

Not on Our Watch

Category: Bravery

written by Sharon Dobie | February 10, 2025

In February 1979, new regulations went into effect that were designed to protect women and ensure appropriate consent prior to sterilization of patients receiving federal funds. The waiting period was extended to thirty days for giving permission in advance of the procedure and could not be obtained while in labor. It fairly quickly was adopted as a standard, including where I was a student and resident.

That same year, 1979, I was either a fourth-year medical student doing another obstetrics elective or a first-year resident. Back then, the attending was in the hospital and not necessarily in Labor and Delivery; instead the labor deck was managed largely by the senior obstetrics resident. Another student and I admitted a woman in labor who only spoke Spanish, had several children, and whose prior cesarean section deliveries were in her South American home country. We had no records.

We were doing vaginal deliveries after a prior cesarean delivery if the uterine incision was transverse and low on the uterus. Without records, we couldn't ascertain the kind of uterine incision she had before and so we obtained a consent for a cesarean delivery.

The operating room was on another floor. The senior resident, a nurse, the other student and I accompanied this woman on the elevator. On the ride, the resident told the nurse (we learners were invisible) that he was just going to snip her tubes while he was "in there." The student and I looked at each other, wide eyed.

When we got off the elevator, we pulled ourselves aside. Very quickly, we decided we would do all we could to prevent this outcome. We spoke quickly of possible consequences, knowing it could harm us and our time on this service and we decided to act anyway. One of us would go find the attending and relay the story. The other would go into the surgery suite and if the resident was set up and ready to start and no one had come, that person would reassure the patient and lean over her as a shield to prevent the surgery from starting.

This had a good ending. The attending was horrified, came immediately, removed the resident from the room, and did the surgery. We felt protected because later that night, the resident was transferred to a different hospital.

*Sharon Dobie
Seattle, Washington*