

Comments Peds Humanities Projects 4/14/05

--, thank you for such a creative project. It is sad that this idea originated in the death of a child, but this is one small way of commemorating her memory. I thought the idea of a game to emphasize safety and good health practices was both clever and fun. I suspect that children exposed to your game would have a better understanding of how to keep themselves safe than children who've simply been yelled at by their parents to wear a bike helmet or eat their broccoli. The way you wrote the cards was cute and not at all punitive. The whole thing is adorable. I hope you donate it to Child Life and let them give it a try! Thanks for sharing, Dr. Shapiro

--, your Coke Can Man was a really clever idea (although maybe, as a future physician, you shouldn't be providing Coca-Cola with free advertising ☺). Still, it was a completely original and ingenious project – and demonstrates your contention that “anything can be turned into a toy.” The resourcefulness you displayed here will I'm sure have other outlets in the practice of medicine, which requires imagination, playfulness, and inventiveness as well as depth of knowledge and technical competence. Thanks for such an interesting contribution. Dr. Shapiro

I liked the collage you did, --. And I especially liked the way you conceptualized as something the *child* him or herself could create to learn about healthy diets. As we mentioned in class, any time you can *actively engage* patients (of any age) in an interesting and fun manner, you significantly increase the likelihood of successful outcome. You incorporated many excellent ideas in the collage as well, such as including inspiring labels, personalizing the diet, emphasizing favorite healthy foods. This was a great job, one of the most creative ways of using collage I've seen. Dr. Shapiro

Hi --. This is a really deep project, despite the misleadingly adorable little stickers. The poem is extremely well-written, especially the way in which you switch the tone in the last stanza. Initially I thought the project was a satire on the way doctors hand out stickers for the slightest cooperative behavior emitted by a kid. But then I realized you were after much bigger things, including how difficult it is to uncover – much less validate and recognize – the difficult, messy, subterranean problems with which pediatric patients may be dealing. Introducing the tragedy of domestic violence in the closing lines

of the poem, as well as the child poignant (and unanswered) questions, was powerful – and sobering.

I'm looking forward to working with you next year, --. You obviously have a talent for the humanities, and it will be interesting to see what you come up with for a project.
Regards, Dr. Shapiro

Thank you for sharing your talent as a poet, --. I liked this poem very much, especially the way you switched the intensity half-way through. Initially I thought the poem was a semi-lighthearted view of a kid's rather normal aversion to the physical exam. But then you introduced a curve-ball – this is a fat kid, an obese kid who has a pathological fear of having her body exposed to view. By writing the poem from the point of view of the child, you make her suffering even more poignant. This was a really empathic, perceptive, and touching poem. Excellent work! Dr. Shapiro

Great project, --. You chose an excellent focus for displaying myths – there are an inordinate number of misconceptions about autism. I was especially glad to see you address the myth that autism is the result of poor parenting. This erroneous idea is still espoused by some parents and results in tremendous feelings of guilt, self- and other-blame. Another devastating myth has to do with the lack of emotional attachment, and you do a thorough job of dispelling this as well. This was very well done, and could actually be a great help in educating parents of children with autism. Dr. Shapiro

--, thank you for attempting a poem, they aren't always easy to write! I apologize for my difficulty in understanding your reading, and I appreciate your sharing the written version. The poem is well-crafted, and the repetition of the final line of physician admonition was effective, as were the images of carnivals, circuses, and all the fun symbolized by forbidden foods. You also managed to cleverly work into the poem several of the symptoms of this medical condition. All in all, this was an excellent effort which showed empathy for the little patient, and caring by concerned doctors. Dr. Shapiro

--, I am quite familiar with the feelings of frustration that prompted your writing this amusing, but acerbic, poem. While sometimes we see parents who neglect their children,

we also encounter parents who seem to treat their children as science projects. These children have unrealistically high expectations on them, and are often deprived of any real childhood (not that Sponge Bob Square Pants necessarily constitutes the epitome of childish pleasures!). Our sympathies naturally lie with the child in this case, and we blame the parents for their unrelenting demands. Yet it is also true that, in most cases, these parents only want the best for their children. Arrogant they no doubt are, but also caring and concerned. The truly skillful pediatrician will figure out a way to find common ground with these parents and help them modify their expectations for the wellbeing of the child. --, thanks for bringing to our attention a type of parent who is usually ignored.

--, your story made us all think about the ethical limits of confidentiality in providing medical care to adolescents. I commend you for the sensitivity you demonstrated toward your patient, and your ability to get her to open up to you. In one session, you accomplished a lot with this young girl. I think the decision about whether to inform the parents of the girl against her expressed wishes regarding her depression depends on several factors, including the severity of her condition, the availability of alternative sources of support, the likelihood that the girl will return for follow-up and so forth. As you pointed out in your presentation, the question of involving the parents is a question of when, not if. When clinical situations involve ambiguity and uncertainty, they exact a toll on the physician as well as the patient. You and the attending acted with integrity and concern for the overall wellbeing of the patient. These decisions are never easy because they are never perfect. This is where the physician must be humble and hope for a good outcome. Dr. Shapiro

--, I know contemplating the horrifying results of abuse is very difficult, but I'm still glad you chose to reflect on this topic. I don't think anyone can really understand pediatrics without confronting child abuse. And personally, I don't think "finding peace" is possible where such infliction of innocent suffering is concerned. The feelings of helplessness, hopelessness, and anger are so natural, and what all of us who have been in the presence of abused children feel. But what most moved me was your acknowledgment that "sorrow" too is involved. And I think, when we consider the big picture, while our sorrow is primarily for the victim, there is enough sorrow left over to encompass the perpetrator (more likely than not with his/her own history of abuse), the adults who were supposed to protect the child but turned their backs, and the society that allows conditions of despair and rage in which abuse can flourish. Thank you for shining a light where none of us wants to look. Dr. Shapiro

--, you presented a truly agonizing ethical dilemma. There were so many tragic aspects of this situation completely beyond anyone's control: a 13 year old coming alone to a strange country to find a better life, only to bring his own death with him; an aunt entrusted with the care of this young boy, only to discover she cannot protect him; the larger context of an entire continent ravaged by this horrible disease. It seemed to me from your account that up until the involvement of the ID specialist, the team behaved meticulously, conscientiously, and with appropriate cultural sensitivity. The plan to support the aunt while informing the boy seemed, in a painful situation, a morally sound course to follow. It was unclear to me why this plan was aborted by the ID specialist. I can think of reasonable explanations, such as the ID specialist meeting the aunt and establishing a strong rapport with her, which could provide the foundation for the necessary communication. But the continued delay in informing the child of his true diagnosis, especially if there were some doubt about follow-up, makes me uncomfortable, and clearly was distressing for you. Yet such situations are not uncommon in medicine. In the end, doctors are just people, trying to sort through the ambiguities and uncertainties and do the right thing, or at least the best thing under the circumstances. I hope that is how this case turned out. Thank you for sharing. Dr. Shapiro

--, this was a hysterical example of point-of-view writing. I had no idea you had such a mordant sense of humor. However, in between the laughs, you also showed a lot of empathy for everyone – parents, attendings, residents, medical students. It's true that parents often "overreact," and their hypervigilance can cause medical staff to mock them, if only among themselves. But there is probably no greater anguish than a parent's fear for the wellbeing of their children, and this should remind us to always act with compassion and forbearance in these situations. On a personal note (following the example of your attending!), my daughter's first child was born 6 weeks early, and after 3 weeks came home on an apnea monitor. The monitor went off all the time, and my daughter said after awhile she was able to distinguish between events that were cause for alarm and simple monitor malfunctions. It is indeed a terrible emotional burden to know that, theoretically at least, your little baby might stop breathing at any moment, and requires great courage on the part of parents to deal with this responsibility 24 hours a day for weeks or even months. In an amusing way, your essay brought home the message of caring about the fears and concerns of all involved. Thanks for this insightful and enjoyable writing. Dr. Shapiro

I enjoyed your role-play, --. It was perceptively written; and by asking your fellow students to read the various parts you really engaged the whole class. I was impressed that, despite the little boy's initially uncommunicative and even hostile attitude, you remained empathic and nondefensive. I was also impressed at how you managed to keep

contact with him, despite the mother's dominating presence. As the dialogue progressed, it seemed both mom and child relaxed and opened up with you. Like her son, the mom expressed her complaints and concerns. By not justifying or rationalizing, but simply by giving her space to vent her anxieties, you learned a great deal about the mom, the family, and how the boy's chronic illness has affected all of them. You handled a challenging situation very well. Dr. Shapiro

--, great essay. It was very well-written and very insightful. It raises the question, what can medicine do when it can't diagnose and cure? The way you chronicled the trajectory of the medical team from initial enthusiasm and confidence in their expertise to avoidance and even guilt was extremely perceptive. This pattern repeats itself far too often in medicine, and often results in doctors emotionally abandoning their patients because they cannot provide the expected answers and solutions. Yet, as you so astutely observe, this shared state of confusion and doubt may actually be a means to bring you closer to your patient, because you are in fact experiencing the same emotions. Perhaps the most admirable thing in my eyes is that you stayed present with your patient and mom, despite your inability to help them. This willingness to remain part of the process of mysterious illness and (thank goodness) recovery is a sign both of humility in the face of the limitations of modern medicine and of faithfulness to your patient. To me, these are both essential elements of a truly good physician. Thank you for this work, Dr. Shapiro