

LANE COUNTY MEDICAL SOCIETY | MAY 2018

MEDICAL MATTERS



Busy Bee

Dr. Kyle can see both
work and play from her
back patio.



Future of Healthcare

Join us May 17 for our
society meeting!

FAMILY FOCUSED

Journey to Life

Dr. Austin's wall of "graduates" demonstrates his dedication and compassion.

BY SHERIDAN KOWTA
FOR LANE COUNTY MEDICAL SOCIETY

The typical doctor-patient dynamic involves a linear, downward flow of information: symptoms are assessed, a diagnosis is given, and medication is prescribed. In Dr. Douglas Austin's practice at the Women's Care Facility, however, that dynamic is discarded in exchange for a more open dialogue. When providing reproductive medicine for couples addressing infertility, Austin's specialty, education is one of the most important elements of his practice.

"In reproductive endocrinology the treatment plans require the patients to be in charge of themselves—a lot of it gets done outside of the office, and that means that people have to learn to do all sorts of complex things," Austin says. "I, as well as my nurses and medical office assistants, really pride ourselves on being good educators."



“We all collect around the mail,”
Dr. Austin says
of receiving birth
announcements.
“We get oodles of
letters and cards.”



“One of the things I hear more about all other practices is: ‘Nobody ever sat down and really talked to us. No one ever really explained what was going on,’” Austin says. “I spend a lot of time focusing on that.”

Dealing with infertility can be a long and rocky road, often with no guaranteed success. Patients could be trying to conceive anywhere between two and 20 years before they arrive at Austin’s clinic. He provides for a large area, from south of Portland to north of Eureka, California.

“In Oregon there only four fertility clinics: three in Portland, and me,” states Austin. While that might sound like a gap in care, reproductive endocrinologists require a fairly large population to sustain their practice. Austin’s treatment area happens to have a diffused population, making some patients harder to access than others. According to 2010 US Census data, Oregon ranks 45th out of 56 US states and territories in population density.

“The challenge we face is how to get people who are not nearby excellent care,” Austin says. Fertility care requires multiple, and frequent visits to the provider. For patients in Klamath Falls or Crescent City, the eight-hour drive is not often possible. “We coordinate care with local hospitals that provide ultrasound services and blood testing. It’s a type of medicine where we are directing the care, but it is not very easy to do because quality assurance is difficult if you don’t have your hands on that patient.”

While Austin has found this method of dispersing treatment manageable and productive, patients who can physically come to his clinic benefit from a number of resources specific to Women’s Care Facility. His office has an operating room, as well as an embryology laboratory. “One of the most unique things about my practice is that we do In Vitro Fertilization (IVF) here.”

IVF is “the process where women undergo stimulation with fertility medication to expand the number of eggs they are producing in any one cycle.” The treatment requires patients to give themselves multiple injections of hormone therapy in preparation for their coming cycle.

This is where Austin’s practice extends beyond the typical doctor-patient dynamic, and into teaching and coaching roles since not every patient is ready to drop medicine into a needle and give themselves a shot. He says some are even terrified. “We’re not taught to stab ourselves with things,” Austin says emphatically. “We spend all our lives not getting stabbed with things. So when you say, ‘Okay, here is a needle, go for it,’ people say, ‘Are you out of your mind?’”

Austin takes great pride in teaching his patients how to treat themselves. It returns some amount of agency into the hands of patients who often feel powerless in their infertility. “It takes quite a bit to get over that, but people also have a wonderful sense of accomplishment when they master it.”



This is just one of the many highs and lows Austin experiences with his patients. The American Pregnancy Association puts the success rate of IVF for women under the age of 35 at roughly 40% and that statistic steadily declines for older patients. “Failed pregnancies are probably the worst,” Austin laments. “While we have a lot of experience helping couples grieve over the loss of their baby, it never gets any easier.”

At Women’s Care, Dr. Austin helps people create families, and whether the news is good or bad, there are often tears regardless. “Being transferred back to their obstetrician is a time of joy,” Austin says. “I remind the patients that they are returning to ‘normal pregnancy.’”

“I have a lame joke that I should be playing ‘Pomp and Circumstance’ during the visit to announce the ‘graduation’ back to standard obstetrics.” ♦



Top Right: Dr. Austin shows tanks in which sperm and embryos are stored using liquid nitrogen. **Above:** Glass pieces representing an embryo and sperm are displayed in the office. **Right:** Austin’s rooms are decorated with Kimonos in multiple colors, as well as various art to help comfort patients.

