

Dissection

by Jacinta Halloran

Notes by

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The text

References in these notes are to *Dissection* by Jacinta Halloran (Scribe, Melbourne, 2008).

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by Jacinta Halloran

“Trust me, I am a doctor.”

What image is conjured up in your mind on hearing those words? Do you imagine someone who is wise and caring? A trustworthy professional? Someone highly trained and skilled? Infallible and indefatigable? We can't help but feel in safe hands as doctors take the Hippocratic Oath and promise to keep patients “from harm and injustice” and to guard their “life and art in purity and holiness”.¹ But do we have unrealistic expectations of medical professionals? They are, after all, only human.

In her novel *Dissection*, Jacinta Halloran introduces us to Dr Anna McBride, a dedicated GP, who is being sued for medical negligence. Anna, a 43-year-old woman, mother of two boys, is busy running her Melbourne medical practice under the shadow of a three-year-old malpractice suit. The novel explores the events leading up to the case and the effects on Anna, both personally and professionally.

Dissection is a detailed study of a woman, somewhat a perfectionist, whose life up to this point has been going to plan. A dutiful daughter “who rarely made mistakes” (p.135) and a bright student, her decision to enter medicine is not based solely on altruistic motives or passion, rather, it seems the best option for someone of her intelligence that will enable her to balance a family and a well-paid career (p.91). “She would be a doctor, she had achieved her goal: was that all it was? Or was there a darker agenda? She would be a doctor *because she had done better than most*” (p.112).

When served with a writ for negligence Anna's self-confidence plummets. She doubts her ability and questions her worth. “She is no longer sure that she can get it right, at least not every time” (p.6). Anna reflects on her training in hospitals and wonders where is “the beginning and the end of responsibility?” (p.123). She remembers the long exhausting hours as an inexperienced hospital intern with

inadequate supervision and the pressure to make life or death decisions while suffering from lack of sleep. She enjoyed the camaraderie between the young doctors in residency, which resulted from the shared awareness of their fallibility and the dire consequences of their actions. As an experienced GP, Anna was confident in her ability to conduct a consultation with a patient – they were about the patient. Now, they are all about her; her actions, and how they would be judged in court if she gets it wrong.

When making a diagnosis, a doctor interprets information from the patient and orders tests to cover the likely possibilities. But what if the illness is rare? Or the doctor misinterprets a clue? Or simply makes a mistake? Anna tells us that decisions are often “hurriedly patched together from a thousand, shadowy, niggling impulses” (p.75). She blames the constant pressures and the obligatory compromises in practicing medicine for her situation.

A negligence suit. She wears one now: a cheap suit that chafes and itches, one that is not easily removed, even after hours. A suit of sackcloth and ashes. (p.17)

Anna fails to order tests for a young man, Ben Feltham, on his first visit to her clinic. As a result of the delayed diagnosis of an osteosarcoma, his leg is amputated. Ashamed of her mistake, she is overwhelmed with guilt and fear. Consumed by her own thoughts she thrashes the issues about in her mind, justifying her actions one moment then beating herself up for her mistake the next. Swinging between an emotional reaction as a mother and an intellectual response of a doctor, she analyses her situation in purely scientific terms but her guilt remains. Retreating from her friends and family, isolated by her anxiety, Anna goes through the motions of caring for her sons but remains emotionally disconnected. Her doubt is self-perpetuating, as she fails, in her eyes, as a doctor, mother and wife.

To take responsibility for fear: That is what her profession demands and motherhood requires. So she has failed – in diagnosis and management, in maternal care, she has failed dismally. Again she has failed. (p.133)

Anna's doubt in herself and in her profession fills the pages and she regrets not choosing a 'safer' life. At the same time, she defends the practice of medicine from scrutiny by a critical media and her family. Anna's sister Sophie is willing to pay for a 45-minute consultation with a naturopath while complaining about the quality of care from bulk-billing clinics. Anna thinks this is simply "a case of attaching value to something that one has paid for" (p.88). It is a crushing blow, after six years of intense study, and long hours of stressful work, to find she is no longer valued because of the perceived shortcomings of the Medicare system.

Around the time the writ is served, Anna, pregnant with her third child, has a miscarriage (pp.128–29). Her failure and her loss are one and the same and her grief weighs heavily. She can't seem to find pleasure in her life apart from the joy from her unconditional love for her two boys. "It should be so simple. Love your children always" (p.136)

Paul, her husband, a successful architect, offers little support and agrees not to attend her mediation hearing. The couple follow a routine life with little intimacy. Tending to their children and decorating their home are the focus of their relationship. Anna talks about "the choreography of evasion" (p.169) as they live separate lives together like polite but distant strangers. Paul seems more interested in Kate, a young designer in his office, who he brings to dinner at their beach house on what was supposed to be a family weekend (p.62). Nominated for an award for sustainable architecture, he expects Anna to accompany him to the presentation dinner and seems oblivious to the fact that it's on the night of her hearing (p.29).

Paul tries to help with practical tasks, such as setting up a template for her taxes on the computer. "Over recent months, she has neglected her finances, just as she has neglected other things – dinner with friends, reading for pleasure". Even the word *neglect* has sinister connotations (p.27). As Anna decides whether or not to tell Paul about the thinning hair on the top of his head, she is haunted by the words *duty of disclosure* and is paralysed with

indecision. The language of the law is now part of her subconscious and she can no longer rely on her intuitive responses. She contemplates the consequences of each action in a self absorbed way. If she thinks about “the safest course of action for *her* to take, at least, then, she is limiting her exposure” (p.1).

Anna finds little reassurance in her lawyer John Trumble and his “legalistic clichés – desiccated phrases that ring ominously hollow” (p.25). She begins to see him as the enemy (p.114). John tells her to focus on the course of action that is in her best interests – to put herself ahead of the patient (p.115). Having worked on thirty medical-negligence cases, he believes that “doctors are an easy target” (p.113). They are seen by the public as powerful and privileged and as such are held accountable. Anna feels that people seem to take pleasure in accounts of medical incompetence and she blames the legal profession for leading people to believe that “doctors should be infallible and infallibility should be punished” (p.114).

Anna takes even less comfort in her role as “a vital member of the team” (p.25). She has never been a team player, and Anna suspects that most doctors are the same: “individualists, unwilling, or unable to work by consensus” (p.26). Anna reflects on her past life and realises that she always felt “uncomfortably detached” (p.26) in group situations. As the date for mediation approaches and the details of the legal case are made public, she withdraws further into indecision becoming more self-absorbed, when thinking of herself is exhausting and irritating (p.1).

Anna is constantly reminded of the lawsuit and of Ben. A new dentist tells Anna she is in danger of losing a few teeth and needs to see a periodontist as her condition is in such an advanced state. Her regular dentist, who has now retired, never mentioned it (p.20). In a cruel twist of fate, Anna experiences the effects of a delayed diagnosis, although bleeding gums and disfigured teeth don’t really compare with losing a leg. She even considers filing a complaint about the dentist, then decides there is no point as he has retired. But she hasn’t forgiven him (p.101). When the dentist delivers the news

to her in a somewhat brutal manner, Anna is reminded of Ben and how she failed him. She failed to offer hope and failed to explain. It wasn't just lack of preparation – it was fear. “She had missed it. She had missed his cancer” (p.22).

She had given bad news before and had done it well, coaxing fear out into the open where it could be cornered and stared down. But never had she missed a diagnosis like this. *The boy had symptoms for seven months.* (pp.22–23)

The mediation hearing results in a “good and fair” offer of compromise to Ben (p.205). During the hearing, Ben’s mother Virginia appears disturbed and agitated and Anna wonders if she needs a doctor more than a lawyer. After the hearing, Virginia turns up at the surgery, posing as a patient in a long coat and dark sunglasses, carrying a knife. She has come to punish, to mete out her own form of justice on Anna, who thinks; *Guilty as charged. I offer no defence* (p.222). After waking in hospital, Anna feels only concern for and sympathy with Virginia. A reasonable settlement with Ben is agreed to and Anna feels a sense of healing, for the first time in three years. She would not be “a woman broken by guilt and shame” but someone simply doing “the best she could” (p.233).

Issues of morality and guilt

Halloran, using the voice of Anna, raises philosophical questions and looks at the role of the doctor from a number of different view points: ethical – the patient’s needs are paramount; moral – being accountable for one’s actions; legal – protecting oneself by limiting exposure (pp.10–17). Anna is told that the lawsuit is about ascertaining her legal responsibility in the matter and “her morality is not on trial” (p.117). The adversarial nature of the legal system is made clear; the need for a winner and a loser in each case. As Anna points out, “It doesn’t seem right to talk of winning, when a boy has lost his leg” (p.117).

The novel explores the arbitrary nature of the practice of medicine and how this impacts on issues of accountability. The few absolutes

in the job are clear, such as not intentionally harming or having a sexual relationship with a patient. Most decisions, however, are an arbitrary compromise based on subconscious fears, feelings and intuition. Decisions are not absolute truths given with conviction. Anna “no longer believes in the absolute, nor in absolution” (p.75). Anna explores her feelings and tries to make sense of her situation in terms of the moral guidance she has received over the course of her life. What was her gravest mistake? Was it solely her error of judgement or was it because it resulted in dire consequences? Do we consider that we have ‘sinned’ only if we are caught? Is ‘scot-free’ guilt free?

Can we apply a form of economy of scale to feelings of guilt? Do we become impervious to guilt if we make lots of mistakes? Anna’s mother thinks that Anna has been badly affected by her experience because she has always been so painstakingly careful. Anna thinks her “logic is ridiculous ... making mistakes doesn’t somehow confer immunity” (p.135). Are our feelings of guilt directly related to our level of regret and can the religious practice of repentance truly absolve us of our sins?

As a child, repentance had been a fortnightly act. *Bless me, Father, for I have sinned*. She would leave the confessional and pray for redemption ... not in sorrow for her wrongdoings, but to insure herself against the consequences of sin. (p.207)

The power of punishment in the absolution of sins is explored when Virginia finally sets upon Anna and we feel a kind of resolution. Anna gives up her guilt when she is punished. For three years Anna has suffered in private. As she is visited in hospital by colleagues and family, her suffering is public and brings “some recompense in the form of human connection” she hoped for (p.115).

About the author

Jacinta Halloran, a GP in Melbourne and mother of three children, has written articles on medical science for the *Sunday Age* and *Australian Doctor*. At the time this book was published she was

working on an MA in Creative Writing at RMIT. In 2007 *Dissection* was shortlisted for the Victorian Premier's Literary Award for an unpublished manuscript.²

Halloran believes that she is lucky to work part-time as many GPs are overworked, especially in areas with shortages of medical staff. She thinks they would struggle to be “totally present and listening and doing their absolute best in every situation”. Litigation is a threat for most GPs and although Halloran has never faced it herself, it was the prompt for this book.

I read an article in a weekend magazine about a female GP who was sued for failing to detect a cancer which resulted in amputation. It took a long time for the case to come to court. The GP spoke about how her marriage fell apart because of the stress – I found that really sad. People wouldn't see her as a victim.³

Halloran has suggested that her Catholic upbringing was a possible influence in Anna's feelings of guilt and her references to sin, but sees her “uncompromising medical training as a bigger source of angst than religious upbringing”.⁴

Issues in medicine

Many young doctors in our underfunded and understaffed hospitals are close to burn-out according to a national survey by the Australian Medical Association in 2008. The overworked doctors confessed that patients' lives are being put in danger as their ‘unsafe’ workloads were affecting their quality of medical care. Almost half the doctors surveyed believe their excessive workloads run the risk of compromising patient safety. Some doctors used alcohol to cope with stress and fatigue and almost 10 per cent drank daily. Doctors are “really struggling to meet all of the demands that are put upon them. Doctors are people too, they are not superhuman”.⁵

The practice of medicine is being damaged by lawsuits for negligence with big payouts, claims Professor Fiona Stanley. Some important public health programs are threatened, such as cervical

cancer screening which is diagnostic only and not 100% effective. This results in “putting lots of normal women into more doctors’ appointments, more colposcopies ... so you may get some young women who will have infertility problems because they’ve had an unnecessary cone biopsy”. Fewer gynaecologists are prepared to practise cervical cancer screening and the cost of the program is increasing because of the insurance premiums.

Stanley mentions the Australian obstetrician Dr William McBride who identified a number of cases of birth defects, where a common factor was exposure to the anti-nausea drug Debendox. In the 1970s about 30% of pregnant women in Australia took Debenox. Stanley claims that Debendox has been shown by controlled scientific studies to be one of the safest drugs in pregnancy, but was withdrawn solely because of the cost of the legal defence. “What has driven it is a litigation system that is unfair to the mother, the child, the society”. It is interesting to note that Halloran has given Anna the surname McBride.⁶

Endnotes

1. Classical version of the Hippocratic Oath, viewed 17 Oct 2008, <http://en.wikipedia.org/wiki/Hippocratic_Oath#The_classical_oath>.
2. Scribe website: <<http://www.scribepublications.com.au/book/dissection>>.
3. Erica Fosbender, ‘Finding the write balance’, *GPRReview*, Sept 2008, <<http://www.racgp.org.au/Content/NavigationMenu/Publications/GPRReview/2008GPRReview/September/200809findingthewrite>>.
4. Steve Dow, 14 August, 2008 <<http://www.theage.com.au/national/bad-medicine-20080813-3v2e.html?page=-1>>.
5. Brad Watts, Overworked doctors tired and dangerous, 20 Oct 2008, <<http://www.news.com.au/dailytelegraphstory/0,22049,245202505001021,00.html>>.
6. Professor Fiona Stanley of the University of Western Australia on the impact of medical litigation Radio National Transcripts: The Health Report. <<http://www.abc.net.au/rn/talks/8.30/helthrpt/hstories/hr280801.htm>>.

Questions for discussion

1. Were you surprised by the way the relationship between Anna and Paul played out at the end of the book? Do you think they would have stayed together if she hadn't been sued?
2. How would you describe the relationship between Anna, her sister Sophie and their mother? What were the influences in Anna's life that lead her to become the serious older sister who was ready to suffer for the sake of the greater good (p.76)?
3. Halloran says the novel is not autobiographical, but she could relate to the central character.¹ Would you describe Anna as courageous? Did you sympathise with her situation? Does the present-tense narration give the novel authenticity?
4. After a misdiagnosis of a patient as a young intern, Anna protects herself using the defence that she was "only following orders" (p.13). Is this a highly moral stance? How do we develop moral courage? Is it just the role of religion to define absolutes today, or our courts, or do we need more structured codes of ethics such as the Hippocratic Oath?
5. Are doctors advised never to say 'sorry' to a patient, if a medical procedure is not successful, because it is seen as an admission of guilt? Some patients complain when they want sympathy for or acknowledgement of their situation. Sometimes a 'sorry' is all that is needed. Does the threat of legal action prevent empathetic communication between patient and doctor?
6. Halloran believes Medicare needs to be changed to reflect a "psycho-social" component; remunerating doctors for listening to patients. "Medicare is still skewed towards procedures, and not time spent with patients."² Do you agree?

¹ Erica Fosbender, loc. cit.

² Steve Dow, loc. cit.

7. Anna is devastated when news of her lawsuit reaches the press. “It has followed me here, to this children’s playground, and found my son” (p.83). What is the role of the media in a case such as this?
8. Does fear make us passive or reckless (p.37)? What is Anna fearful of and how has this fear impacted on her personal and professional life?
9. As a young hospital intern, Anna had to deal with the problems in the system, such as the lack of sleep, long working hours and the demarcation between hospital units (pp.10–16). Should our governments address these issues by having more doctors in public hospitals with safer working hours and better rosters? What are the consequences if these problems continue?
10. “With privilege comes accountability: at least that’s how it’s been since the eighties, when the concept of accountability became enshrined in the public consciousness” (p.114). Has our readiness to sue created a society that lays blame rather than takes personal responsibility? Is “fear of litigation” a healthy way to maintain medical standards or is it “leading to defensive, bland medicine” (p.134) and damaging medical programs?
11. In the vascular surgery wards many amputees continued to smoke. Anna feels guilty that she could have saved an amputation, if she had given them advice or encouragement (p.141). Do doctors have a responsibility to change unhealthy habits in patients as well as fix their ailments? Some medical professionals refuse to treat smokers or obese patients. Does this go against the Hippocratic Oath or are they acting in the best interests of the patient in the long term?
12. What attributes make for a successful GP? Does Anna have the temperament necessary to deal with the pressure? Could she have been strengthened by her experience and become a more exacting, thorough diagnostician?