

**PEDIATRIC HUMANITIES PROJECTS COMMENTS OCTOBER 2007**

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Hi --, --, --, and --. I don't really have a "comment" but just wanted to express my admiration and gratitude for your stepping forward about the SCHIP. In the current climate, physicians (and student-physicians, who in a few short years will be physicians themselves, on the front lines of the health care crisis) cannot afford to ignore the political underpinnings of healthcare. This is an opportunity for doctors to wrestle with what being healers is all about, and who "deserves" to be healed. I hope your voices will be heard. Best, Dr. Shapiro

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--, it was wonderful to see you in the Peds clerkship session. It's hard to believe you are already a third year. I was happy to learn that, despite the demands, you are enjoying this part of your training. I hope every once in awhile you are continuing to write a poem, because the one you submitted was lovely – poignant, sensitive, and beautifully capturing the parallels between baby boy X (haha) and the inexperienced, vulnerable student taking care of him. It showed real insight into the kind of bond that can develop between student-physician and even a few days old infant, if the student is brave enough to risk an open and tender heart. I will be thinking of you this year, and hope it goes very, very well for you. Please do keep in touch about your eventual career direction. All the best, Dr. Shapiro

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Hi --, --, and --. Thank you for your insightful reflections about the issue of neonatal jaundice. I particularly appreciated that you tried to convey how unsettling, disturbing etc. it might be for the infant him or herself. It is very hard to put into words – or pictures – the emotional experiences of preverbal little beings, but of course it is naïve to think that "they are too young to notice," just as it was absurd to assume that "infants don't feel pain" (a widespread assertion among neonatal intensivists even 10 or 15 years ago). I also thought your presentation showed sensitivity to the parents who may well be alarmed and even distraught at their child's yellow skin and sclera; and the strange treatments to which the infant is subjected, even though to the pediatricians it is usually a fairly routine matter. Thanks for participating in this project. Best, Dr. Shapiro

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I was *really* impressed both with your topic, and how you chose to approach it. The debate was a clever idea, and illuminated various perspectives well. Even more importantly, you both were tremendously insightful about the larger context of medicine, and some of the assumptions in which the practice of medicine is still rooted. Your explication of vertical vs. horizontal relationships in medicine was a highly sophisticated point, and one I'm not used to hearing from medical students (or physicians for that matter ☺). Your awareness that noncompliance is often a code word for "blaming" the patient, and therefore being ethically able to "wash one's hands" of responsibility was also nuanced and perceptive. In fact, I was struck by how you were able to reflect on the way we say things and the words we use to say them as being significant. This demonstrated a kind of meta-understanding of behaviors that often occur without any reflection or consciousness whatsoever. I think you made your classmates think, and you certainly made me think. One of the best projects I've seen. Thanks for your insights. Dr. Shapiro

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--, you delivered quite a thought-provoking and knowledgeable presentation. I particularly liked the way you challenged conventional wisdom about disclosure of terminal illness. Overall, I believe in most cases "telling" is best, primarily because most people figure it out anyway, and talking helps puncture the veil of silence that can lead to isolation and alienation. But, as you pointed out, different cultures and different people may have other ways to comfort and cherish the ill individual. One size does not fit all, especially when we're talking about dying. I also think you caused us to reflect on the nature of hope; and how insensitive or callous communication can destroy it unnecessarily. Room for uncertainty and humbleness are never unbecoming in a physician. I also appreciated your sharing your shock at that little kid's leukemia diagnosis. Such frightening and undeserved developments in life should always merit the physician's empathy and concern. Thank you for sharing your observations – and feelings – with us. Dr. Shapiro

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Hi --. Thank you for sharing your poem in class. I love its simple – yet profoundly wise – message of living in the moment. Children have a special gift for doing this, and as a result their lives are often more fully realized than those of adults, who as you point out tend to waste most of our time regretting the past or worrying about the future. Both of these pursuits make it impossible to fully experience the moments that we are in – our present. "And the little children shall lead us" was never so true as in learning how to create less space between ourselves and our lives. Nicely done! Dr. Shapiro

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--, I appreciated your role-play and your many passionate comments throughout the session. Your caring and commitment are really admirable! You chose an excellent topic, I think one of the core issues in Peds – how to connect with parents who seem neglectful or ignorant or do not appear to have the best interests of their child at heart. The skit was quite funny, especially the discrepancy between your raw thoughts and your communicated words. As I said in class, all of us at one time or another (usually many, many more times than once) have similar reactions to patients or families. The real question is to figure out what those feelings mean and what to do with them. Your project precipitated a really valuable discussion of what makes parents sometimes difficult to work with and how we can best understand them. Thanks for such good work. Dr. Shapiro

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--, thanks for your cleverly written poem and your participation in class. You raised a great question, which is that important dimensions of Peds (and much of medicine in general!) have more to do with psychosocial and behavioral issues than with biomedicine, yet these are usually only superficially addressed in the curriculum. The project led to an interesting and insightful discussion of how to mingle and share your life experience and expertise with patients without appearing arrogant (or simply ridiculous ☺). I think everyone appreciated reflecting on this issue, and I appreciate that you helped us to get to this point. Best, Dr. Shapiro

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Hi --. Nice to cross paths with you again. Hope this year is going very well for you. What a cute poem! Thanks for writing it. You did a great job of capturing the feelings and perspective of a little kid at the doctor's, and especially the omnipresent fear of the dread injection ☺. The poem was at once funny and poignant, and clearly showed just how traumatic a visit to the doctor's can be. I also liked the thoughts at the end that you didn't read aloud, especially the line "Where the ridiculously overeducated..." There is something inherently humbling in having to kneel before one's patient; personally, I think it's a posture doctors should adopt more often ☺. Thanks again, Dr. Shapiro