

PEDIATRIC HUMANITIES PROJECTS APR 2007

Hi --, it was really nice to see you on Peds. I thought your pamphlet on childhood obesity was really eye-catching. I was impressed at how much information you managed to squeeze into a simple brochure. I agree that most people will not read volumes of material. I also especially appreciated the final paragraph about the importance of parents' conveying patience, love, and acceptance to their kids. The trouble with the war metaphor is that often the patient/child ends up feeling like the enemy. In addition to your excellent behavioral suggestions, you provide the appropriate emotional context. Your pamphlet would be a great addition in the Peds outpatient clinic. I'd encourage you to give a bunch to Dr. X :-). Best, Dr. Shapiro

--, I really enjoyed your little booklet. The illustrations are adorable, and the narrative is charming (rhyming or not). You captured very well the patient's need to resist and to be oppositional in a frightening situation in which s/he feels a loss of control. You also show how easily this oppositional response can be enlisted to support a view of the child as brave and confident, having survived the trials and tribulations of the well child check. Finally, because of your skill in representing this kid's voice, I think many reluctant little patients would be captivated and reassured by this story. Excellent work. Thanks for sharing, Dr. Shapiro

I thought your project was terrific. It's like any great idea – elegant yet simple. The eye-catching visual would certainly attract attention, and it educates effectively, with two straightforward messages and clear instructions. I really think a poster like this (in Spanish and Vietnamese, as well as English, as Dr. X suggested) would make a real contribution to every pediatric exam room. Excellent work! Best, Dr. Shapiro

Hi --. I thought you raised a lot of good issues with your knife-in-the-ear exam: one being the anxiety and fear inexperienced students can feel in having to learn a difficult procedure; and another being the tendency of the medical profession to minimize the pain it often is required to inflict in the course of helping the patient. Your shocking sketch in my mind is the first step in getting us all to reflect on how is it possible to honestly accept and not turn away from doctor-caused suffering. To do otherwise makes patients feel deceived and abandoned. Good work, --. Best, Dr. Shapiro

To be honest, I had zero idea of what your drawing represented (so much for my medical knowledge!). But I liked the attention you lavished on it. This part of the human anatomy obviously plays a recurring role, especially in outpatient pediatrics, and it was neat to see someone “give it its due.” I also really appreciated the title of the work – “Pediatrician’s Playground.” That was clever, --. Altogether this was a truly unique project with the appropriate dollop of irony. Good work! Best, Dr. Shapiro

--, I enjoyed your colorful drawing of little Nemo. I’d never really thought about the frequent pairing of fish/aquariums/underwater scenes and pediatricians’ offices, so I enjoyed the opportunity to speculate about this a bit. Because of their silent and tranquil movement, fish seem to exert a calming effect, something obviously highly desirable in an environment of anxious parents and unruly kids. It’s probably something worth keeping in mind, no matter what kind of practice you eventually have! Thanks for this work, Dr. Shapiro

Hi --, I wanted to thank you for sharing your perspective about the Virginia Tech killing. Your thoughts were so helpful in giving us insights into how the Korean-American community was reacting; and also in reminding us that Sung Hui Cho, in addition to being a mass murderer, was also a human being who may have endured many difficulties as an immigrant that contributed to his mental disorder. Not an excuse, as you made abundantly clear, but merely one dimension of an appalling and complex situation.

I had a strongly positive emotional response to your sketch, despite the painful and difficult lumbar puncture that s about to occur. I liked the way you illuminated the infant, thus making him the center of attention. His position as a little “ball,” in preparation for the needle, emphasized his tinyness and vulnerability. Yet I found something reassuring in the stolidity and size of the person holding the baby. She seemed understated (colorless), but trustworthy, calm, confident there to serve and comfort as best she could. I agree it is both awesome and scary the kinds of tests and procedures that can be performed on someone so small. I hope indeed this little guy was in good hands, as I imagined. Best, Dr. Shapiro

Dear --, welcome to the U.S. I hope your training here has been interesting and worthwhile. Thank you for your valuable project on child nightmares. It is a topic that does come up regularly in pediatric care, and yet doesn't get much notice. As you point out, it is a not uncommon problem and also, usually, not a very serious one. Your pointers about how to advise a parent are excellent, and neither minimize nor overreact to this event. Teaching children to "manipulate" the outcomes of dreams when they are awake is an excellent strategy and can give them a sense of control, as well as diffuses some of their fear. A very thorough and informative project. Best, Dr. Shapiro

Hi --, thank you for some very thoughtful comments in class, and for your interesting project on fluoride. I think this is probably a topic a lot of parents have some confusion about. The issue you raised about bottled water was an excellent one, since I imagine most parents consider it "healthier" than tap water. It was very conscientious of you to translate everything into Spanish as well. Perhaps this material is something the peds department could use as a hand-out!

Thank you also very much for your point of view writing about the mother whose baby was diagnosed with tetralogy of fallot. I really liked your nuanced perception of the mom's mixed reactions – feeling both grateful and disgusted by the surgeon's hands; appreciating the reassurance and kindness of the health care personnel, while realizing that they can never understand her experience or emotions. You've shown great insight into the paradox of empathy – it is always imperfectly realized, yet it is the only way we have of approaching another's suffering. This is why support groups can be useful, because members feel that the other participants share the same boat.

Thanks again for your participation, Dr. Shapiro

Dear --, thank you for your very touching project about the Make-A-Wish Foundation. I know kids who benefited from this program, but I'd never heard the original story. When we are confronted with a terminally ill child, we all feel helpless, knowing that the limits of medicine are fast being reached. It is good to remember that, even when we can't fulfill every wish, we can always pay attention to the daily needs and desires of the patient, and do what we can to meet them with caring and compassion. Hope your time in the U.S. has been valuable and enjoyable. Best, Dr. Shapiro

--, it was very admirable of you to tackle the deceptively simple limerick form. Ogden Nash¹ would be proud of you :-). Your poem did an excellent job of capturing the strong

but changeable feelings of a little girl going in for her annual shots. How wonderful to be a child when the world can go from unjust to peaceful with a lick on a lollipop! Best, Dr. Shapiro

1. *Ogden Nash*

A flea and a fly in a flue
Were imprisoned, so what could they do?
Said the fly, "let us flee!"
"Let us fly!" said the flea.
So they flew through a flaw in the flue.

Great little poem, --. The varied repetitions of the refrain "going home Thursday" were a very effective way of reminding us how important those casually delivered discharge estimates are to patients, whether kids or adults. As a physician, you know that a million things can interfere with a discharge date, which you also know was really just an educated guess to begin with. Yet for some patients, that date may be engraved in their memory. Dr. X modeled very well how to approach this dilemma clinically, giving the patient much-needed hope while making it clear you are estimating, not promising. Medicine is not an exact science, although it is tempting to approach it as such. And one of the worst things a physician can do is over-promise, whether it is regarding a discharge date or the likelihood of success of a particular treatment. Thanks for bringing this issue to our attention. Best, Dr. Shapiro

--, your letter to yourself was a really creative idea! I've never actually run across this before in all the years we've been doing the peds humanities session. It turned out to be a very effective way of reflecting on what you had learned in Peds and how you had grown as a student-physician and person as a result of this experience. As I mentioned in class, I especially respected the way you worked with your own fear and, rather than rationalizing or denying it, recognized that it was a common bond with your little patients. This was fine work. Thank you! Best, Dr. Shapiro

Hi --. It was very nice to see how you are progressing after PD :-). You did a very good job of finding this voiceless baby's voice, and getting us all thinking about what the well-baby exam might be like from the patient's perspective. Your first-person point of view writing was amusing, but it also made us remember that this is a little person for whom even a very routine exam can be pretty strange and unnerving. Thanks for your creative approach to this assignment. Best, Dr. Shapiro

Very nice job of point-of-view writing, --. I liked the way you climbed into the shoes of this young mom and saw the scary world of a sick infant through her parental eyes. You saw clearly how helpless the parent can feel when confronted with the demands, procedures, and bureaucracy of the health care system, especially when also worried, even frantic, about an ill child. The essay also had some excellent touches - like the "pillow lines" in the student's face; or the way the child-mom kept using the word "won't" in reference to X, as though he could somehow be "not-sick" if he really wanted to - that made the story engaging and real, that helped teach us all something about parents in peds and the student-physicians who are involved in the care of their children. Best, Dr. Shapiro

Dear --, I wanted to express my appreciation for your courage in bringing into our awareness the devastating story of your "Cinderella." The horrible juxtaposition of the classic Cinderella image and the stark quotation from your patient was truly terrible. Yet how infinitely worse must have been this little girl's experience. I could see that your feelings ran very deep, and understandably so. I'm sorry we weren't able to talk more in class about this situation. As it turned out, several students in the second group had also seen or cared for this child; and -- wrote a poem about her as well. There is much to reflect on and much to say when confronted with such a terrible wrong, and there is no way to really set it right. One of the students in the second group did share that the nursing staff and everyone at --- had really rallied around this little girl, and that she seemed to be doing well. We know that the effects of abuse can carry on far into adult life; and this father has damaged his daughter probably far beyond what even he understands. All that can be done is to care for her in the moment and to make sure that she gets the help and support she will need to overcome this terrible event. I also hope you can find some resolution for your own feelings. We all have similar visceral responses to child abuse; and the task is to figure out how to transform those emotions so that they are put in service of the patient. Thank you for not allowing us to forget that these horrendous occurrences are part of pediatrics as well. Best, Dr. Shapiro

--, I suspect you presented both this little victim's uncomprehending anger at her father and your own rage as well at witnessing the aftermath of this tragedy. Your poem makes a poignant contrast with the classic Cinderella image, representative of the childhood we want for all children, but which many never attain. The unanswerable questions raised in your poem are exactly the ones I imagine this child asking throughout her life as she tries to reconstruct her life. One thing that comes through especially clearly in your poem is

just how hard that reconstruction project will be. Thank you for reflecting on this awful situation, and helping us to reflect and talk about it as well. It was obvious in the discussion that many of your fellow-students had been deeply affected by her plight as well, so I think your poem acted as a therapeutic trigger for everyone to try to come to terms with what happened. It was very nice to see you again, and I hope the end of third year goes very well for you. Best, Dr. Shapiro

Hi --. It was so nice to see you again. Hope you are doing well, and that third year has been a great experience for you.

I liked your poster. The Gerber baby in the middle was a good symbol for all the unknown potential each little life contains. And, as your poster suggests, that potential flowers in all sorts of directions. That truly is the joy of continuity care in pediatrics (and family medicine) – the physician has the wonderful opportunity to watch that unformed infant grow and develop. Thanks for this creative effort. Best, Dr. Shapiro

--, I thought this was an outstanding project! You raised such good issues about defense mechanisms and coping. I was really touched by the picture as well. Even before you told us what was going on clinically, I was struck by the *distance* between everyone in that room – how alone the little girl was, how remote everyone seemed from each other. That arrangement made the grief of the medical student, standing in a pool of his own tears, especially powerful. As I mentioned in class, not all people react similarly to difficult news. Some people sob and cry; some, as you note, intellectualize. A critical function of the physician is to pay attention to his or her own emotions, as a clue to the situation. In this case, I'd say that the student (you) was able to emotionally identify the contextual sadness of this situation. That doesn't mean that you necessarily need to do something to change the intellectualizing of the parents (and doctor) immediately. The parents may need their intellectualizing approach so as not to disintegrate completely. And, as your classmates pointed out, there are many reasons for this particular public presentation: it may be cultural, it may represent a need for private grief etc. The doctor, who may have known these parents better, may have understood that they were not "ready" to unleash their grief, as you speculated. On the other hand, you don't want to ignore long-term that sorrow and grief are, unfortunately, part of this situation. Once you'd seen these parents once or twice more, and established that they seemed rooted very strongly in this strategy as their preferred defense mechanism, you might introduce the question of grief. For example, you might say, "This is such a hard situation. How are you holding up? Who's there for you?" and listen to see what you can learn about how, or whether, the parents have an outlet for their grief. It doesn't have to be you; but on the other hand, your awareness that there is a heartbreaking context for all the medical jargon should not be ignored either.