A Collaborative Clinical Case Conference Model for Teaching Social and Behavioral Science in Medicine: An Action Research Study

Junichiro Miyachi[abe*], Junko Iida[c], Yosuke Shimazono[d], Hiroshi Nishigori[ae]

[a]*Center for Medical Education, Graduate School of Medicine, Nagoya University, Aichi, Japan*

[b]*Hokkaido Centre for Family Medicine, Hokkaido, Japan*

[c]*Faculty of Health and Welfare, Kawasaki University of Medical Welfare, Okayama, Japan*

[d]*Center for Global Initiatives, Osaka University, Osaka, Japan*

[e]*Medical Education Center, Graduate School of Medicine, Kyoto University, Kyoto, Japan*

***Corresponding author:**

Junichiro Miyachi

65 Tsurumai-cho Showa-ku Nagoya, 466-8560, Aichi, Japan

Tel: +81-52-744-2997

Fax: +81-52-744-2644

E-mail: j.miyachi@hcfm.jp

Initial case description:
Mr. Yasuda, a 75-year-old male company owner with over ten years of insulin-dependent diabetes and an advanced stage of COPD, developed severe dyspnea despite conventional treatment, which brought him to a long-term care facility to receive nursing care.His exertional dyspnea and hypoxia limited his daily activities, including toileting and eating, which made him yell at the nursing staff. Despite the severe symptoms, Mr. Yasuda rejected aid from the nursing staff and defecated alone every day. Yasuda even pleaded for death for not being able to defecate every day. The case presenter (family physician) was faced with a dilemma between palliating his symptom (by forcing him to receive aid while toileting) and respecting his will to be independent. He prescribed an anxiolytic, and Yasuda's irritation and insistence on defecating alone was gradually relieved as his medical condition advanced.

Suggested probing questions for conference:

'To what extent should we respect the patient's preferences when they pose a risk on his/her life'?

'Is it acceptable to sedate a patient when he/she feels "spiritual pain" related to the will and suffering regarding toileting'?

Elaboration process and elaborated case presentation

- The case presenter conducted a reflective meeting with nurses and care staff at the facility and collected their ideas on Mr. Yasuda and his defecation issues.
- Shortly after admission to the long-term care facility, the staff noticed that Mr. Yasuda was obsessed with the complicated procedure of insulin injection and blood glucose measurement, which was a routine in his life. The procedure was gradually simplified by the nurses after admission.
- The nurses attributed the 'relief' of irritation to Mr. Yasuda's resignation and consciousness deterioration in recent weeks, while the care staff regarded it as a sign of Mr. Yasuda's realization of his limitation.
- The case presenter included this information in the case presentation.
- The probing question was changed to 'what made him insist on defecating every day alone even in this extreme situation'?

Learning of the case presenter from the case conference

The case-presenter family physician assumed that Mr. Yasuda's relief from suffering was due to the prescribed anxiolytics, which was interrogated by the anthropologists' questioning during the case preparation. Through an exploration of the perception of nurses and care assistants, he found that they had a completely different understanding of the 'relief 'of the patient's suffering.
The whole process lead him to be aware that his 'comprehensive understanding' of patients was never complete when compared to an aspect emerged from the anthropological perspective.

Co-constructive elaboration with anthropologists

Anthropologists' requests for additional information and advice in framing questions

- Instead of a format based on medical ethics, which is utilized in the initial case summary, a descriptive presentation is recommended to view the case from a different perspective.
- Is there any contextual information related to the patient's will to toileting alone? More generally, can you contextualize this event in his life history?
- What other types of health professionals cared for patients? How did they perceive and work on the patient?
- Why can you say the patient's irritation and insistent attitude on defecating was relieved 'because of the anxiolytics'?

Anthropologists' advices in framing a probing question
The initial questions focus on the ethical aspect (what should we do?) illustrated by terms such as 'should' and 'acceptable'. Instead, it would be better to set a question that facilitates the focus on the understanding of sociocultural aspect of the case.

Conference process

Case discussion during the conference

- Mr. Yasuda often mentioned that he wanted to die if he could not go to the toilet alone in the earlier stage of his terminal illness. This may mean his conception of death from just a image to a tangible experience through his physical deterioration. The shift lead to a perception that dependence in toilet is a sign of death, which may explain why he was so obsessed with independence in toileting and even yelled at the staff when they attempted to aid him.
- Dependence in toileting may be understood as a certain type of loss experience. It would be useful to know Mr. Yasuda's previous loss experience and his understanding. For example, what was the experience of Mr. Yasuda's company succession to the subsequent owner?
- The simplification of the insulin injection and blood glucose measurement procedures may be a loss from his perspective. His yelling may be an expression of his frustration derived from this series of losses after his admission to the long-term care facility.

Anthropologists' comment on the case

Comment A: He introduced three aspects of life – biological life, social daily living, and historical life – as a basic anthropological perspective. He furthered his hypothetical perspective on defecation as a regression of the physical boundary based on Douglas (1993), which in turn represents the patients' dependence with respect to not only biological life, but also other aspects of their lives. Thus, defecation emerged as the place of contestation in care.

Comment B: He pointed out that rehabilitation with the aim of defecating alone tends to maintain the perceived autonomic self, while accepting aid transforms the patient into someone passive and dependent. This means the feature of the patient's being is potentially multiple or different depending on the relationship with other health professions in the context of care. From this, the problem is not how to die, but rather how to live for the patient. That is why Mr. Yasuda insisted so much on defecating alone.