

Confronting My Foot Doctor

by Marsha Saxton

I have podiatry treatment about every two months, sitting on an exam table with my feet stretched out while the doctor works on my feet. At one session, he accidentally cut the bottom of my foot.

I walk with an uneven gait due to spina bifida and have poor circulation and reduced sensation in my legs and feet. I wear short leg braces to improve my walk. Sometimes the braces cause calluses that could result in blisters and infection. I must have the calluses trimmed to prevent complications.

With no sensation in the bottom of my feet, I didn't feel the incision. I saw him pick up gauze and dab at blood.

“What happened?!” I asked.

“I missed,” he said.

I asked if the cut was deep, and what I should do to care for it. He answered my questions, but there was no hint of apology, no awareness that I might be concerned. He just told me not to let it get infected. This podiatrist is typically a friendly, although somewhat reticent, man. Yet he has always readily answered my questions. I think of him as a “good doctor.”

I went home feeling unsure of how I felt. It took me about three hours to feel angry. A cut in my foot is no minor matter. With limited sensation in my feet, I can't tell if an infection is beginning. I have to keep checking the wound for swelling or redness. Also, with my poor circulation, wounds tend to heal slowly. I'd had a few bad infections in my feet and had to stop walking for weeks. I would have to watch this wound, maybe stay off it for several days.

I spent many months of my childhood in Shriners Hospital for Crippled Children having surgery on my legs and spine. My memories of the hospital years are painful: sitting in a crib with high bars and waiting; waiting to get out. And missing school, my family, and friends. Then, after more surgery, bandages, and casts, more waiting. All the while feeling vaguely as if I had been bad, punished by this painful treatment and incarceration, for being a “crippled” girl. These childhood experiences had a deep impact on my sense of self-worth. It took me years of counseling and talking to other people with disabilities to recover a belief in myself as a whole, valid, vital person, not a crippled, defective being. My choice of work—advocating for people with disabilities, particularly women—arose out of this process.

When I went home from the podiatrist, reflected on my cut foot and talked to some friends, I realized why I had not reacted to what had happened. As a young girl, I'd learned not to show that I was upset when doctors were present, but to act competent and unemotional. I would be shamed or scolded for being a baby, a nuisance, if I'd shown my real feelings. Good crippled girls, I quickly learned, don't get angry or say what they think, especially not to a male doctor.

The podiatrist's lack of reaction or concern for my feelings made me feel objectified, just as I'd felt as a child in the hospital. I was a foot to be fixed, not a person. I'd been accidentally wounded, and he hadn't even said, "Oops, sorry!"

It struck me that someone like myself, an experienced advocate, had so much difficulty asserting my own reaction to a doctor that I generally liked. How powerless must so many disabled women and girls feel and act in medical situations! I realized that I had an opportunity here to reverse that passivity.

I decided to confront my doctor on what I'd experienced as insensitivity. I called his office, but his nurse said he was too busy to talk to me. So I scheduled a new appointment for as soon as possible. When he came into the exam room that day, I was not up on the table with my feet out. I said, "I want to talk to you about your having cut my foot at our last session. I am unhappy with your response."

He immediately became defensive. "Are you questioning my integrity as a doctor?!" he asked. Then he launched into his defense. He was clearly upset.

"I don't think you're listening to me," I said. Remembering my peer-counseling skills, I said, "I'll listen to you for five minutes and then you listen to me."

He agreed and continued. He felt that there had been no reason to make a fuss about a little cut, and that it happens all the time with podiatry—hadn't it happened to me before? (I said no.) He said he tries so hard to do a good job. Besides, he thought my feet didn't have any sensation. He would have apologized if he'd felt it had actually hurt me (as in "caused pain") at the time.

I said, "OK, now you listen to me for five minutes." I explained that, whether or not I could feel the cut, it was my foot, my body, that got hurt, and that there were implications for me of having a wound on my foot. I should have said something at the time, but I was immobilized by my early training to be silent. I tried to briefly describe how my childhood hospital-doctor experiences might still impact my present feelings. I felt myself shaking a little as I spoke.

"The reason I'm telling you this is that I respect you enough to anticipate that you'd prefer to know how I felt. Can't you see that if I'd decided you were a bad doctor, I would not have come back?"

He suddenly changed his tone from defensive to appreciative. "You know, I have patients who just disappeared, never said why they left. I wonder if they couldn't bring themselves to tell me what was wrong." We talked until I felt satisfied I'd had my say. Then I took my shoes off.

At the end of the appointment, the doctor shook my hand heartily and thanked me for being brave enough to be honest with him. He learned something, he said.

I did, too. I realized that doctors probably often have no idea how their patients feel about their relationship. Friends of mine who are physicians say few find the opportunity to talk about their own insecurities as professionals. They are likely to have no idea of what to do about any feelings of confusion. The fear of malpractice reinforces the pressure to present a false sense of

competence. It must be hard to gauge what will upset a patient, and distressing if a doctor is likely to inflict pain or discomfort. Perhaps many physicians end up hoping patients won't say anything.

As I understand it, only recently has training been instituted in medical schools on the doctor-patient relationship. Not many medical schools address issues of sexism as it may affect the relationship between a male doctor and a female patient. Even fewer offer training on the social or political issues of disability.

As consumers of medical services, we enter doctors' offices hoping for real help. We anticipate that doctors will be able to listen well and understand our situations and our feelings. The doctors we call "good doctors" are able to do this. Yet many lack skills regarding listening, empathy, or awareness of the social factors that may affect a patient's experience, communication, or behavior.

With the newer models of preventive health maintenance, health care consumers are theoretically regarded as active, informed participants in their own health care. The idea of a "patient" as a passive recipient of treatment is becoming an outmoded model of care.

If we as people with disabilities are going to function as effective and responsible consumers in the medical system, we must learn to assert our needs, offer feedback, and train our providers to assist us in ways that work well for us.

We must not blame ourselves for feelings of passivity. It's important to remember that years of mistreatment made us feel too humiliated to speak up. Together we can make even more positive changes in our medical care. The disability and the women's communities can work toward requiring professionals and medical schools to get training about the needs of women and of people with disabilities. I think, ultimately, doctors want us to stick up for ourselves and be in charge of our own care. But they need our help to allow that to happen.