

PEDS CLERKSHIP HUMANITIES SESSION 6/7/06

Hi --. To say I “liked” the situation you presented would not make any sense; nevertheless, I was really glad you brought up this issue. It is *way* too easy to rationalize lack of communication: the child is too little, the parents are too uneducated or uninterested, the procedure is too complicated to explain, there is not enough time. Of course, as we discussed, residents and attendings are often overburdened, stretched too thin, sleep-deprived, hungry, so it is very hard for them. I think the “rule” to follow is that it is *always* harder for the patient and family, and part of the professional responsibility of the physician is to remember that. Sometimes it can take a tremendous act of will, but if you make the effort to *really* put yourself in the patient’s and family’s shoes, you’d see immediately that if you were a scared kid, you’d want a nice doctor to tell you what was going on and reassure you that he’d stick by you until it was over; and if you were a scared parent, you’d want a nice doctor to include you in what was happening, draw on your expertise as a parent, and reassure you that he’d stick by you no matter what. As we discussed, it sometimes seems unfair that it is the lowly medical student who often has the greatest awareness of all the small but important ways that patients and family can be ignored, demeaned, or patronized; and to be faced with the responsibility of doing something, whether that be consoling and educating patient and family; confronting the resident; or simply witnessing wrongdoing and make a commitment to doing things differently. I would not presume to tell you what is the “right” way to act – each situation requires balancing of multiple and often conflicting values. All I would hope is that you continue to be an honest observer, and not turn away from what is difficult to see because you can’t always easily solve it. Thank you again for focusing on such an important topic with such obvious humanism and compassion. Best, Dr. Shapiro

-- and --, this was a fantastic project. The artwork, which I didn’t see in class, was terrific. The combination of the tearful eyes and zippered mouth was really moving. The dialogue was also insightful. I’m glad you clarified that this was not actually how your team behaved; but I think the real point is that *all of us* can forget the humanity of our patients, whether because they suffer from locked-in syndrome, or because they are developmentally disabled, or in PVS, or anesthetized, or uneducated, or English is not their primary language, or they are alcoholics or drug addicts, or teen moms, or noncompliant, or we just don’t like them. Not all of you will even see a case of this fairly rare condition; but all of you will be tempted to treat a patient as if he or she isn’t really there. I hope the compelling image that you created of crying eyes and zippered mouth will linger in your minds for a long time. I know it will in mine. Best, Dr. Shapiro

Hi --, it was really nice to see you. I hope you are doing well – almost on to 4th year. Wow. I thought your project was great – it was really different, but I think it said

something really important about pediatrics. By reflecting on your own childhood, you were able to help us all remember what childhood is like – its concreteness, its rootedness in particulars and in place, how important it is to feel safe and protected, surrounded by what is familiar and known. When we allow ourselves to actually enter childhood again, as opposed to merely thinking about it, we begin to understand how absolutely overwhelming, disorienting, and terrifying it is for a kid to be hospitalized. Thanks for such an intriguing and unique effort. We all enjoyed our “virtual tour” of the navy base, and I’m sure it stimulated lots of memories in all of us. Best, Dr. Shapiro

I liked everything you wanted to convey in your collage. As you so rightly observed, each baby, each child is indeed unique. Each little kid has his or her own personality, risk-taking, shy, curious, lively, trusting. And of course adults aren’t any different – we are wonderfully, maddeningly different and diverse. How our personalities interact with our medical problems is what makes medicine challenging, frustrating, exciting, tragic, awesome. Above all, it makes medicine complicated. Still, I hope you never take the people out of their diseases because it is the people, in all their diversity, that really make the practice of medicine worthwhile. Best, Dr. Shapiro

--, thank you for taking the risk of bringing some of the sadness and helplessness that can occur in pediatrics into the humanities session. Your poem made me want to cry too. What a tragic, heartbreaking story. In your writing, you showed great empathy for this broken little girl, and for the guilt-stricken mom. I can see you must have spent time talking to the mother, because of all the details you included in the poem – the kind of details that don’t make it into the patient’s chart, that only matter to a mom and her daughter. It was also so poignant the way X’s smile was interwoven throughout the poem. Like you, I hope she will smile again. Through X and her mom, you received a very hard, but important lesson – sometimes medicine can’t fix everything, and the best you can do is witness the suffering and not turn away. In writing this poem, in shedding tears for your patient, you honored both her and her mother. Best, Dr. Shapiro

Hi --. It was really nice to see you today. You seemed comfortable and confident – hopefully you’ve (almost) made it through third year fairly happily and contentedly. I enjoyed your poem, even more so when I heard the back story that these cute little children were yours! Although it’s certainly not a good reason to have children, being a parent certainly gives you plenty of insights into pediatrics. The insight that you shared in your poem is one we would all do well to keep in mind – that each child reacts differently to doctors, to procedures, to being sick. It’s never the case that one size fits all, is it? --, I wish you all the best in finishing up the year and moving on to the next phase. Keep up the good work! Dr. Shapiro

--, as usual your work is elegant, thought-provoking, and humorous. I loved your slide show, both in its simplicity and its ingenuity. As we discussed, it's obviously not only kids who misinterpret and misunderstand doctor-speak. Your illustrations were all clever and to the point, but for me your presentation went far beyond and made all of us think about how complicated, yet essential, good communication is between doctors and patients of all sizes. Much good luck in 4th year. Dr. Shapiro

Hi --. Thanks for addressing the crucial topic of childhood obesity. I liked the fact that you are thinking about creative, appealing ways of helping kids see that what they eat really does play a big role in who they are – and will be. I'm pretty sure a little kid would like your picture – and I'm pretty sure it couldn't compete with enticing ads for fast foods, ubiquitous sodas etc. This is a problem that will require the combined efforts of families, physicians, schools, kids, and society as a whole. I appreciate your focusing our attention in this direction. Best, Dr. Shapiro

Very amusing skit, you two. You succeeded in interweaving many important parent-education topics in what was possibly the most irritating and aggravating interview on record! --, your patience and tact are apparently limitless. If you could keep your composure with Ms. X, you will do very well with all future "difficult" patients. I especially liked the way you turned certain stereotypes about who constitutes "unaware" parents on their head. We should avoid making assumptions about parents' level of concern for their children. Your roleplay was a painless but very effective reminder of this. Thanks for making us both laugh and think. Best, Dr. Shapiro P.S. Your educational posters were really great. I loved the "flotation device" – this should be posted in every doctor's office, and distributed to every family with a swimming pool.

I liked your decision to write your poem in the voice of this new infant. It was really cute, and I think helped us all imagine what the well-baby check is like from the point of view of the baby – i.e., not that much fun! You also showed that you'd learned a lot about examining newborns during your pediatrics clerkship. Your poem made me smile, even as it raised empathy. Thanks for writing it. Best, Dr. Shapiro

You did an excellent job of capturing this little boy's voice and perspective. In this format, you were able to present vividly the child's motivation (X-men movie), his expectations, his fear, his determination not to cry, and his shock at how differently everything turned out. Your essay reached the same conclusion that we did in class –

although the doctor may be well-intentioned, telling a patient a procedure isn't going to hurt much, or will just be a little uncomfortable, when in fact significant pain is inflicted, really is a lie. It's the kind of lie a patient doesn't quickly forget. And even worse, the patient's trust in the physician has been broken, and will take much effort to repair. I'm glad you helped all of us reflect on the importance of avoiding this understandable, but highly damaging, mistake. Best, Dr. Shapiro

Hi --. How nice to see you both at graduation, and in Dr. X's class. A plethora of riches! Your poetry is so beautiful, each phrase is like a little gem. I completely visualized this birth that was at once a miracle and a grief. The first part of the poem evokes the labor, the joy, and the shame. The last six lines are so *small*, as though the mother's sadness over the years has shrunk and diminished her. The introduction of the rhyme (by/cry) heightens the simplicity (it is almost like a nursery rhyme) and the sorrow. Thank you for this poignant reflection. I really do hope at some point you share it with your little cousin, so that he at least knows of your empathic heart, if not the heart of his biological mother. Hope you continue well and flourishing. Best, Dr. Shapiro