

Hi [REDACTED] Thanks for sharing your very creative art, as well as those sometimes biting haiku. I hope I didn't come across as harsh in discussing your work. In fact, I was hoping to convey to the group the importance of the two-step process you modeled: 1) callous humor 2) reflection on that humor, its source and possible meaning. Some of the pictures and haiku seem "mean," to use your word, and the humor objectifies rather than rehumanizes the patients described. But your comments in class made very clear that in fact you created these cold, almost mocking images to provoke us (and yourself) into thinking how often we mirror what you portrayed. There is a wonderful physician-poet, Rafael Campo, an internist and HIV specialist at Harvard, who has created a similar series of poems so ugly they are hard to read, but written to force us to confront – and own – these attitudes within ourselves. Excellent work and honest, insightful in-class comments. Regards, Dr. Shapiro

200302

██████ I am SO sorry I poked a little (gentle) fun at your project. I didn't have a chance to really see it in class, but looking it over tonight I realized it was a wonderful project. Truly. So thanks to you – and your fiancée – for such a creative idea. When I read through these little essays, I was struck by their candid portrayal of a visit to the doctor's office. First, it was interesting to see what sticks in kids' minds about seeing the doctor. Second, it was revealing how many kids said they were nervous or scared. Third, it was reassuring to be told in no uncertain terms that stickers and lollipops really do work! These writings and pictures are simply precious. Thank you so much for thinking of this. Regards, Dr. Shapiro

Q00323

Hi [REDACTED] Thanks for sending in your humanities project. It's a very touching poem. And it acknowledges something all pediatricians and parents know – that is, how remarkably resilient, tough, and determined little kids can be. It sounds as though these little soldiers taught you a lot. I think it is tremendously important for doctors to remember to feel gratitude – for healing when it occurs, for courage when it is present, and just for “the simple things.” I am grateful for your poem – a good reminder indeed. Regards, and much good luck next year! Dr. Shapiro

200324

Hi [REDACTED]. I admire your audacity for trying to enter into the mind and feelings of a sick baby. You did a really good job. As a result of your writing, this child's struggles, perspective, hopes and fears became manifest. A little patient like this can't share her experience through language, but that doesn't mean she doesn't have something to say, so we have to imagine what it might be. You created a surprisingly vivid and empathic picture that truly made your patient come to life for me. Thanks for searching to find her voice. Regards, Dr. Shapiro

200325

Hi [REDACTED] You made a very cute little baby. When I took him to the office today, many people oohed and aahed, and remarked on his cheerful disposition and big nose (typical comment: "I didn't know newborns could have such large noses"). I'm sure you will be glad to learn that he travels well and is never fussy. When I am through baby-sitting him, he will return to Dr. Murata, who I'm sure will treat him with loving care. Relax, have fun in 4th year, and know your baby is in good hands. Regards, Dr. Shapiro

200326

Hi [REDACTED] This was a really creative and intriguing project – good thinking! It reminded me again how having patients (kids and grown-ups) write or make art about their illnesses and hospital experiences usually results in reduced anxiety and increased feelings of control. In the pictures of your little patients, the kids' anxiety clearly comes through, but so does their reliance and coping. I thought it was quite interesting that the awesome and terrifying structure of a large hospital was so often reduced to the more manageable and familiar "house." I hope both you and the kids had fun! Thanks for participating. Regards, Dr. Shapiro

200327

Hi [REDACTED] Cute picture (although I'd stick to your day job). I think you did a very good job of seeing through a child's eyes. Doctor as devil and tormentor – that's a bit of a difficult self-image to accept. Yet of course you're right, sometimes kids (and adult patients as well) focus all their fear, helplessness, and anger on their physician. When this happens, humor helps, as you've demonstrated. Thanks for participating in this assignment. Regards, Dr. Shapiro

200328

Hi [REDACTED] I enjoyed your project a great deal. As we talked about in class, that theme of lost innocence is so relevant to medicine. And, as we discussed, it's not only little children who must confront undeserved suffering and death, but also young doctors. The song is great because of the concreteness of the images, which are reinforced by the accompanying pictures. The juxtaposition of the symbolic images of blissful child with the palpable sense of loss and longing is very powerful. For me, your project embodies a painful awakening that must occur in everyone's life, but happens all too quickly for kids who are ill with serious or life-threatening illnesses. You know, there is a story about the Buddha that as a boy he was brought up in great luxury and wealth, and lived behind the gates of a splendid palace so that he would never be exposed to the suffering of the world. But one day he sneaked outside, and saw old age, pain, and death. He could never again pretend that these things had nothing to do with him. So the interesting question became, what would he do next? That's the question we must all ask ourselves. Thanks for sharing, Dr. Shapiro

200329

Ah, [REDACTED] here we are, with the last creative project anyone will ever ask of you. (Do I hear a sigh of relief crossing time and space?) I know you have had mixed feelings (at best?) about the incursion of these driblets of humanities into the curriculum, so I truly appreciate your willingness to participate, and to put out sincere effort (it is not easy to write haiku, let alone 12 [just for future reference, the classic form is 5-7-5, but who's counting]). Your little poems were quite good, in my opinion – acerbic, even acidic! And extremely clever (croup d'etat is delicious). And every once in awhile, the tenderness of your heart puts in an appearance (“Bridget” [definitely not “Bridget’s Mom”!]), or your self-deprecating wit (“Functional Deafness”). Haiku are great because they force us to pare away the nonessentials – sometimes when we do this, if we’re lucky, what we’re left with are pithy truths. Many of your haiku deliver precisely this sort of punch. Good for you. And truly, thanks. Dr. Shapiro

400330

Hi [REDACTED]. Thanks for providing such a comprehensive overview of peds! It seems as though you kept your eyes open on this clerkship and didn't miss much ☺. Your poem is lighthearted and amusing, and reminds us to smile with understanding at the parents and with joy at their kids. Thanks for sharing. Regards, Dr. Shapiro

200337

Hi [REDACTED]. You wrote an excellent poem. I didn't realize when you read it in class that it actually represented a dialogue between medical specialists and a mother. This was great – the difference in perspective you identify occurs so often, with the parents fighting against the odds the doctors have calculated, seeing miracles where the doctors see only problems, determined to persevere when the experts say hope is gone. I used to work with families of developmentally delayed children and I remember how common it was in situations of severe retardation for the medical people to say, "This child doesn't know you, has no awareness," and for mom to insist, "He recognizes me, he likes it when you show him something blue..." And who knows who is right? I suppose doctors must be cautious, and parents must hope. And both must learn to listen to each other. Thanks for exploring this common doctor-parent conflict in a respectful and feeling manner. Regards, Dr. Shapiro

Q00332

Hi [REDACTED] Thanks for sharing your kindergarten painting, and for talking a bit about what it was like as a young child to experience a hearing loss. I can empathize somewhat – my husband completely lost his hearing in one ear at the age of 3 as the result of a reaction to an antibiotic, and he has painful memories of wearing a cumbersome hearing aid that other children often ridiculed. I liked what you said about the symbols of flying and soaring (kite and butterfly) – maybe both the loss of something precious and your 3 year old desire to “fly away” from a difficult life event. It’s no consolation to a sad little boy, but patients frequently report that physicians who have personally experienced medical problems are more empathic and understanding. Thanks for participating in this project. Regards, Dr. Shapiro

00333

another wonderful piece of writing! I hope this effort didn't shave points off your shelf exam, but honestly I think it would be worth it. This poem is initially just funny, funny, funny. Its rhythmic repetitions capture perfectly the rat-on-a-wheel lifestyle of the typical medical student through a hilariously accurate stream of consciousness. Everyone was laughing because, through your words, they recognized their own racing, absurd, desperate thoughts focused on "just making it." This levity made the abrupt switch to the voices of sick children absolutely devastating. This is very powerful. Then you conclude with a moral lesson that emerges inexorably from the juxtaposition of the voices of hassled medical student and kids fighting pain and suffering, often fighting for their lives, and the relative significance of each voice. Maimonides would be proud of you. You see very clearly into the heart of the matter, and help the rest of us do so as well. Thank you. Regards, Dr. Shapiro

200339

Loved this poem! It is extremely well-composed structurally. The short line of three or four syllables provides an economy of language that emphasizes the very dry humor of this piece. The phrase "a hurricane of a boy" is just magnificent – it captures in one whirlwind image all the essentials of this force-of-nature child. The ironic understatement of the concluding stanza is hilarious, yet ties back, with perfect conceptual clarity, to the "lull" of the opening stanza. This is superb writing that reminds us pediatricians may indeed dote on kids, but in manageable doses. Regards, Dr. Shapiro

900385

Shapiro, Johanna

From: Shapiro, Johanna
Sent: Friday, February 27, 2004 3:27 PM
To: [REDACTED]
Subject: peds humanities project... life

Hi [REDACTED] Thank you very much for the article on medical humanities. I know the people mentioned (small world) and it's nice to see their work getting acknowledged. It also reminds me that, although I sometimes feel like a voice in the wilderness, there are other kindred spirits out there shouting as well. Which, by the way, I hope you also know. Your reflections on your 16 yo patient were, as always, perceptive, complex, aware... and distressed. In my mind, you are completely justified in kindling a righteous anger about this system, with all its flaws and injustices, and the people who comprise the system, with all their shortcomings and failures of heart and will. But I sometimes worry that, because you are such a clear-sighted person (who, by the way, will one day be an amazing doctor), that the bitterness and disillusionment may overwhelm you. It may not be in any way my place to say this, so thank God for the delete button. In any case, take good care and be hopeful. Regards, Dr. Shapiro

We must strive to do the best we can in the worst of circumstances.
- Anonymous

200401

2/04

Shapiro, Johanna

From: Shapiro, Johanna
Sent: Friday, February 27, 2004 3:08 PM
To: Silverman, Rachel; Zaman, Rumina
Cc: [REDACTED]
Subject: peds humanities project

Hi [REDACTED]. Great skit! It made us laugh, but it also demonstrated very well that, in peds, it's not only the parent's perspective that needs to be understood and addressed, but also the child's (and vice-versa). You captured both the mom's and the kid's confusion and worries, and role-modeled a concerned and caring doctor. Thanks for sharing this. Dr. Shapiro P.S. I liked your baby too!

200402

Shapiro, Johanna

From: Shapiro, Johanna

Sent: Friday, February 27, 2004 2:27 PM

To: [REDACTED]

Cc: [REDACTED]

Subject: peds humanities project

Hi [REDACTED] It was a creative idea to search the internet! Increasingly, there are postings of poetry, journals, and essays by patients or family members, which can be excellent reminders of the patient's experience. It's also a potential resource for patients who feel isolated or misunderstood. And you were right – I think the last poem is the most beautiful, and really depicts ADD in all its "dazzle" and "dwindle." She has some incredible images that help us see ADD from the inside-out. Thanks for sharing these, Dr. Shapiro

200403

2/27/2004

Shapiro, Johanna

From: Shapiro, Johanna
Sent: Friday, February 27, 2004 2:34 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: peds humanities project

[REDACTED] I'm really glad you shared this small, but so significant (to me anyway) encounter with the little boy with seizure disorder. Your spontaneous act of giving away the stickers exemplifies the heart of medicine. As Mother Teresa says, "We can do no great things; only small things with great love." I hope you never lose that impulse toward generosity and caring. Thank you for being a good role model in a way that no one has an excuse not to emulate. Regards, Dr. Shapiro

200404

Shapiro, Johanna

From: Shapiro, Johanna
Sent: Friday, February 27, 2004 2:39 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: peds humanities project

Hi [REDACTED] I liked this poem, "Born To Be Wild." Every wild explorer needs a protector and a bodyguard. It's a neat way of thinking about pediatricians, one I haven't heard before, but which does represent an important aspect of their role in healthcare. I appreciate your creativity! Regards, Dr. Shapiro

200705

Shapiro, Johanna

From: Shapiro, Johanna
Sent: Friday, February 27, 2004 2:44 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: peds humanities project

This poem really captured the spirit of pediatrics, [REDACTED]. I think your fellow classmates responded with such enthusiasm because you helped them see beyond the "dirty tush," the "many wails and whines" to what can make peds such a rewarding specialty. It seems to me in terms of specialty choice, you've made a good decision for yourself, with both eyes and heart open. Thank you for contributing this work to our discussion. Regards, Dr. Shapiro

200406

Shapiro, Johanna

From: Shapiro, Johanna
Sent: Friday, February 27, 2004 2:50 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: peds humanities project

Hi [REDACTED] I really appreciated the touching point-of-view poem you contributed to our discussion yesterday. As I mentioned, I thought the repetition of the line, "Mommy, I'm scared" was very effective in making it impossible for us, your listeners, to avoid the apprehension and fear that are the unwanted companions of most patients, adults as well as kids. Thanks for giving this little kid a voice. Regards, Dr. Shapiro

Q00407

2/27/2004

Shapiro, Johanna

From: Shapiro, Johanna
Sent: Friday, February 27, 2004 2:57 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: peds humanities project

Great role-play, you two! I enjoyed it very much, especially all the various permutations of what might happen (and what one might *want* to happen!) in a very frustrating and difficult clinical encounter. [REDACTED] you represented the mother's perspective well, which showed true understanding of her subjective experience. And [REDACTED], you did a great job of modeling patience, persistence, negotiation, and acceptance under challenging circumstances. You also identified key issues such as patient empowerment, the influence of cultural expectations (on the part of both the patient and the doctor), and differing patient and physician agendas. This skit was funny, but it was also very thought-provoking and facilitated a worthwhile discussion about problematic aspects of the doctor-patient relationship and possibilities for managing them. Excellent work! Dr. Shapiro

200408

2/27/2004

Shapiro, Johanna

From: Shapiro, Johanna

Sent: Friday, February 27, 2004 3:01 PM

To: [REDACTED]

Cc: [REDACTED]

Subject: peds humanities project

Hi [REDACTED] I loved this project – a simple way to make a simple point, but a point without which medicine lacks a heart. See the patient as a whole person. Just as you learned in anatomy, after you dissect, put the pieces back together again. Thanks for this reminder! Dr. Shapiro P.S. Adorable baby. What a precious little ear!

200409

[REDACTED] macho can be very useful in medicine. The function of this assignment is to help all of us, wusses and tough guys alike, connect with our more vulnerable sides. I'm glad you took the risk of opening up. Thanks again, Dr. Shapiro

-----Original Message-----

From: [REDACTED]
Sent: Friday, February 27, 2004 3:36 PM
To: Shapiro, Johanna
Subject: RE: peds humanities project

Dr. Shapiro,

Thank you for your email. I apologize if I seemed ancy to leave yesterday. After all this great presentations I felt mine was not up to par. Also, I knew how my classmates would react to my opening up to them, because I always have this macho persona. Thanks for your email.

Take care,
[REDACTED]

-----Original Message-----

From: Shapiro, Johanna
To: [REDACTED]
Cc: [REDACTED]
Sent: 2/27/2004 2:34 PM
Subject: peds humanities project

[REDACTED] I'm really glad you shared this small, but so significant (to me anyway) encounter with the little boy with seizure disorder. Your spontaneous act of giving away the stickers exemplifies the heart of medicine. As Mother Teresa says, "We can do no great things; only small things with great love." I hope you never lose that impulse toward generosity and caring. Thank you for being a good role model in a way that no one has an excuse not to emulate. Regards, Dr. Shapiro

Shapiro, Johanna

From: Shapiro, Johanna
Sent: Friday, June 18, 2004 2:15 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: peds humanities project

Hi [REDACTED]. Nice to see you once again. Your haiku was really amusing – pithy and to the point. Its cleverness consists of turning the tables on the all-mighty medical team, who likes to think it's in charge and has all the answers. Is it possible that we're not as clever as we imagine? Your wit and good humor puncture a large hole in our tendency toward arrogance. Nice work! Much good luck next year, Dr. Shapiro

2004/2

Shapiro, Johanna

From: Shapiro, Johanna
Sent: Friday, June 18, 2004 2:29 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: peds humanities project

Thanks for this joint effort. You certainly tapped into an issue that was very much on everyone's mind. I liked the way your project mingled blunt enumeration of injuries with the parents' voice, and the formal case report. This approach suggested very well how difficult it is to reconcile and make sense out of all the conflicting pieces involved in assessing possible child abuse. I also appreciated your comments during the discussion differentiating neglect from abuse, and recognizing the importance of maintaining a channel of communication even with parents who strike us as despicable. Regards, Dr. Shapiro P.S. Claudia, tell your husband to go easy with the baseball bat ☺

200413

6/18/2004

Shapiro, Johanna

From: Shapiro, Johanna
Sent: Friday, June 18, 2004 2:24 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: peds humanities project

Hi [REDACTED] I liked your "art therapy" project. It's a perfect example of how we can learn more about our patients through "indirect" methods such as art and poetry. I loved that you bothered to ask yourself, "What is my patient thinking?" Even that single question can lead to a wealth of insightful interactions between doctor and patient. As for the drawing itself, it is easy to imagine that your patient is both the fish in the puddle, needing help, and the girl-figure, moved by her own suffering to come to the aid of the fish. What's wonderful about this simple drawing is that it gives us a whole new way to understand the fears and aspirations of this little girl. Wouldn't it be great to find *this* kind of information in the patient's chart? Thanks very much. Dr. Shapiro P.S. I included the a of d eval. You can either return it to me by email, or if you would prefer more anonymity, just leave it with [REDACTED] in Med Ed. Thank you!

200414

Shapiro, Johanna

From: Shapiro, Johanna
Sent: Friday, June 18, 2004 2:11 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: peds humanities project

Hi [REDACTED] I'm glad I got to see you once more before the end of the year. Your summary of what your patient shared about the MRI was a insightful, although heartbreaking, window into the thoughts and feelings of this little girl. You obviously created a safe, trusting connection for her to be able to share so openly. You really caught her voice – and by having the courage to listen deeply to your patient's suffering, what it was about the MRI and all it symbolized that distressed her so much, you put yourself in a better position to comfort her. It is encouraging that you and other members of the team took the time to address her worries and fears. Regards, Dr. Shapiro

20015

Shapiro, Johanna

From: Shapiro, Johanna
Sent: Friday, June 18, 2004 2:04 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: peds humanities project

[REDACTED] thanks for the cute little poem (and sketch with the mile-wide smile!), as well as your engagement with yesterday's session. The light, humorous tone was a lovely reminder to bring an element of playfulness and enjoyment to medicine – it is not all grim! I also found the way you imagined the child as a collection of musical instruments both creative and thought-provoking. What an interesting metaphor: the human body as an orchestra. It can make incredible music, but iff one instrument is off-key (diseased), it can throw the whole performance off. I love the opportunity to think about patients in completely different ways, it always adds to my understanding, so thank you for this novel insight. Regards, Dr. Shapiro

2004/18

Shapiro, Johanna

From: Shapiro, Johanna
Sent: Friday, June 18, 2004 1:55 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: peds humanities project

Hi [REDACTED] I really liked the way you incorporated all three voices in this poem – kid, mom, and student-physician – and brought them all together in the last line! This is how medicine should be practiced – first identifying the differing perspectives and agendas, then somehow weaving them into a seamless whole. You captured very well the possibility that kids will see the exam or procedures as some kind of punishment for being bad; the mother's need for her child not to be seen as "just another URI"; and the physician's concern not to prescribe an unnecessary antibiotic. You're right, there are often "no miracle cures," but sometimes the miracle is getting patient, family, and doc on the same page – then true healing can occur! Thanks for this thought-provoking and satisfying effort. Dr. Shapiro

200417

Shapiro, Johanna

From: Shapiro, Johanna
Sent: Friday, June 18, 2004 1:40 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: peds humanities/advocacy project

[REDACTED] thank you for addressing the topic of child abuse, which was so much on everyone's minds. As your hand-out implies, the terrible consequences of child abuse extend into adulthood, and are probably never completely healed. As someone interested in the applications of the humanities to medicine, I found it interesting that one of the recommendations for self-care was for victims of abuse to write exhaustively about their experiences. You may be aware that there is some intriguing research (J. Pennebaker, multiple cites) that suggests writing about traumatic events can result in improved physical health, immune function, and psychological well-being. Thanks again for triggering a deeply felt discussion. Regards, Dr. Shapiro

2004/18

Shapiro, Johanna

From: Shapiro, Johanna
Sent: Friday, June 18, 2004 1:49 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: peds humanities project

[REDACTED] thank you for this insightful poem that adopts the perspective of an infant with laryngomalacia. I particularly liked your boldness in trying to see the world through the eyes of a 3 month old! Who can say what it's like to be a very sick little baby, but even making this effort moves you emotionally closer to your little patient. I also appreciated your recognition that some members of the medical team quickly fell into blaming the parents for their opposition to the trach. It's all too easy to forget that there are usually multiple perspectives on any given problem, not all of them strictly biomedical. By minimizing and pathologizing the parents' concern, the physicians set up a conflict that will inevitably complicate optimal care of this infant, even if they are successful in persuading (coercing?) the parents to consent. Thanks for sharing your thoughts in this form. Dr. Shapiro

2004/19

6/18/2004

Shapiro, Johanna

From: Shapiro, Johanna
Sent: Friday, June 18, 2004 2:32 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: peds humanities project

[REDACTED] thanks for stimulating an interesting discussion on childhood obesity and parental neglect. This is such a complex issue, and one which we probably don't think about carefully enough. I also appreciated the smiley tongue depressor. It's amazing how a little trick like this can transform a fearful, squalling kid into a happy, compliant patient! Regards, Dr. Shapiro

2004/20

Shapiro, Johanna

From: Shapiro, Johanna
Sent: Monday, December 06, 2004 2:30 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: peds humanities project

Hi [REDACTED] I'm glad we got to touch bases. Thank you for trying to interest that first year student in the Humanities SIG. Please let me know if she'd like to take on a more active role.

As for your humanities project, I thought it was wonderful. In a playful form, you focus on what is to me a core issue in medicine: i.e., as medical students progress through their training, they identify less and less with patients, and more and more with residents, attendings etc. From one perspective, there is nothing wrong with this. Residents and attendings are their role models. However, what sometimes is lost in this shift is empathy and understanding, an awareness of the common humanity shared by student-physician and patient. The patient is seen as progressively "other," not-self, with a concomitant withdrawal of compassion and concern. Therefore, your poetic exercise is a marvelous corrective experience. You keep it lighthearted, but you also make very clear that the inconvenience, confusion, panic, lack of understanding, and pressure to provide the "right answer," are emotions shared by both patient and student. Your poetic dialogue is very well-written and draws the reader in, engendering empathy for the little pediatric patient and the slightly bewildered medical student. Excellent work, as always! Dr. Shapiro

200458

12/04

12/6/2004

Shapiro, Johanna

From: Shapiro, Johanna
Sent: Monday, December 06, 2004 2:21 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: peds humanities project

Hi [REDACTED], nice to see you again. I loved this project. The concept of a personalized "heartsong" is beautiful, and something we should all ponder. I also liked your decision not only to do a project "about" your patients, but to actively involve them as well. The interpretation of thankfulness as one aspect of "heartsong" seemed very apropos during this holiday season. I was amazed by how much you learned about these kids by asking them a simple question and having them draw a picture. Often patients (people) really want to share something meaningful about who they are, if we only give them the opportunity. I was glad to hear that you felt this project helped you to better understand and empathize more with your patients. Thanks for this very creative approach!
Dr. Shapiro

200459

12/6/2004

Shapiro, Johanna

From: Shapiro, Johanna

Sent: Sunday, December 05, 2004 11:43 PM

To: [REDACTED]

Cc: [REDACTED]

Subject: peds humanities project

Hi, [REDACTED] I really enjoyed your storyboards. You chose a simple but very important aspect of pediatric preventive care, and provided instruction in a creative and entertaining manner. As I said in class, I could truly imagine your illustrative posters lining the walls of a peds exam room, and kids giggling at the pictures, connecting with the SpongeBob character, and getting the message. I hope whatever field of medicine you three pursue, you will continue to think of creative ways to present your treatment plans that intrigue and "hook" your patients. Good work! Dr. Shapiro

Q00460

Shapiro, Johanna

From: Shapiro, Johanna**Sent:** Sunday, December 05, 2004 11:49 PM**To:** [REDACTED]**Cc:** [REDACTED]**Subject:** peds humanities project

Great poster, very eye-catching. [REDACTED], I liked the flower-baby. Since in Peds and NICU you usually see babies lying in little hospital cribs and incubators, it was a healing reminder that babies and flowers belong together much more so than babies and hospitals. Co, thank you for sharing so openly your concern that you would not be a "success" on peds because you don't get along with little kids. The sketch of your little patient, along with her affectionate words, was a lovely gift. And [REDACTED], your interpretation of the swaddled baby image was something none of us should ever forget – it is far too easy to be seduced into thinking that our way is the right way and the only way. A hundred years from now they may be looking back in horror at what we now deem standard of care. So a good dose of humility should accompany every treatment plan, on peds and elsewhere. Thanks for your creativity. Dr. Shapiro

200461

12/6/2004

Shapiro, Johanna

From: Shapiro, Johanna
Sent: Sunday, December 05, 2004 11:54 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: peds humanities project

[REDACTED] thanks for sharing these amusing cartoon strips. A lot of life's lessons go down better with a bit of humor. And you definitely proved that the comics can teach us a lot about medical school – how much of the “learning” is pointless, time-wasting memorization that is forgotten as soon as the test is past (passed); difficult doctor-patient relationships; and making choices about what really matters in one's life. You made excellent selections that made our grim, miserable lives, a little less grim and miserable (☺). Regards, Dr. Shapiro

200462

Shapiro, Johanna

From: Shapiro, Johanna
Sent: Monday, December 06, 2004 12:06 AM
To: [REDACTED]
Cc: [REDACTED]
Subject: peds humanities project

[REDACTED] you raised an interesting and troubling issue with your project. In my limited experience, the whole NICU ethos is very much about preserving life, often going to almost unimaginable lengths to do so. This is very understandable, both from the physicians' and the parents' perspective. There is something about new life that is so incredibly miraculous, you just want to get behind it and help it keep going. Yet there is concern that such heroic efforts sometimes result longterm in extremely poor quality of life for the child, as well as to a lesser extent for the parents and family. Sometimes physicians and parents reach a decision to desist from extraordinary measures to preserve such life. However, taking a more proactive step (for example, ending the life of an infant who is not ventilator-dependent or being fed intravenously) is plagued by the same slippery slope issues that bother us regarding euthanasia for adults, only more so because by definition we will never have a record of the "wishes" of the infant patient, but only an estimation of what is in the patient's "best interests." This is especially troubling to me because people with often severe congenital anomalies who have reached adulthood often view their condition very differently than someone who has been subjected to something similar as an adult (say a Thalidomide baby with no legs and an adult who had double AKA as a result of a car accident). Quality of life is a very subjective, and often evolving, judgment (again, people who say, I'd rather die than be in a wheelchair usually adjust well to life as a paraplegic after an initial period of grieving). Personally, I wouldn't say there is *never* a place for infant euthanasia, but it would have to be deliberated very carefully and openly. This was a great topic that I'm sure made us all think. Thank you for bringing it to our attention. Dr. Shapiro

200463

Shapiro, Johanna

From: Shapiro, Johanna
Sent: Monday, December 06, 2004 12:12 AM
To: [REDACTED]
Cc: [REDACTED]
Subject: peds humanities project

Hi [REDACTED] It's very nice to see you again. Thanks for doing a collage about adolescent diabetes. As we discussed, the whole issue of chronic disease intersecting with adolescent psychological issues such as peer identification, establishment of autonomy, and limit-testing is very challenging indeed. A lot of kids, who were previously well-controlled, rebel around this time. Others who are invested in being "good" kids may hide incidents of cheating to preserve their image. It's important for pediatricians to be aware not only of the biochemistry but also the psychology of diabetes. Your project reminded us all that, as the great William Osler said, it is less important what disease the patient has than who the patient is who has the disease (something like that). Being aware of the particular difficulties that adolescents can encounter with management of their diabetes is a critical first step in anticipating and averting these problems. Thanks for bringing this to our attention. Dr. Shapiro

200464

Shapiro, Johanna

From: Shapiro, Johanna**Sent:** Saturday, December 04, 2004 11:32 PM**To:** [REDACTED]**Cc:** [REDACTED]**Subject:** peds humanities project

Hi [REDACTED] I really liked your drawing (very good approximation of 3 yr old drawing skills ☺). I'm glad you used your "winning charm" (☺), but you are right to identify an underlying dilemma. It is very difficult to explain to a child in pain (or indeed *anyone* in pain) the necessity of doing what you need to do. Given this difficult set of circumstances, I have observed that very often the student-physician (or resident, or sometimes even experienced attending) gets "sucked in" to the emotional maelstrom of the patient, becoming agitated and tense. This only seems to exacerbate the distress of the patient. I don't know what your experience has been, but it seems to me that often, if the doctor can remain calm, gentle, and caring in the face of the patient's shrieks, often the patient begins to take on a bit of this calmness, and becomes reassured and quiets somewhat. In my mind, it is a question of whose emotional state will fill the room. If you can fill it with tranquility and comfort, even in the midst of pain, I think the patient will often "go along." Thanks for this project, Dr. Shapiro

200465

Shapiro, Johanna

From: Shapiro, Johanna
Sent: Saturday, December 04, 2004 11:25 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: peds humanities project

[REDACTED] thank you from drawing on both your personal experience as a parent and your observations as a medical student to compile the parents' view of the hospital as a jail cell for their child, a bed of anguish for themselves, and overall a disorienting, traumatic experience. I believe you are "telling it like it is." No matter how many bright colors and cheerful pictures adorn the walls, no matter the ingenuity of the Child Life Program, and even no matter the excellence and caring of the physicians and medical staff, these realities remain. They do not necessarily represent a failure of the system (although the beds definitely could be more comfortable!), but are inherent in the nature of the parent-child bond. Nothing on earth is worse than to witness the suffering of one's child, and no matter what ameliorative efforts are made ameliorate the (and these efforts are important because they mitigate the *unnecessary* suffering that results from grim surroundings and incompetent, uncaring personnel), parents will still find the experience shocking and difficult. It is really important to keep this in mind, so that as student-physicians (and later as physicians) you and your peers don't personalize the anger, demandingness, spaciness, confusion, and panic you sometimes encounter in parents, but merely accept these things as expressions of their distress. Your project was intriguing and really made me think. Dr. Shapiro

200466

12/4/2004

Shapiro, Johanna

From: Shapiro, Johanna
Sent: Monday, December 06, 2004 12:19 AM
To: [REDACTED]
Cc: [REDACTED]
Subject: peds humanities project

[REDACTED] this was an outstanding project! You not only tackled Down Syndrome, enough of a problem in itself, but skillfully intertwined it with cultural and language differences that further complicated the situation. I thought you did an amazing job of capturing the baby's perspective – good for you! Most of the time we forget the baby even *has* a perspective. You also point out that there is so much for the parents to absorb about their infant's condition – not just the prospect of mental retardation, but also feeding problems, heart problems, sometimes hearing and vision problems – this list can be overwhelming. I also liked that the “hero de jour” arrived in the form of a Spanish-speaking doctor. So many misunderstandings, confusion, and alienation could be avoided if we were able to provide Spanish-speaking patients with doctors who speak their language and are sensitive to their culture. A better advertisement for PRIME-LC I can't imagine. And of course, I had to like the fact that not only did he speak Spanish, but he wasn't afraid to give the mom a hug. Sometimes that human act is needed at least as much as the reams of information and the demand for medical decisions. Thanks for doing such a good job.
Dr. Shapiro

200467

Shapiro, Johanna

From: Shapiro, Johanna
Sent: Monday, October 10, 2005 11:04 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: Peds humanities project

Hi [REDACTED]. I thought your little jingle about vaccines was both amusing and cleverly written. It was interesting how many of the projects dealt with injections - I guess they really are the bane of a kid's visit to the doctor. I hope you discovered a way while on Peds to make your little patients smile about the dreaded vaccines as much as you made us laugh today. Thanks for your work on this assignment. Dr. Shapiro

200501

10/20/05

Shapiro, Johanna

From: Shapiro, Johanna
Sent: Monday, October 10, 2005 11:17 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: Peds humanities project

Hi [REDACTED] and [REDACTED]. Very cute project. I also liked the picture of the trail sign posted by the Anchorage pediatricians - that was a creative act too. I agree with the classmate who suggested you set it to a rap beat - I can see the performance now! Seriously, I was impressed by your clever rhymes and your understanding of what motivates kids to either avoid or embrace helmets. It's easy to scold, "You should wear a helmet," and pretty easy to ignore as well. But come up with a little jingle, do *something* surprising and off the beaten path, and you'll catch the kid's attention and really make an impression. Good work! Thank you, Dr. Shapiro

200503

Shapiro, Johanna

From: Shapiro, Johanna
Sent: Monday, October 10, 2005 11:28 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: Peds humanities project

Hi [REDACTED] Thanks for this lovely drawing of a 9 month old. The juxtaposition of the developmental checklist with the wide-eyed wonder (? alarm?) of your sketch for me put back the humanity into those rather cold, clinical milestones. It made me reflect on how excited and happy parents are when their baby masters these goals, and how worrisome it can be when that 9 month marker comes and goes with nothing to show for it. The comparison to "sweet 16" in adolescence was a very good insight. Nine months is indeed an important time in baby life, and you captured this point well. Thank you for this good work, Dr. Shapiro

200504

Shapiro, Johanna

From: Shapiro, Johanna
Sent: Monday, October 10, 2005 11:36 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: Peds humanities project

Hi [REDACTED]. Well, you got your wish, you "got" to share your project. Actually, I'm glad I didn't let you off the hook, because it was really very funny, and at the same time was a great way to integrate a lot of information about the important developmental milestones at each age. You did a great job of entering into the infant-then baby-then child's perspective, especially regarding how a visit to the WCP can become one big needle! On a serious note, I also thought it was interesting that the doctor on the other end of this diary remained pretty much the same throughout, just conscientiously doing his job and caring about his patient, while the little patient went from loathing him to wanting to grow up to *be* him. I think when we can learn to roll with the ebb and flow of our patients' personalities, not take their anger too personally and never give up on them, in the end we often win their trust. This was a very creative and original project, and obviously took a lot of work. Thank you very much, Dr. Shapiro

200505

Shapiro, Johanna

From: Shapiro, Johanna
Sent: Monday, October 10, 2005 10:59 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: Peds humanities project

[REDACTED], after reading your clever little skit I'm sorry I didn't make you act it out using your classmates as guinea pigs! I thought it was really well-executed. Until I read the note at the bottom, I conceptualized the two voices as both part of an warring dialogue within Sam, the childish voice resisting and the parental voice insisting. In any case, I absolutely agree with your conclusion that physicians can strengthen "voice #2" in both child and adult patients if they take the time to offer explanations - and empathy - for all they have to endure. Thanks for your work on this assignment. Dr. Shapiro

Q 10/15/05

Shapiro, Johanna

From: Shapiro, Johanna
Sent: Tuesday, October 11, 2005 1:07 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: Peds humanities project

[REDACTED], these were terrific reflections. I hope you were not too uncomfortable sharing them, because they had something really important to teach all of us. I appreciated your use of the word "healer," as well as your recognition (obvious, but so often forgotten!) of the importance of treating each person "as a unique individual, not just a case to be solved." I also liked your decision to explore both the pediatrician's and the child's perspectives. When they are laid out side by side, it is easy to see where they overlap, and where the pediatric encounter might be derailed. And of course as you note, there's also the parent's point of view. Pediatrics is a lot more complicated than it might look! Thanks for this work, Dr. Shapiro

200507

Shapiro, Johanna

From: Shapiro, Johanna
Sent: Tuesday, October 11, 2005 1:17 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: Peds humanities project

Hi [REDACTED]—I really appreciated your raising the issue of "problem" parents in your project. As Dr. Murata noted, the vast majority of parents are loving, concerned, and devoted to their sick kids, so pediatrician and family are on the same page. But sometimes, as your essay shows, parents are manipulative, selfish, neglectful, and of course, even abusive. The natural response to such qualities and behavior is anger and helplessness. These parents just make the job of the physician that much harder, and decrease the likelihood that the help provided in the hospital or clinic will endure. Nevertheless, I agree with Dr. Murata's words of wisdom: even in these circumstances, the best chance the kid has is to figure out how to be a "team" with the parents, to identify common ground, to see the world through the eyes of these difficult parents. This does not mean accepting or excusing poor parenting, but rather trying to give your little patient the best shot possible in a situation where the cards seem stacked against him. Thanks again for enabling all of us to wrestle with this question. Regards, Dr. Shapiro

2/10/08

Shapiro, Johanna

From: Shapiro, Johanna
Sent: Tuesday, October 11, 2005 3:20 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: Peds humanities project

[REDACTED], your project was very funny, but also very insightful. You did an excellent job of capturing the "voices" of pediatrician, parent, and patient. Obviously, these are not the only voices we can find in these different roles, but they are authentic voices. I was particularly struck when you said that the doctor's voice was based on disclosures attendings had actually made to you. Sometimes we all need to vent. However, I think it's almost as important to reflect on what we say to others about our patients as what we say to them directly. These kinds of comments suggest a certain level of frustration and annoyance, certainly manageable, but something for this imaginary physician to be aware of.

It was a fascinating exercise to juxtapose these three points of view. Your doing so brought home how much frustration, annoyance, and worry can be present even with the seemingly straightforward agenda of well-child immunizations. Imagine what can be swirling about in more serious circumstances! Thank you for a well-thought through and humorous project. Dr. Shapiro

200509

Shapiro, Johanna

From: Shapiro, Johanna
Sent: Tuesday, October 11, 2005 3:30 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: Peds humanities project

Hi [REDACTED]. How nice to see you yesterday. I'm glad we had a chance to chat a bit.

As I said in class, I was very glad you were courageous enough to write this essay, and to share it. Probing our sometimes less-than-admirable emotional responses is hard to do, but I believe it is also critically important in the practice of medicine. Everyone has a patient like this young man, someone whom the physician may view as less-than-human, whether it be a person with disabilities, or someone with addictions, or someone who is physically abusive toward another, or someone who is racist, or simply someone who is demanding and annoying. Thus the feeling of revulsion in itself is not so remarkable because of its prevalence. What I found much more remarkable, and deserving of praise, was first, your willingness to acknowledge those difficult emotions; and secondly, your ability to look beyond them toward a deeper understanding of this mother and child. How many physicians - how many people! - never bother to look beneath the surface, never bother to reconsider whether their way of understanding a given situation is the only story that can be told. That you did so I find both impressive and moving. Over the space of a few days you became the doctor that this mother and child needed. Thank you for sharing. Best, Dr. Shapiro

200510

Shapiro, Johanna

From: Shapiro, Johanna
Sent: Tuesday, October 11, 2005 3:44 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: Peds humanities project

Hi [REDACTED]. Thank you for kicking off our humanities session yesterday, and thank you for sharing about your years as a pediatric crisis counselor. From your description, this job sounded incredibly stressful and traumatic, but also rewarding. I liked the way you conceptualized yourself as a kind of "safe haven" for these battered and neglected kids. I have an even greater respect for this work after realizing that you shared a similar background with these kids. It is almost impossible to face that sort of thing day after day unless you've been able to reach a kind of resolution about your own personal traumas.

Your story about Clarence was so touching. I was glad, as I'm sure was everyone in the room, that he was able to make progress under your care, and then went off to a caring foster home. Hopefully, he continued to thrive. I was impressed that you were able both to acknowledge the heartbreak of letting him go, and to recognize that the time you had spent with Clarence was healing not only for him, but for you as well. Patients have so much to give us, if we allow it. How wonderful that you were able to receive the gifts this child brought. I wish you all the best this year, Dr. Shapiro

200511

Shapiro, Johanna

From: Shapiro, Johanna
Sent: Monday, October 10, 2005 10:53 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: Peds humanities project

Hi [REDACTED] How nice to see you after all these years. Congratulations on finishing your dissertation. From the little this layperson could grasp, your work should make a valuable contribution to refining our understanding of the mechanisms by which cholesterol acts on CAD. Coming from a family with a history of early deaths due to MIs, I can state feelingly how important such work is.

I was so glad I decided not to cut off the sharing so that you could read your essay! As I said in class, I was struck first by how well you captured some of the bafflement and shock inherent in the third year experience; how honestly you articulated the challenges of the transition from life in the lab to life on the wards; and how humbly and gratefully you acknowledged the support of your new "cohort." I loved your metaphor of a spy, or a muck-raking (as they were called in the old days) journalist. This perfectly embodied the sense of "liminality" (being simultaneously in two worlds) that characterizes the early phase of the clinical experience, before the "transformation" to student-doctor is complete. Your analysis of the various meanings of white coats was at once perceptive and profound, especially your comment that the weight of "even the short white coat" can be oppressive. No wonder! Finally, your expression of appreciation and gratitude to your classmates was both touching and impressive. The insights and awareness you demonstrated in your writing will make you a skilled and caring clinician, should you choose to pursue this route. Best of luck over the next year. Dr. Shapiro

2005/2

Shapiro, Johanna

From: Shapiro, Johanna
Sent: Monday, October 10, 2005 11:12 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: Peds humanities project

Hi [REDACTED]. It was so nice to see you again. I hope you are thriving in third year - it's hard, but also full of rewards, yes? Your project was incredibly touching, and I was glad you actually drew it out on the board because it gave us all a chance to experience the delight and surprise you must have felt at receiving this very special gift from your patient. This story is such a lovely reminder that patience and gentle persistence can be key components in developing trust with someone who is feeling scared, alone, and in pain. I also admired your honesty in admitting that, initially, you found this patient aggravating because of how long it took her to respond to your questions. By not personalizing her lack of responsiveness, by not giving up on her, you created a space in which connection and caring could flourish. When I think back to those early days of PD, I'm proud of you, because you "get it," you really see what becoming a doctor is all about. Thank you for sharing this anecdote. Regards, Dr. Shapiro

2005/10/13

3RD YEAR PEDIATRICS HUMANITIES PROJECT 3/03

200301
[REDACTED] ever since I met you in Anatomy orientation, and later the Anatomy of Anatomy panel, I've been impressed with your thoughtfulness, openness, and humanity. Despite the liberties you took with the Jerry Garcia song, my opinion remains unchanged. If Oliver Sacks didn't write those lyrics, he should have! "Tell all the truth, but tell it slant," wrote Emily Dickinson. I believe you did just that. Maybe one day you will sit at the bedside of a patient and play that same song. Thanks very much for bringing a little joy and hope into all our hearts. Regards, Dr. Shapiro

200302
[REDACTED] Hi [REDACTED]. This was a really funny poem, that caught the essence of this kid (both his bravado and his pain) without being either saccharine or angry. The limerick is a great verse form to express pretty deep insights in a humorous and palatable manner. Here you nailed it! Nice work. Dr. Shapiro

200303
[REDACTED] Hi [REDACTED]. I really liked your haiku, and I'm glad you included the translation of the Japanese terms because that says it all – mystery and reality, and everything in between. The final haiku in particular was so endearing. I know that traditional haiku choose nature as their focus, and find the same things – mystery, reality, and everything in between. Thanks for making this effort. Regards, Dr. Shapiro

200304
[REDACTED] You wrote such a cute poem. Its use of meter and rhyme is really quite skillful, and your choice of alliterative words is just delightful ("crispy coat," "sloppy surprise"). More importantly it captures a wonderful attitude toward the Peds experience – good-tempered, appreciative, slightly bemused. Life is full of lessons, and thank goodness for the ones

3/03

that come with laughs included. Thanks for this very enjoyable and perceptive poem. Dr. Shapiro

200305
[REDACTED]
Hi [REDACTED] I thought you raised a really good issue in your essay. Too often medical students are taught to avoid "countertransference" and identification with patients as somehow contaminating their objectivity. But your essay demonstrates how this emotional openness, accompanied by awareness, can produce great good for both patient and physician. What I particularly appreciated was your ability to acknowledge not only your little patient's needs, but your own as well. When you are overcome with love for your own child, but are far away, what better use for that emotion than to love those near at hand? Great insight, and one I hope you'll continue to apply. Regards, Dr. Shapiro

200306
[REDACTED]
Hi [REDACTED] Thanks for allowing me to vent a bit about Plexus (ah, it's true, even faculty have feelings ☺). Fortunately, the board meeting went really well, and I think things are going to work out fine. I hope you do decide to participate again next year. The first year students involved seem very conscientious, but I'm sure they'd appreciate additional guidance.

You created some adorable pictures. Of course, kids are so cute, it's hard to mess them up, but you managed to convey the cuteness without being too "treacly." I hope requiring this assignment will encourage you to keep up your art – you are really talented. Take care, and hope we can link up around Plexus next year. Regards, Dr. Shapiro

200307
[REDACTED]
Hi [REDACTED]. It's nice to learn you want to go into Pediatrics, since you seem to have such an intuitive feel for what makes kids tick. I happened to show your book to a couple of other faculty members in the teaching session I had following Peds, and they both really enjoyed it. It's funny, touching, and very authentic. Seriously... I hope it adorns your office of the future! Regards, Dr. Shapiro



200308
[REDACTED]
[REDACTED] thanks for taking a crack at poetry. I liked what you wrote, it was imaginative and realistic. And I thought we could all learn from your conclusion that "it can feel really good to be get into someone else's shoes." That's exactly the point of these exercises. Regards, Dr. Shapiro

200309
[REDACTED]
Hi [REDACTED] I thought your Peds humanities project was both cute and creative. I didn't do very well on your little test. It reminded me that developmental milestones are only that – milestones that provide guidance, not prediction. Nice work! Dr. Shapiro

200310
[REDACTED]

Thanks for the cute idea of chronicling pediatric (non)compliance. I understood those were your kids in the photographs. If so, congratulations on two adorable, but obviously mischievous, little ones. Regards, Dr. Shapiro

2003/11


, it was so nice to see you again. I've missed you since the litmed class! Good work on creating some memorable developmental milestones. As I mentioned in class, I especially appreciated the Asian chopstick one. ☺ Thank you also for Groopman's perceptive article on breaking bad news. He is an incredibly thoughtful and humane writer. I hope the rest of the year goes smoothly and well for you. Regards, Dr. Shapiro

Shapiro, Johanna

To: [REDACTED]

Subject: RE: my humanities project

Thank you, [REDACTED] I'm so sorry I had to leave, your group was doing a really great job!

The poem you attached is beautiful – and distressing. This is such an important topic to tackle. For me, reading your poem reminds me of all the human suffering associated with infant addiction in a way that the “ever increasing statistics” somehow obscure. You have some wonderful phrases (“It was out of your hands/Before they even existed”) and the irony of the title (subtly blending the various innocent and not-so-innocent types of desire) and of course “*giving* candy to baby.” The title Let us hope fervently for the rebirth into a better future for all these innocent but “no longer naïve” little crack/cocaine/etc. babies. I can see you put much thought – and feeling – into this work. Thank you for this, and for your interest and involvement in the humanities over the past years. Regards, Dr. Shapiro

2003/6

-----Original Message-----

From: [REDACTED]

Sent: Friday, April 25, 2003 3:33 PM

To: [REDACTED], Shapiro, Johanna

Subject: my humanities project

<< File: peds humanities.doc >>

Here you go!

[REDACTED]

Shapiro, Johanna

From: Shapiro, Johanna

Sent: Monday, December 06, 2004 2:37 PM

To: [REDACTED]

Cc: [REDACTED]

Subject: peds humanities project

Hi [REDACTED] I'm sorry I couldn't join you for the peds humanities session, but Dr. [REDACTED] passed along your essay about the "little drug baby," and I was really glad to have had the chance to read it. What a sad story – the baby the innocent victim first of the mother's drug habit, and then of the fears (very understandable) of the first set of adoptive parents. It's nice this story has a happy ending – so often they don't. Thanks for sharing, [REDACTED] Dr. Shapiro

Q 00448

10/04

12/6/2004

Shapiro, Johanna

From: Shapiro, Johanna
Sent: Monday, December 06, 2004 2:41 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: peds humanities project

Hi [REDACTED] I'm sorry I couldn't join you for the peds humanities session, but Dr. [REDACTED] passed along your project to me. Without listening to your presentation, of course, it was difficult for me to grasp the complete focus. However, it did seem to me you were touching on issues of child neglect, child abuse, perhaps accidental drownings and near-drownings, as well as Munchausen syndrome by proxy – in short so many of the ways that children are victimized by parents, whether intentionally or unintentionally. I imagine that is one of the hardest things to face on peds – how parents fail to care for the lives with which they are entrusted. Your collage was for me a sobering reminder of how much kids need parents who can return their love and keep them safe. Thanks for sharing, Dr. Shapiro

200449

12/6/2004

Shapiro, Johanna

From: Shapiro, Johanna
Sent: Monday, December 06, 2004 2:47 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: peds humanities project

Hi [REDACTED] I'm sorry I couldn't attend the peds humanities session, but Dr. [REDACTED] passed along your project to me, and I wanted to let you know what a good job I thought you did of capturing the poignant perspective of a young mother with a son with CF (?). Your essay really evokes her resignation, confusion, doubts, and anxiety. I particularly liked the way residents and student-physicians appeared through her eyes, and how disconcerting that steady stream of medical staff must appear to the parent. What you said about the discharge date was so perceptive. In a situation of uncertainty, contradiction, and ambiguity, parents are desperate for something to hang on to. Sometimes, sensing this, doctors will give them the wrong thing – date of discharge, which then, if it changes, the mom throw a hysterical fit and everyone runs around saying how crazy she is. But really it's because this has been her lifeline, and it was taken away. Better things to "anchor" parents are a trusting relationship with a physician and a sense that they and their child won't be abandoned. Thank you for this point-of-view reflection. Dr. Shapiro

200450

12/6/2004

Shapiro, Johanna

From: Shapiro, Johanna
Sent: Monday, December 06, 2004 2:52 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: peds humanities session

Hi [REDACTED]. You and I have already talked about your essay at length, but for Dr. [REDACTED]'s benefit, I wanted to state once again that I thought it was an excellent example of how parents can become "pathologized"; how medical students can be devalued; and how the effects of all this can change the medical student in deleterious ways unless s/he makes a conscious commitment not to let go of those aspects of self that are most important; as you so eloquently phrase it, being an "imperfectly human" human being – and doctor. I enjoyed seeing this again.
Regards, Dr. Shapiro

200451

Shapiro, Johanna

From: Shapiro, Johanna
Sent: Monday, December 06, 2004 2:57 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: peds humanities project

[REDACTED], thanks for contributing your poignant little poem "No More Owwies" to the peds humanities session. I'm sorry I couldn't join you, but Dr. [REDACTED] passed along the projects, and I just wanted to let you know how touched I was by what you wrote. Your poem wonderfully depicts the child's emotional world and it is not a happy one. Her sickness, inability to walk, and pain cannot be overcome by doctors who, from her perspective, try to bribe her with toys and pretend to be her friend? You do an excellent job of showing us a little kid who is afraid, angry, and unhappy, and won't be consoled by superficial acts. I very much appreciated that you gave her/him a voice (and in Spanish too, which probably complicated all the transactions) to remind us that being in the hospital is not fun and games, and children's emotions need to be heard and respected. Thank you for your work. Dr. Shapiro

200452

Shapiro, Johanna

From: Shapiro, Johanna
Sent: Monday, December 06, 2004 3:06 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: peds humanities project

Hi [REDACTED] I'm sorry I was unable to attend the peds humanities session, but Dr. [REDACTED] passed along your projects. I wanted to let you know I really enjoyed your skit. It made me smile at the plastic surgeon's narcissism and the pediatrician's patience and forbearance. Who I really felt sorry for was the kid! God help him if he isn't the biggest, the best, the brightest, the healthiest, because his dad (and maybe granddad too) will certainly provide him with all the necessary resources, and expect a spectacular return on their investment. Kids that are so fussed over like that often end up somatizing their psychological distress – then of course the parents feel vindicated that their kid is "sick," and an ugly cycle ensues. Thanks for sharing this, it was very interesting. Dr. Shapiro

200453

12/6/2004

Shapiro, Johanna

From: Shapiro, Johanna
Sent: Monday, December 06, 2004 3:10 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: peds humanities project

[REDACTED] I'm sorry I was unable to be present at the peds humanities session, but Dr. [REDACTED] kindly passed along your projects so I could have a chance to review them. I think this was the same baby that [REDACTED] wrote about? I wonder if you presented your projects together? What a neat way of presenting both med student's and adoptive parent's points of view. This mom sounded really nice and accepting – I hope that's how she was in real life. This is one story of child victimization that seems to have a happy ending! Let's hope it lasts. Thank you for your essay, Dr. Shapiro

200454

Shapiro, Johanna

From: Shapiro, Johanna
Sent: Monday, December 06, 2004 9:16 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: peds humanities project

Hi [REDACTED]. Hope you are doing well this year (I'm confident you are!). I'm sorry I wasn't able to join you for the peds humanities session, but Dr. [REDACTED] passed along your projects so that I could review them. Thanks for sharing your experience with your patient Michael (by the way, I like the sound of Dr. Steve too!). I liked the way you were able to make a connection with Michael, and I was also happy (and relieved) that your attending acknowledged and made room for this relationship. This is an example of the medical education system at its best! Take care,
Dr. Shapiro

200455

12/6/2004

Shapiro, Johanna

From: Shapiro, Johanna
Sent: Monday, December 06, 2004 9:25 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: peds humanities project

Hi [REDACTED], nice to run across your name! I'm sorry I couldn't participate in the peds humanities session, but Dr. [REDACTED] kindly forwarded the projects to me, so that I could review them. I wanted to let you know what a good job I thought you did with your point-of-view essay. Although I missed hearing your presentation, the project was so evocative that I think I formed a pretty good sense of what was going on: teenage girl, strange dates written on her arm, maybe an overdose. You depicted very well that lonely, desperate adolescent psychology, and the theme of escape came through very clearly – escape from an unhappy home life, a meaningless school experience, a brother going off to war, and the loss of her first love. When you can enter into the experience of another so empathically, you've taken an important step toward being able to show that you understand and respect them. Very well done. Thank you for sharing. Dr. Shapiro

2004/6/6

12/6/2004

Shapiro, Johanna

From: Shapiro, Johanna
Sent: Monday, December 06, 2004 9:49 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: peds humanities project

Hi [REDACTED]. I'm sorry I couldn't be present at the peds humanities session, but Dr. [REDACTED] passed along the projects so that I could get a sense of what you all had done. By any chance, was your poem about the same patient that [REDACTED] described? I certainly hope there aren't two such moms in the hospital, let alone on the planet. I've never heard of an FTT case that presented in quite this way, where the mom is literally stealing her kid's food. Bizarre. However, I thought the last line of your poem showed both compassion and insight. The mom is awful, true, but also true that she is "just a child," and probably has very little notion of how to be a parent. I hope against hope that there was a positive resolution, but it doesn't strike me as likely. Thanks for sharing this very evocative description. Dr. Shapiro

200446

12/6/2004

Shapiro, Johanna

From: Shapiro, Johanna
Sent: Monday, December 06, 2004 9:53 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: peds humanities project

Hi [REDACTED]. I'm sorry I couldn't join you all for the peds humanities session, but Dr. [REDACTED] kindly forwarded the projects, so I was able to get some sense of what you did. Now I wish I'd heard your presentation just to be sure, but birth, right? It's a great idea to take on the point of view of the baby at this momentous point of transition. If you stop to think about it, what an amazingly strange experience that must be, if only we could remember it. I think you did a pretty good job of capturing the highlights! Thanks, [REDACTED], hope this year goes well for you. Dr. Shapiro

Q00457

12/6/2004