the pill pack and start a new pack that same day. 2. Use a back-up method of birth control if you have sex in the 7 days after you miss the pills. 3. You may not have a period this month. **IF YOU MISS 2 PERIODS IN A ROW, CALL YOUR DOCTOR OR CLINIC.**

Note: 28-day pack: If you forget any of the seven "reminder" pills (without hormones) in Week 4, just safely dispose of the pills you missed. Then keep taking one pill each day until the pack is empty. You do not need to use a back-up method. Always be sure you have on hand: a back-up method of birth control (such as latex condoms and spermicidal foam or gel) in case you miss pills, and an extra full pack of pills. **IF YOU FORGET MORE THAN ONE PILL 2 MONTHS IN A ROW, TALK TO YOUR DOCTOR OR CLINIC.** Talk about ways to make pill-taking easier or about using another method of birth control.

DOSAGE FORMS: Availability: TRIQUILAR tablets are available: For 21-day regimens in "TRIQUILAR 21 Memopack" and for 28-day regimens in "TRIQUILAR 28 Memopack". Each pack contains three different combinations of levonorgestrel (d-enantiomorph of norgestrel) and ethinyl estradiol. "Triquilar 21" — 21-day Memopack Days 1-6: Each light brown tablet contains levonorgestrel 50 µg and ethinyl estradiol 30 µg. Days 7-11: Each white tablet contains levonorgestrel 75 µg and ethinyl estradiol 40 µg. Days 12-21: Each ochreous tablet contains levonorgestrel 125 µg and ethinyl estradiol 30 µg. "Triquilar 28" — 28-day Memopack: Six light brown tablets containing levonorgestrel 50 µg and ethinyl estradiol 30 µg. Five white tablets containing levonorgestrel 75 µg and ethinyl estradiol 40 µg. Ten ochreous tablets containing levonorgestrel 125 µg and ethinyl estradiol 30 µg. Seven slightly larger inert white tablets, containing no active ingredients.

Complete prescribing information available upon request.

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