

## COMMENTS PEDIATRIC HUMANITIES SESSION 12/07

Thank you for sharing your song (I wish you had sung it, I imagine it's really beautiful, but I can understand your self-consciousness :-)). I especially liked the Spanish version, it sounded very lyrical yet very strong, like a beautiful laugh that nevertheless rises out of constraint, limitations, and injustice. I was impressed with the way you combined art and advocacy – a lot of times people see these two approaches as opposites, but in fact they can be quite complementary. Most importantly, you raise a really important issue of how the privileged and powerful can help give authentic voice to those who have been deprived, through oppression, social inequities, discrimination, poverty, of their own voices. I hope your song inspired those kids to write songs of their own. This is an outstanding effort. Best, Dr. Shapiro

---

-----

Your project on toy safety was eye-catching (red and green), timely (holiday gift-giving season), and engaging (crossing out and substituting new ideas). It showed creative thinking in terms of educating (in this case) peers, but also parents and even kids about how to make fun but safe choices. You were very successful in recognizing the appeal of certain toys while pointing out their not-so-obvious risks. You also did a great job of researching each item, and integrating convincing statistics and data into your presentation. Finally, you all role-modeled skillful ways of persuading parents to consider safer alternatives while not making them feel like bad or neglectful parents. I'm going to be adapting my grandkids' shopping list accordingly :-). Best, Dr. Shapiro

---

-----

--, I appreciated your creative approach to the troubling scenario of these tiny premature twins going through transfusion. Sometimes when we are not yet ready to put things into words, we can still be present with them through using our hands to construct something more tangible, less abstract. In this way, I felt your little tinfoil babies with their big golden hearts completely fit the bill. The fact that you constructed them out of materials found in the NICU was another sign of your "presence," not trying to glamorize or prettify this experience. I am not sure I understood all the meaning that you embedded in your figures. But I did notice a third heart floating around in the box – and I thought it might be yours. Thank you for participating in this project. Dr. Shapiro

---

-----

Hi --. It was very nice to see you again two years after Healer's Art. Time flies, right?

I was so impressed by your poem in the voice of a little girl with autism. You captured perfectly so many attributes of autism, without in any way stereotyping the narrator. Her precision, attention to objective (rather than subjective) details, her focus on the concrete, the sensory overload, the sensitivity to sound, even calming herself by counting the stitches in the shoes. Really outstanding work.

The other thing that struck me was your ability to revise and refine your own previously somewhat unnuanced understanding of autistic spectrum disorders. It was striking how closely you paid attention and how much you saw on this rotation; and how well you were able to incorporate what you learned. Btw, the book I mentioned is called *The Curious Incident of the Dog in the Night-time* by Mark Haddon and is about a kid with Ausperger's. All the best, Dr. Shapiro

-----  
-----

--, thank you for your thoughtful remarks in the Peds Humanities session today. The case you presented raised critical issues about the complexity and ambiguity you as a student-physician encounter every day in clinical practice. How can a mother be loving and devoted to her child, yet be unable to get off the heroin that resulted in an addicted baby (her third)? This story, tragically, is not uncommon. In my view, the most important question is, what can be done in the best interest of the infant? And what can be done to reduce the likelihood of this happening yet again? I think you'll find that there are no easy answers to these questions. But asking them, struggling with them, and coming up with provisional answers is the sign of a good and compassionate physician. Best, Dr. Shapiro

-----  
-----

--, I really appreciated your presentation about the case of suspected child abuse. You brought insight, self-awareness, and sensitivity to a situation that sounds straightforward when covered in a lecture; but becomes significantly more complicated (at least emotionally) in real life. I was impressed by your ability to stay open to multiple perspectives – obviously, that of the child, but also the distress of the wife/mother, and the denial of the just-arrested father. You demonstrated great awareness of your shifting emotions, a very important skill that will enable you not to give these various feelings too much unconscious control over your behavior and interactions. These situations are always full of heartbreak; and often more confusing and uncertain than we'd like. It is your legal and moral responsibility to take the best action possible to protect the welfare of the child patient; but a good doctor will remain open to the suffering and pain of all involved. Thank you for helping us to understand this. Best, Dr. Shapiro

-----  
-----

Hi --. I hope you are having a good experience in the U.S. and at our medical school. It is always a pleasure for us to host students who can enlarge our sometimes parochial view of medicine and healthcare.

Thank you for sharing your experience with the teen hot-line. I'm imagining that, when you staffed that phone, you weren't all that much older than the caller. It takes a lot of courage (and hopefully some good training!) to go through that kind of experience with an anonymous stranger. Yet you obviously gave her a great deal, eliciting a horrific personal story that nevertheless could only be addressed by being brought into the light. To me, what this incident shows is the importance of listening deeply when other people – and patients – tell us their stories. This is often the critical first step in healing. All the best during your stay here, Dr. Shapiro

-----  
-----

Hello --. I'm imagining you are one of the Norwegian exchange students here for a few months. I hope you are having a positive experience at UCI, and are learning things that will be relevant and useful when you return home.

It was very interesting to read your translations of these two Norwegian poems. The first poem in particular was a really good poem. I especially liked its juxtaposition of things kids do that could be considered annoying with the refrain "children are the best thing in the world." While your use of English was not always conventional, it was vivid and original and produced an invigorating series of images. This poem reminded us to respect children, and put them front and center in their own care.

Your second poem reminded us how important it is to empathize with the experience of being sick and hospitalized. You very astutely noticed how emotions can "ripple" throughout the family (and doctor... and medical student!). Kids look to their parents, and parents look to their doctor – for honesty, but also for hope, and above all that all the scary, fearsome things that are happening can somehow be faced with the doctor's help. You are quite right that you play an important role in calming anxiety and providing reassurance. Thank you for participating in this activity. Best, Dr. Shapiro

-----  
-----

--, I think we all enjoyed your poetic summary of pediatrics. It was clever and humorous, and included pretty much every possible peds-related encounter. Everyone was nodding and smiling in recognition! Your poem also contained a lot of good insights about how to deal with key issues such as childhood obesity and diabetes, immunizations, and how to connect with teens. I particularly valued your flexibility in allowing some of your own preconceptions about peds to be modified by your day-to-day experience.

In addition to your project, I appreciated your comments about your hospice experience. I could see that you learned a great deal from working in that setting. You helped us think about how we view death, how, at least in this country, it is so often assumed something to be overcome, vanquished, defeated, and above all feared. Your insight that death is a part of life encouraged a different, less hostile perspective, one that might make physicians regard a patient's death as something other than a failure. Thank you for this.  
Best, Dr. Shapiro

---

-----  
-----  
You tackled a really good topic; and I'm glad you got us to think about how scary, strange, even incomprehensible are all the tests, procedures to which we subject patients. Writing from the child patient's point of view was an excellent choice in that it brought you – and by extension, us the readers – closer to the patient's experience. I thought you captured very well just how frightening and anxiety-producing it probably was for this little kid. Saddest of all was her idea that being put in the "loud tube" would somehow cure her. But your poem also hinted at ways of approaching diagnostic procedures that can reduce the patient's distress – communicating what to expect, making sure the patient knows you are doing everything possible to make it less unpleasant etc. Even kids appreciate being put in the picture, and if it's done in a way that is both honest but reassuring, the procedure itself will probably go more easily. Very nice work, --. Thank you! Dr. Shapiro

---

-----  
-----  
--, I agree with you about the great value of Child Life. This program helps kids and their parents to understand what's happening to them; and also relieves anxiety and restores a sense of normalcy in child patients through play activities. I'm glad you saw how important these services are in balancing out the inevitable frightening, confusing, and distressing aspects of being sick and hospitalized. You also did an excellent job of imagining from the child patient's perspective what it is like every time the "white coats" appear! I would only add that, while physicians are not child life specialists, in small ways they too can incorporate skills of communication, play, and empathy to humanize them so their patients are able to see beyond their coats and realize a caring human being is taking care of them. Thanks for sharing your thoughts. Best, Dr. Shapiro

---

-----  
-----  
--, your participation in the Pediatric Humanities session was truly outstanding. Your participation and in-class comments showed impressive insight and great awareness of the complexities, ambiguities, and multiple perspectives involved in medicine. You have a sophisticated understanding of morally troubling situations that others too easily

dismiss in dichotomous, bad/good terms. This capacity to look at all sides of complicated truths will help you remain a compassionate and empathetic physician.

Your project about “X” was both moving and perceptive. In a way, it strikes me as very sad that it is such a radical thought that “nurturing” should be considered a part of doctoring. Nurturing in the sense of caring for, supporting, encouraging, and cherishing seems to me an essential element of patient care, especially in pediatrics. You looked at X and saw what she needed, although her other doctors were too preoccupied to notice. This ability to look clearly at your patients, not be afraid to recognize their needs, and then extend yourself to respond to them will make you an exceptional physician. Thank you so much for working so deeply and authentically during this session. Best, Dr. Shapiro

-----  
-----

--, --, and --, your presentation in the Pediatric Humanities was outstanding. I was awed and amazed by your willingness to explore and probe your own reactions and emotions, as well as your perceptiveness about what was happening with patient and family, and how the medical team influenced their responses. The situation you described was profoundly tragic, and worse unexpected. It was complicated by the different desires of the mother and father, the youth of the patient; and for the three of you, your first time in facing an unexpected death of a child. You all grew in terms of your understanding of both the limitations and frailty of medicine and at the same time how a well-trained, compassionate, and committed medical team can lessen the suffering of patient and family. I agree that this painful incident was both heartbreaking and heartwarming. When medicine is working at the deepest level, that is how it often is. If you can learn to welcome the experience of being close to the core of human experience, then you will see what a privilege (as well as at times a burden) the practice of medicine can be. Your openness in discussing this incident really allowed the rest of the students to be more open and authentic. Thank you all very much for such strong work :-). Best, Dr. Shapiro