

PEDIATRIC CLERKSHIP HUMANITIES PROJECTS 2/24/06

Hi --. Just wanted to let you know I really enjoyed your collage. I've never seen a kid I didn't think was cute, but the pictures you selected were particularly adorable. The accompanying poem was a lovely tribute to a skilled and caring pediatrician. The situation you focused on is one I see all the time in Family Medicine – the two-week infant check. For the nervous, first-time parent, this is a great opportunity for reassurance, education, and reinforcement, as your poem points out. You also identified the question at the heart of many of these encounters: “Am I a good mother?” This shows you know how to listen to the questions behind the questions, the questions most important to the patient (or parent), but the ones that are the hardest to ask. Excellent job, thank you. Dr. Shapiro

Funny poem, --. You did a really excellent job of seeing the well-child check through the eyes of a child, while simultaneously capturing that unique brand of 8 year old humor. The poem shows you to be both imaginative and empathetic. I agree with your discomfort at a protocol that leaves a kid in his underpants in the exam room – this does not respect the patient's dignity, even at age eight. I bet you got on very well with your peds patients, laughing your way through their exams ☺. Thanks for this poem. Dr. Shapiro

Thanks for your clever booklet, “-----.” Each cartoon was both funny and empathic. I laughed out loud at the stethoscope with teeth, the jail cell/zoo cage-crib, and the blood pressure “snake.” These were ingenious, original images. I also appreciated the overall reminder that what becomes routine and prosaic to the physician often remains scary and alien to the patient. Finally, the rocket-powered bed, the “super-power” juice, and the “war-wound” appendectomy were all excellent examples of ways of positively reframing aspects of the inpatient experience. Every sketch was creative and enjoyable. Very clever work. Dr. Shapiro

Hi --. It was very nice to see you again. It sounds like third year has been a good experience for you so far. Thank you for choosing the topic of ADHD, it's an important one to bring to our attention and get us to reflect on. As your cartoons suggested, true ADHD can be unbelievably overwhelming, and kids can be helped toward more

manageable lives with medication and behavioral programs. Your work also raised a complex question: To what extent can a medical condition be a social construction? Is it possible that, in addition to being a “real” diagnosis, ADHD may sometimes be used as a method of social control? The limits of our session made it impossible for us to answer that question adequately, but at least you made us think. Thank you for that. Dr. Shapiro

Hi --. It was funny that yours was not the only “ode” to an otoscope. Yours was a terrific example of point-of-view writing. You helped all of us understand, in a visceral way, how out of control the ear exam makes a little kid feel. The voice of your little narrator was scared, trapped, helpless. Sometimes the only thing that helps is a mommy’s hug, right? In any case, hopefully the emotions you identified so well in this kid will remind your peers that, no matter how frustrated they get during an ear exam, it’s always worse for the kid. Thanks for a well-done poem. Dr. Shapiro

Hi --. You brought up an important issue – making the effort to learn patients’ names. As we discussed, no patient wants to be known as “the AGE,” he’s -- or --; she’s -- or --. I’m glad I read the accompanying paragraph, however, because it helped me understand more clearly your main point. I think what you were saying is that exhaustion and overwork can force medical trainees into survival mode, where they are concerned with simply staying vertical and not doing something to kill the patient. Under these circumstances, knowing the patients’ names becomes a luxury. Believe me, I do get that. It’s important to acknowledge when the best you can manage doesn’t measure up to your ideal standards, and to be able to forgive yourself for those shortcomings. We all have them. Maybe the next day you’ll remember the names, and that’s okay too. Thank you for a very interesting and thoughtful essay. Regards, Dr. Shapiro

--, your poem is filled with arresting images. I loved the multiple layers of meaning it contained – I imagined it could be an encounter between two lovers; a cadaver addressing a medical student; a patient addressing a physician. Using the heart as the central metaphor encouraged these interpretations, since the heart is both a literal organ and a powerful symbol. The poem evokes many emotions – the exultation of power, the devastation of loss, the peace of finality. It’s strong writing, full of meaning. Thank you for contributing it to the group discussion. Regards, Dr. Shapiro

--, thank you so much for having the courage to bring your tears into our session last week. I hope sharing your project was not embarrassing or too uncomfortable, because it was so important that someone carry the grief, anger, and helplessness that arise in the face of violence and harm to innocent infants and children. It is the ugly underbelly of the “happy specialty.” We have no way of answering the questions your poignant essay raises: Why do innocent children suffer? How can parents perpetrate such violence against their own children? How do we respond to fundamental injustice in the world, which gives some children loving, concerned parents, and others indifferent, neglectful, or even brutal caretakers? But just because we cannot find adequate answers doesn’t mean that we should turn away from this suffering. Rather, as you suggest, all we can do is to be grateful for the blessings in our lives and to do what we can to alleviate the suffering that crosses our path. Thank you again, --. Love your little boy. Dr. Shapiro

Hi --. How nice to see you. Your poem about the rat – and the kid! – reminded me just what a good writer you are. In all my readings of “illness” poetry, I’ve only run across one poem that compared the patient to the rat, and this was from the point of view of the patient complaining that he was treated as a rat by his physician. The idea of comparing a pediatric patient to a rat is really daring, because it violates all our associations to children – and that’s what makes it really effective. The whole analogy within the analogy of the rat as a shrieking kettle was also great, further objectifying the suffering “recipient” of your attentions. And then final twist within twist – feeling “so much worse” for the rat. This was just terrific, especially because you linked that initial lab experience to your motivation to becoming a physician. I thought this poem was simply terrific. It shows so much insight into that aspect of medical education socialization that serves to desensitize and dehumanize learners. Excellent work, --. Dr. Shapiro

Hi --. It was nice to see you at the Peds Humanities session. Almost like a litmed reunion! Your poem is an excellent piece of point-of-view writing, as well as a beautiful example of how to handle a challenging encounter with an adolescent patient. The physician (medical student?) in the poem is refreshingly sensitive to the patient’s hesitation and recognizes that something important lies behind it. I liked the way the physician relies on open-ended questions and silence to draw out the girl’s story. As I mentioned in class, I especially appreciated your insight about the psychological value of giving someone the space to organize and express their inchoate feelings for the first time. This can be an incredibly powerful experience, opening the door to the potential for significant positive change, as your poem suggests. I can see you are holding on to your empathy and humanism as you progress through third year. Keep up the good work, and please let me know the outcome of your scholarship application. Regards, Dr. Shapiro

--, thank you for taking the risk of drawing on your own experience with serious illness as a child for this poem. You address a critically important issue – our tendency to minimize or ignore the suffering inflicted in the name of healing. Your first-person poem is a poignant reminder of the patient’s fear, pain, and vulnerability. It is also a reminder particularly of the helplessness and violation the patient so often feels – “things done to me.” You are absolutely right that, no matter how positive the outcome, such actions leave scars. It is not that these are not fair and good trade-offs often, but that to simplify our own emotions, we overlook this inflicted suffering rather than acknowledge it. The result is that the patient feels isolated and misunderstood. Finally, and perhaps most significantly, the poem says that the patient is *always*, at the deepest level, innocent, whether it is a small child or a smoking, overweight alcoholic. The ability to resist parceling out of blame is one way physicians can practice compassion and the art of medicine. Dr. Shapiro

--, it was really nice to see you in Peds. Thank you for contributing such a provocative essay, which enabled us to confront directly the fine line between physician incompetence and physician error. Obviously, as a non-physician, I can’t determine on which side of that line this hapless family physician falls. If it were my child, I know I would be devastated. I respect your preceptor’s handling of the situation in that he apologized to the mother for the baseless accusation of abuse and provided an accurate explanation of what had really caused the baby’s bleed. He also reassured the mother that she had behaved appropriately. Finally, he confronts the family doc with the horrible consequences of his oversight, which otherwise this doctor might never have known. We don’t know whether there is a basis for the family to take legal action against this doctor. It certainly seems to me the doctor bears at least some moral if not legal culpability. I also think that this scenario raises serious questions about medicine as a self-monitoring profession. I wonder whether in an instance like this, reporting the incident to the Board of Medical Quality Assurance might not be indicated, not so much as an accusation of blame as of raising concerns. If the family doctor had a pattern of negligent care, resulting in similar serious outcomes, further action might be warranted. However, without a certain level of transparency in the profession, such terrible mistakes are likely to pass unnoticed. Dr. Shapiro

Hi --. It was very nice to see you in the Peds humanities session. Kind of like a litmed reunion! Your essay helped us focus on a complicated ethical issue. Of paramount importance was the welfare of the child, and clearly this baby was capable of gaining weight and thriving emotionally outside of the grandparents’ home. So the decision in

favor of a different placement, while painful, seems to have been the right one. However, I'm also struck by the fact that her grandparents wanted to adopt her and seemed concerned about her health. Had previous efforts been made to get to the bottom of the problem? Had they been educated about how to care more appropriately for this little girl? I would have felt more comfortable about the baby's being placed with another family if the grandparents had been informed and a plan developed for improving their care, with the possibility that the baby could eventually be returned to them. However, in the midst of all this complexity, one thing came through very clearly – your affection and connection with this infant. I'm glad to see your caring and compassion alive and well. Even when you can't sort everything out perfectly, that matters. Best, Dr. Shapiro

Hi --. It was a pleasure to see you again in Peds. I hope third year is treating you well. As I remarked in class, your mom is one smart woman. I really liked her comment to you about the patient being the teacher of the student. Remember how your cadaver was your *very* first teacher? I think, if you allow it, every patient has something to teach you. Not all patients are as knowledgeable and informed as this girl's mother, but every patient knows something that will help you take care of them optimally. You also reached a valuable conclusion regarding the importance of connecting with the parents. Parents are often perceived as "difficult," but if you can empathize with their fear and helplessness, you can be more sympathetic to their problematic behavior. Finally, as you point out, even when it is not possible to connect directly to your patient, by listening carefully to what family members share about this person, you can begin to know them. --, you did a great job of being humble and receptive enough to take advantage of everything this mom had to give you. Very nice work. Dr. Shapiro