

COMMENTS PEDIATRICS HUMANITIES PROJECTS 8/16/04

Hi --. Thanks for writing this touching poem about “A Mother’s Tears.” I like your sensitivity to the striking change in both mother’s and baby’s demeanors over the space of just a few days. You are a careful and close observer. And you observed something else, something that perhaps even her physician missed – the mother’s grief. Whether her baby has a relatively benign reaction to immunizations, or something more serious like viral meningitis, the previously competent, happy mother is now experiencing real distress. Your screaming heart mirrors her pain – and the guilt you experienced is a common emotional response to not being able to sufficiently help someone who is in pain. The problem with guilt is that, paradoxically, because it feels so bad, it often makes us turn away from that suffering person. So the interesting question becomes, can your screaming heart become a little softer, and can your guilt be transmuted into a kind of compassion? Thanks for this thoughtful poem.

This was an incredibly creative project. I really loved it, partly because I love this poem (a favorite line that I quote a lot about the value of poetry in our lives is “Y el verso cae al alma como al pasto el rocío”). There were so many rich metaphoric implications of the translation you undertook. Although you may not have consciously intended it, we can learn a lot by looking for ways to embrace what we hate in medicine – what has become “the enemy.” What you figured out was a way to move closer to rather than farther away from the feared object – in this case, espanol! In setting yourselves this task, you helped all of us respect the beauty, subtlety, and poignancy of this beautiful language and avoid the tendency, often triggered by the pressure of time-urgent medical encounters, to reduce it to a crude means to an end: “Donde duele?” This project was beautiful both in and of itself and in all it symbolized. Thank you!

What an adorable sketch! I think we all fell in love with your chubby worried little baby (Buddha?) emerging from his egg into the hard, sometimes cold world. You’re right – what the doctor can contribute is health and well-being to enable this little guy to make his way as best he can.

--, very nice job of point of view writing. You chose an all-too-common situation – where the patient himself must translate his own medical history as provided by his Spanish-

speaking mother. That can be both awkward and inaccurate. I also liked the way you realized how distressing it can sound to hear one's description of one's own symptoms "translated" – and therefore appropriated - into incomprehensible and frightening "medicalese." The ending of your essay is very insightful. After submitting to the long, drawn-out history and physical exam, the patient still has absolutely no idea what is wrong with him. Medicine, no doubt, has come to a conclusion, but one that does not include the patient. How sad!

--, good use of a lay synonym for the technical term "stones." When this little patient translates his diagnosis into the image of rocks inside, it becomes both comical and scary. And naturally, if there are gallstones, there should be a "gall" (!). This piece of point of view writing reminds me how much can be misunderstood even when the physician is making an effort to explain and educate. It also reminds me that many things that seem "routine," "uncomplicated," and "minor" from the medical perspective are frightening to the patients – and remain frightening, no matter how much explanation is provided. Sometimes it helps just to acknowledge this fear, because after all it is very normal and understandable. Much of our efforts seem to be directed at reducing fear (not a bad goal, by any means!), but sometimes if we make a little room to let fear in, it doesn't seem as scary! Very nice work! Dr. Shapiro

Thank you so much, --, for sharing your poem and your tears. What I admired most was the courage it took to allow yourself to experience empathy for the parents of this near-drowning victim. Believe me, stepping into the shoes of those parents for a moment – to see their beautiful, sleeping boy who might one day awake – was an act of both courage and love. For that moment, you accepted the risk of standing by the parents in their desperate – and almost surely impossible – quest for a miracle. I don't think this exercise in empathy needs to override medical judgment by any means. But it does encourage the humility – and patience – to wait for the parents to see through your eyes as well. This is a very lovely and poignant piece of writing. Thank you.

What a neat project. No one has ever done origami for one of these assignments. It made your point in a lovely way that one simple act can bring a lot of joy and beauty into someone else's life. It's true for kids, and it's true for adults as well. Also, imagining yourself back into your own childhood is an excellent way of getting in touch with a child's perspective. Thanks for this creative effort! Dr. Shapiro P.S. And thanks for my jumping frog. It's brought me joy, and if not exactly beautiful, it's really cute!

--, what I liked about your sketch was how safe and secure this little baby looks, even in the face of a scary diagnosis. Despite the IV and the hospital setting, the baby seems relaxed and contented. The caring hand reaching into the frame to touch the baby's head underlines the message, "Baby is in good hands." For me, the picture sums up how we would like every baby, every patient to feel when hospitalized. Thanks for sharing this.

I was very moved by your sketch. It gets me in touch with the essential loneliness and isolation that sickness creates. This image of a faceless, huddled-up child is so hard to accept because it brings to our awareness those dimensions of suffering that we can never completely alleviate. In these instances perhaps our task is simply not to turn away, not to abandon this little boy and patients like him. Even when we cannot change their suffering, we can help them know they are not alone. Regards,

--, you tackled a really difficult topic. The lyricism of your poem stands in sharp contrast to the brutality of its images. You force us to confront the limits of medicine – if you're lucky you can bind the wounds and soothe the bruises, but the consequences of these vicious acts reverberate throughout the life of the child and, as you say so eloquently, across "generations to come." I personally think confronting child abuse is one of the most challenging aspects of the pediatrics clerkship, because it brings you face to face with needless and wholly innocent suffering. Thanks for helping us not to turn away from this very painful reality.

--, I enjoyed your topic. You did a great job of capturing both the child's perspective, in how s/he perceived the doctor visit, and the mom's perspective. I especially appreciated the line "why do we always have to wait in this room after waiting so long in the other room?" I bet a million kids – and their parents! – have had exactly that same thought! With the last phrase of the poem, "Have hope with me," you achieve something quite remarkable – a shift in awareness from the quotidian annoyances and frustrations of a doctor visit and a restless child to a much deeper, more intimate realization of how much every parent longs for and needs someone, even her own child, to hope alongside her for a good outcome to the medical encounter. I really was very impressed by the way in which you were able to make this lighthearted poem so filled with meaning. Thank you for sharing.

--, as I shared with you in class, I so respected the “work” you did in this little essay. For me, it was a model of 1) how to be aware of one’s feelings, and judgments, towards patients with socially stigmatizing medical conditions 2) how to reflect on the appropriateness and helpfulness of those feelings in the clinical situation 3) how to modify and soften those feelings to allow in other, more nuanced, realities. I hope you can remember that, in many situations where we find ourselves helpless to change the negative consequences, we tend to deal with this helplessness by blaming the victim. Regardless of whether you feel blame is ever a useful response theoretically, I would suggest that in the doctor-patient relationship it is rarely if ever helpful in terms of accomplishing the ends you and the patient desire. Your conclusion that this pregnant girl’s situation was more complex than it initially appears is almost always the case. Seeing things in shades of grey rather than in black and white takes more work, but without this ability you will quickly lose empathy for your patient. Thank you for sharing your insights.

This was a really great contribution to our discussion, and thanks for making it. I was actually disappointed there were no real follow-up comments, perhaps everyone was a little maxed-out at that point. But your message was very, very important. We have many pressing healthcare needs in this country, but part of compassionate clear sightedness is seeing that there is a large world out there filled with suffering (some of which our own country has contributed to). Every physician – and indeed every person – must ask themselves the hard question of what level of responsibility will they take for this global misery. The nature of the answer must, I believe, be both personal as well as governmental, so you did us all a great service by forcing us to contemplate the question.

--, thank you for sharing this story. I agree that the physician, Dr. X., seems conscientious and concerned. In my opinion, it is a tricky balance to advocate for the child without turning apparently “uncaring” or “indifferent” parents into “the enemy.” Whenever you find yourself on the opposite side of the fence from either patient or parent, you know you are no longer a team, and you are actually moving farther away from success. Whenever I find myself thinking, “I’ve done all I can,” I try to identify a different vantage point from which to look at the situation. In this case, if I were the dad, for example, how might I describe the situation? What would be my priorities? Sometimes, by engaging in this kind of exercise, we realize that there are still possibilities for approaching a solution that we have not even thought of before. That being said, the outcomes in such situations are by no means entirely under the control of the physician, and sometimes, in fact often, we have to make peace with our own, as well as parents’,

limitations. And that's hard to do while still retaining a context of compassionate care. This was a great topic. Thanks for bringing it to our attention.