PEDIATRIC HUMANITIES SESSION JUNE, 2008

Okay, all I can say is you were one cute baby (and no HIPPA violations here :-)). Your poster about protecting kids from bad diseases was definitely eye-catching; and I bet would attract the interest of many moms and dads. It was a good way of introducing an important topic in pediatric medicine. For a variety of reasons, parents are increasingly concerned about the use of vaccines with their children; and pediatricians must use creativity, flexibility, and well-honed negotiation skills to persuade and educate parents. Thanks for your project, --. Dr. Shapiro

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Dear --, “Cake Baby” was really cute, and I felt uncomfortably cannibalistic biting into that chubby little leg (nevertheless, “Cake Baby” tasted really great). And your developmental insights (ovum, sperm, “baking” in the uterus) are actually a really appropriate metaphor – especially since, as you point out, the final product is so precious, incredibly cute, and much to be cherished :-). Thanks! Dr. Shapiro

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Hi --, sorry you weren’t able to attend to Peds session. Thanks for this excellent child advocacy project. It is vital for physicians to know about these resources. I vividly remember being over at FHC-SA one day, and this little kid being brought in by her foster mom having an asthma attack. The doctor began asking the mom about the kid’s medication, and the mom replied, “I just got her yesterday. I didn’t even know she had asthma.” In this case, the kid’s medical needs had fallen through the cracks in the system. You did a very thorough summary, and I hope you will consider sending it to your classmates for their education and information. All the best, Dr. Shapiro

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Hi --, how nice to see you! You are SUCH a talented artist. Your picture is simply enchanting – I wanted to hug every kid in line :-):-). You chose an engaging way of calling attention to the growing problem of immunization (or lack thereof). Pretty soon we’ll have to start bribing the parents as well! As we discussed in class, what was a routine procedure 20 years ago has become fraught with anxiety and skepticism, and now requires skills of education, negotiation, and diplomacy for every harried pediatrician. Your anecdote about the mom with the autistic son was quite revealing. I especially appreciated your point about adult autonomy vs. parental decisions that may effect the wellbeing of a child. You’re right, medicine is filled with moral dilemmas, and as you

realize, you must simply wade in with as much understanding, patience, and perseverance as you can muster. Much good luck next year, Dr. Shapiro

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--, you simultaneously shock and delight with your “Cake Baby” haiku. As if Cake Baby isn’t deliciously uncomfortable enough, you push the envelope one notch further, pairing the yummyness of cake baby with the disgustingness of appendicitis, and the horrifyingly absurd image of Cake Baby being rushed off to the OR. Yuck – or do I mean yum?! You might think me morbid, but this unsettling combination of horror and preciousness is pretty close to the mark in terms of defining the peds experience. In any case, very clever and well done. Best, Dr. Shapiro

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--, I thought your Developmental Milestones: The Med Student Version was quite hilarious. You seemed so serious and spoke in such a calm, didactic tone that I’m not sure all your fellow classmates realized just how funny it was. You did a fantastic job of reflecting on student reactions to typical developmental presentations, and succeeded very well in capturing the pleasures and frustrations of pediatrics. The structure of the project was also clever, both in the way it mimicked a traditional developmental milestones chart; and in the way it came full circle to “exam deferred.” Despite your disclaimer, I think students beginning the peds clerkship would benefit greatly by memorizing your list. They are truer than you think :-). Dr. Shapiro

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Really nice work with these haiku, --. You were meticulous in following the prescribed 5-7-5 structure, and it must have taken quite some time to fit these developmental milestones into the proper format. They are actually not only clever, and often rather adorable, but they do an excellent job of accurately summarizing key pediatric milestones. I hope they are more memorable than the usual (rather tedious in my opinion :-)) charts. Thank you for your participation in this project. Best, Dr. Shapiro

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Hi --. Thank you for tackling the very painful, and therefore difficult-to-reflect-on, topic of child abuse (and in the case you presented, possible child abuse). The innocent suffering of abused and victimized children is very, very hard to witness; and the emotions of anger, even rage, at the perpetrators that you and many of your classmates acknowledged are completely understandable and natural. Nevertheless, your project facilitated a valuable discussion of how such emotions can interfere with patient care; and

although they must be discharged somehow (perhaps through a drawing!), they do not belong in the patient care setting. In your particular situation, all the appropriate steps were taken in terms of involving social work and CPS. Rather than shaming and blaming these young parents (which would likely only have evoked a defensive response), you and your team did their best to help cultivate a more responsible, attentive attitude toward their child. We don't know the ending to this story – we can only pray it will be a good one. Thanks again for showing the courage to delve into this difficult issue. Dr. Shapiro

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Hi --. It was so nice to see you again after so much time has passed! Thank you for a very valuable child advocacy project. Pediatric dental care is a much-neglected issue for low-income kids. Over at FHC-SA in the family medicine clinic, I've often seen sadly neglected little mouths, although the rest of the kid is up to date on immunizations, well-child checks, school physicals. Your illustrations were quite attention-grabbing, and would make any doctor look into their little patient's mouths before it's too late! Much good luck next year, Dr. Shapiro

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Hi --, --, and --. Wow. This was a great presentation on so many levels. First, you all did a terrific job of literally helping us all to question our assumptions (in this case about race/ethnicity and obesity) and think about a prevalent problem (overweight) in a wholly new way. The cautionary note you struck was extremely apt – physicians may "lecture" (and often "blame" or negative judge) patients based on certain superficial phenotypic, linguistic, or surname attributes; whereas environmental factors may be much more relevant than all of these. I really appreciated your supplying the research article as well – this was a good example of challenging conventional medical wisdom with its own methods. I hope your presentation succeeded in getting your classmates to think how racial/cultural stereotypes may inappropriately limit our understanding, expectations, and interventions. I wish that we'd had more time to explore the practical clinical implications of this work. I don't think you were saying NOT to provide pertinent lifestyle counseling to at-risk individuals (whatever their ethnicity or cultural background). I DO think your intention was to get people thinking about how to situate individual patients within larger societal contexts, and to get them to realize that people are much more influenced by the pressures and forces exerted by these contexts than we often like to acknowledge. By helping marginalized, oppressed patients avoid the trap of situating their problems exclusively within themselves, you help them discover courses of action that join them with others in their community working toward a more equitable and just society. It's a lot to ask from a 10 minute presentation, but you definitely got all of us rethinking an issue that most of the time most of us regard as unnecessary to think about at all. Thank you for this! Best, Dr. Shapiro

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Hi -- and --. You put together a superb point-of-view presentation on a child's perspective of a trip to the hospital. You did an especially good job (with the able assistance of your colleague -- :-)) of demonstrating how small gestures (finding common ground with a pediatric patient; helping orient a hospitalized child to the strange, intimidating environment) can reduce the child's confusion, alienation, and fear. Your project also highlighted just how confusing the whole hospital experience is for most kids (and, I would add, most patients generally!) and how little they really understand what's going on. Again, it's all about perspective: to you, as physicians, the world of medicine has become familiar; to a child, it is a strange (and pretty awful) country. Your "Trip to the Hospital" helped all of us not to forget seeing illness and all it brings with it through the eyes of the patient. Best, Dr. Shapiro

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Hi -- and --. Thanks for bringing to our attention the difficult ethical questions raised by pediatric PVS patients. First, it was very helpful that you provided pertinent evidence about survival, functional recovery, and death, as well as societal cost – this information established an important context within which to discuss the moral implications. I thought each of you did an excellent job of presenting compelling arguments "for" and "against" prolonged life-preserving intervention. Parents often (although obviously not always) wish to continue life support for these children. Certain segments of society question this use of limited resources; while other segments, (including such diverse groups as right-to-life and disabilities rights constituencies) vigorously defend the practice. As you heard from Dr. X, pediatricians are particularly inclined to give the benefit of the doubt to child patients.

There are many moral and practical issues to be considered in attempting to resolve such questions. How do we define meaningful life? What is the level of pain/suffering these children experience? How much does society "owe" its citizens, especially if full restitution (in the sense of becoming a "productive" member of society) is unlikely? Ultimately, it is hard to imagine that such decisions should be in the hands of society, rather than the child's parents. But even if we would agree that most of us have not walked in these parents' shoes, how much persuasive force should be brought to bear on parents to influence their ultimate choice?

I for one don't know the answers. I do take seriously an important principle of distributive justice that a society is judged by how it treats the least and weakest of its members. Yet even this does not answer the issue, because it is not necessarily clear whether sustaining life or terminating life is the "best treatment." Probably there is no one right answer; and even in any particular circumstance, the answer may change. Nevertheless, we all have a responsibility not to shy away from these questions; and your presentation helped us all engage with this responsibility. Thank you! Best, Dr. Shapiro