

Doctors Without Borders

Judiciously Playing the Crash Card in the Examination Room

DOCTORS HAVE UNWRITTEN RULES WHEN IT comes to our interactions with patients. We like to keep our cards pretty close to the vest. For the most part, we don't share personal stories about ourselves.

But what if something in my family's personal experience could serve as a wake-up call to yours? What if telling you what I've been through could save you from the same fate?

Six years ago my son Neil was hit by a drunk driver while walking his girlfriend home after a study date. His girlfriend did not survive her injuries. Neil carries his with him to this day. His broken leg took 2 surgeries and months of physical therapy to fully repair. His traumatic brain injury left him with memory loss, concentration difficulties, and depression. He took antiseizure medication for weeks and antidepressants for years. He sees a therapist to this day.

Our family went through hell for years after the crash. We stood up in court before judge after judge at the drunk driver's various trials, hearings, sentencing, and appeals. Over and over, we read our victim impact statements recounting Neil's days in intensive care, months in rehab, and years of grief.

So now, when I ask teenagers in my office about alcohol use and designated drivers, what's more effective? Telling them that 11 773 people died in 2008 in drunk driving accidents or recounting being asked to pluck 25 hairs from Neil's head so the crash scene investigator could match them to the ones sprouting from the drunk driver's cracked windshield? What if one of my teenagers tells me she doesn't drive drunk, just buzzed? Do I reach her with a discussion of blood alcohol levels and the minimal legal drinking age? Or do I tell her a story about watching my 17-year-old son say the mourner's prayer for his dead girlfriend in our synagogue?

Doctor self-disclosure can be risky and inappropriate. Medical and psychiatric literature calls for establishing boundaries between physicians and their patients. By and large, those boundaries make sense. Patients come to their doctors with their own questions and concerns. No one wants that precious conversation hijacked by a needy or self-absorbed clinician.

But don't we all learn best by example? American politicians have certainly embraced this concept, using real middle-class folks on the stump to illustrate problems they are campaign-promising to fix.

I don't parade the gory details of my life out for every family in my practice to see. In fact, I don't talk about the crash much at all. But there are times when I think kids need a jolt, when my usual spiel on drugs and alcohol are making my young patients' eyes glaze over. Sometimes their parents are in the room with us. I'll often catch a glimpse of Mom out of the corner of my eye, nodding gratefully. I'm a new adult ally in the war on drugs. Sometimes it's just the kid and me in the room together, locked in a kind of health care SmackDown—them with their in-your-face, what-do-you-know swagger, me with my more quiet, "Let me tell you how it is" stance. That's when I'll sometimes play the crash card.

Reactions vary. The accident happened 6 years ago. Families who have been seeing me for a long time already know my story. We were in the evening news for months and spawned lively discussions about underage drinking and social host laws in the editorial pages of the local newspaper. Those kids' gut reactions came in the form of hand-made cards and heart-felt hugs. Newer patients don't know our past. Eyes widen and swaggers dissolve as details of that night unfold.

A pediatrician I know keeps his daughter's crumpled bicycle helmet displayed prominently on his desk as a reminder of her survival. He pulls it out to show his patients whenever one of them claims not to believe in their use. I don't have a crumpled bike helmet. All I have are words. Are they effective? I can't be sure. I'm not going for shock value. I'm just trying to connect with my patients and make a difference in their world.

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