

## PEDIATRIC HUMANITIES PROJECTS DEC 2005

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Hi -- and --. Great project, both of you. The topic of adoption is an important one to address, and the multimedia approach you selected (narrative + data + painting + poetry) was engaging and kept our attention. The story about the little boy with VSD and the metaphor of mending his broken heart was very touching; and the painting (which is really, really creative – should I be thinking X?) for me completely captured a sense of optimism, happiness, and joy that might be the result of a successful adoption. The statistics documenting shifts in adoption patterns got us all thinking. The poems were lovely, and I especially liked that you chose ones that represented both the adoptee's and the adoptive mother's points of view. Thank you for such original work. Dr. Shapiro

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I got a lot out of your project. Your essay is very effective in conveying both this little boy's hyperactivity, his tendencies toward violence, and the mom's frustration and exasperation. A lot is going on with this family and certainly requires further exploration. I thought the point Dr. X made was especially insightful. By the mother's use of the doctor's first name, you suggest a personal relationship, or at least a level of intimacy between parent and physician that may not be inappropriate, but may complicate rendering proper care to both patient and mom. The mom seemed to be minimizing her child's condition, and attributing his problems to "bratty," "devilish" behavior, which presumably can be controlled. Mom clearly trusts the doctor and finds her sympathetic, but the doctor must have the strength not only to be caring toward mom and son but to challenge some of the mom's beliefs about her son's problems without alienating her. Your picture was *scary*! If the original looked anything like that, I'd definitely have been worried about this kid. Thanks for putting in the time and effort to present this interesting and troubling situation. Dr. Shapiro

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--, your project was really excellent. You'd be surprised how many people would say, you can't see through the eyes of a little kid. But you were able to imaginatively empathize with a 2 year old's perspective, and the result was both a funny story and some real insight into how doctors and the physical examination look from the child's point of view. I liked the ending, and I particularly liked the sense of control the kid got from peeing all over his doctors. That may have been a bit of hyperbole on the part of the author (!). Nevertheless, since loss of control is one of the defining characteristics of the patient's role regardless of age, I wouldn't be surprised if more than one patient has had the fantasy of pissing on his doctors, metaphorically if not literally. Nice work here, --,

and much good luck in finding the specialty that will be right for you on multiple levels.  
Regards, Dr. Shapiro

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--, great idea for your humanities project. Your skit was both funny and perceptive. I was very interested in the way you tackled the dynamics between the attending and the medical student. Very cute – and I especially liked the ironic statement that medicine is a good preparation for peds because, after all, aren't kids just tiny people? ☺ You represented very well the essential nature of a good pediatrician – warm, friendly, comfortable with both kids and parents, and never surprised no matter how bizarre the finding. We all had a good laugh, and I hope “X” survived his ear “infection” ☺. Thanks for such an enjoyable presentation. Dr. Shapiro

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Nice work on your child advocacy project, --. You chose an important problem to focus on (meningococcal disease), and an often-overlooked population (college students). Your flyer is well-designed: it is visually pleasing, easy to read, and filled with useful but not overly terrifying information. As we discussed, adolescents and young adults pose particular challenges in terms of accepting responsibility for personal health. There is an unfortunate confluence in this population of psychological feelings of invincibility and invulnerability compounded by rebelliousness against the constraints of adulthood, which includes behaving in responsible, nondestructive ways regarding their physical wellbeing. I still think setting this to a rap beat might enhance its effectiveness ☺. Thanks for putting in this effort. You should think about donating this to the UCI Health Services. Regards, Dr. Shapiro

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Hi and welcome to the U.S. I'm sorry if this assignment was a little confusing – I admit it's kind of weird ☺. Thank you for giving it your best effort. Your project actually provoked more controversy than all the others combined – which is a *good* thing. It was a very interesting situation, with lots of potential ethical ramifications. And what a tragic outcome! With all the pain and difficulty involved, I know we all hoped that the little boy had survived. I think you probably learned a lot about the social mores of America from the direction the discussion took once we learned that the couple planning to conceive the second child was now divorced. Yet, as you pointed out, the marital status of these two individuals was not relevant to the ethical issues involved. Imagine if that had been an ethics committee discussing the case – it is likely that the underlying biases and assumptions of the group would never have been challenged, yet might have exerted a significant influence on the ultimate decision. Thanks again, Dr. Shapiro

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--, great work on your humanities project. It was very moving and emotionally involving. Your use of the phrase “imagine this” and of the second person voice (“you”) made your listeners become participants in this tragic story. You painted a beautiful picture of a vibrant, healthy, sparkling little girl, which only made the ultimate outcome more distressing. Through skillful, strong writing, you forced us all to be somewhere we would rather avoid – standing in that mother’s shoes. I also sensed the helplessness you felt in not being able to provide any definitive answer to her. Yet that is the case in medicine more often than we’d like to admit. In this situation, even the finest physician can only offer this grieving mother caring and presence. Thank you for such fine work. Dr. Shapiro

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--, the “cute” tone of this poem belies the many medical issues this kid is dealing with. Yet I imagined this might be exactly how a kid would cope – a bit of a cocky attitude, a snappy beat, some funny rhymes. Underneath, however, you can sense the child’s pain and fear. His concluding plea, “I just want to be happy...” is very touching. Thank you for this good effort. Dr. Shapiro

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--, this was a cute poem. I’m imagining “X age 3” might be your son, yes? Regardless, you did a very good job of presenting a visit to the doctor’s from the perspective of a little boy. The ending was great – and as I mentioned, I think you’d be surprised at how many patients a lot older than three have a passing fantasy to “take out” their torturer... I mean physician. Anyway, I hope over time little X will learn there are other ways of coping with those “devilish” MAs than blowing them to kingdom come ☺. Thanks for your contribution and your interesting in-class comments. Dr. Shapiro

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--, I thought your essay was quite charming. It was a simple yet powerful illustration of the principle: Start where the patient is. In befriending this little boy and winning his trust, you did not rely on your power and authority as a “white coat.” Instead, you met him on his own terms by starting to draw side-by-side, and then using your picture to explain who you were and what you did. The whole superhero motif was probably perfect for creating a bond between you and the kid. And you’re right – your hospital does look a bit like a prison, but that might not be so far from the truth from the perspective of some patients! Nice work. Dr. Shapiro

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--, I liked your project a lot. The double-entendre of the title was great – this was both an actual progress note, and a note about the small but real progress made by this young man in part attributable to your care and presence. You didn't do a whole lot (hamburger and fries, a few toys, chasing away the bunny), but that's the whole point – small things can make a big difference to someone who feels completely lost and alienated. It is so important to treat *all* your patients as if they are able to enter into relationship with you – because in some sense this is always true. Your essay made this point in a very personal and moving way. Thanks for writing it. Dr. Shapiro

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--, thank you for sharing something about your PALS project. I agree wholeheartedly that it is through continuity relationships that you really get to know your patients and their families. You seem to have developed a deep understanding of how the effects of illness ripple through a family. A truly good pediatrician is concerned not only for her patient, but also for the family who cares for and loves and worries about that patient. I'm sure that having spent the past two years with X and her family will prepare you in many invaluable ways to appreciate the full impact of medical conditions on all involved. Such awareness makes patient care more complicated, but it also makes it more real. Regards, Dr. Shapiro

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Hi --. Thank you for another great poem. What a wonderful phrase about leaving “the door of your heart/ajar.” Also loved your description of the emotional “hijacking” that occurs at the birth of a child. These images perfectly express how, despite all the defenses we have built up over a lifetime, that helpless little infant inexorably makes his or her way into our hearts, and we become just another “crazy” parent, ready to do anything to protect and safeguard. And you may well be right – perhaps this role really does redeem the rest of the madness of the human condition. At least it has that potential. Your poem showed me how you draw on your own deeply felt experiences as a father to look past the “craziness” of parents of kids who are sick and hurting and deeply empathize with their helplessness, pain, and fear. As always, you are learning from the inside out. Best, Dr. Shapiro