

PEDS HUMANITIES PROJECTS 12/09

Hi --, thank you so much for your empathic and engaged contributions to the peds humanities session. You really distinguished yourself with your comments. I also found your collage quite perceptive. Indeed, at first glance babies/kids are just cute – and we adore them for it. But your “deconstruction” of that darling little baby is a superb reminder of how complex and multidimensional healthcare is. Babies have families, and live within cultures and social systems (as do doctors), and their health issues inevitably intersect with all these dimensions. You can’t make life perfect for all the little guys that cross your path. But by being aware of and paying attention to how medical conditions intersect with all the other factors you indicated, you will go a long way toward providing more relevant, sensitive, and meaningful care. I suspect you’ll make an outstanding pediatrician. Best, Dr. Shapiro

Dear -- and --, thank you for getting us off to a good start at the peds humanities session. You created an excellent parent education project about when and how to introduce solid foods. You made many valuable points, including the importance of baby readiness (as opposed to a set age), of course warning about choking hazards, and emphasizing patience and mellowness around feeding. The attractive pictures suggested that if parents followed your guidelines, their kids would be similarly happy and healthy. Very nice work! Dr. Shapiro

Hi ---- and --. What a perfect project for peds – a diorama! It’s probably been a long time since you made one of those, but it was really good. I thought it was a fantastic way of “surfacing” and making explicit the common fears, confusion, and trepidation of a hospitalized kid. You are quite right that there are so many implements of the trade that look scary and intimidating. As you surmised, the doctors themselves are often pretty scary themselves! Sharing your diorama with a frightened child would be an excellent way of helping that child start to verbalize – and therefore start to face – his or her anxieties. The fact that your project was more cute than scary would go a long way toward helping a hospitalized kid become less afraid. Really good work! Dr. Shapiro

Dear -- (and -- – hope you are feeling better, -- represented your skit very ably at the peds humanities session; and X spontaneously praised your commitment and patience with your diabetic patients): You managed to convey the essence of your skit while quasi-performing both parts. Thanks for making the effort, despite last minute change of plans. I’m especially glad you did so because this was truly a great topic, and one that obviously led to quite a bit of discussion. How easy it is to write off the noncompliant adolescent

diabetic. Nothing to be done – read ‘em the riot act, note “pt counseled” in the chart, and move on. As you pointed out, many of these patients become frequent fliers who have in essence been abandoned by the healthcare system, although their doctors continue to go through the motions. Your skit showed us many things NOT to do – and it was clear you and your classmates had many good ideas about alternative approaches to such patients (get them talking, understand their perspective, elicit their priorities, engage them in problem-solving, be nonjudgmental, empathize with the challenges they face, and show them you’re on their side, not their enemy). This was a very valuable project, thanks for sharing. Dr. Shapiro

-- and --, thank you for an outstanding project. You brought the numbers, and you brought the heart. This is a powerful combination indeed; and I think the reaction of your classmates was the proof. You both did a superb job of not allowing us to “take refuge in” statistics. --, your personal anecdotes brought more than a few people to tears – and that, I think, is a good thing. It is important that those in the medical community (and elsewhere) retain their capacity to be moved by the suffering of HIV+ kids. Being moved is certainly not enough – but without it, there is little chance of any action being taken. Both of you also reminded us that HIV is still a highly stigmatizing condition, and it is up to all of us – caregivers and simply citizens – to figure out how we can be “okay” with people living with HIV and AIDS. This project succeeded in both educating and illuminating. It exemplifies what Dr. X and I hope to see happen.. Best, Dr. Shapiro

Hi --. You came up with a message I believe to be crucial for physicians (and future physicians), and that is perspective. Medicine is a demanding profession, there is no question of that. Training in particular can be really tough. Recognizing that is not only reasonable, but essential. Still, getting lost in your own misery (while understandable) only produces cynicism and burn-out. The key, as you reminded all of us, is perspective. You showed us a baby who in 9 short months has had an extraordinarily tough and distressing life. Yet that baby is smiling. Life as a medical student is full of challenges, but also full of blessings. One of the blessings, as you realized, is the opportunity to take care of that kid. Thank you, --. Dr. Shapiro

Great “monologue” from the point of view of a pretty bewildered little kid becoming acquainted with FHC-SA. You did a wonderful job of capturing the *strangeness* of clinic – which for better or worse now seems so normal to you. I loved the lines about clinic-as-party (would that it were so!) and the squeaky high voices we adopt to put kids at ease (maybe they don’t work?). It was nice that, at least in your imaginations, this story had a happy ending, with the little tyke set on a path to physicianhood. A charming little poem with a lot of empathy folded into it! Thank you for this effort, Dr. Shapiro

Dear --, perfect peds humanities topic, as pretty much every kid who comes through peds gets a shot! What struck me in particular is that you were really paying attention to this little guy when he called out to his mom. It is so easy to ONLY be able to see your own (“wiser”) perspective – this kid is fine, the injection is not a big deal, he’ll forget about it in a few moments. You may be right (in fact, you probably are right), but what matters is that somebody can realize how terrifying this situation is for this kid. It is only when you can truly see another’s perspective that you can begin to empathically help them modify this perspective (if that seems appropriate). It is always a good rule to start where the other person is – and your project demonstrated that superbly. The other aspect of this project I really liked was the obvious respect and appreciation you showed for this child by describing his mind as “truly beautiful.” All around well done. Best, Dr. Shapiro

Dear --, thank you for bringing up this very tragic situation for reflection and discussion. As X noted, it is very hard to put DNR and kid in the same sentence. Yet your story illustrated how important it can be to have code status clarified. Dr. Y and Dr. Z also shed light on how code status can become confused. I respected very much that you did not reflexively “blame” the nurse who hazarded a guess about code status. You did not imply that this was okay, but you did leave room for understanding how such a mistake could be made. It is this kind of attitude, rather than a harshly punitive person-blame model, that allows for systemic improvements to reduce medical error. I think the impulse with children and young adults is usually to “do everything possible.” Your essay helped to remind us that death, although a terrible loss, is not always the worst that can happen. In this case, the medical team prolonged – albeit unintentionally and with the purest of motives – the suffering of both patient and family. When something like this happens, there is a tendency to “legal-up” toward the family. I very much hope that in this case those responsible were able instead to reach out to the family – who must have been anguished by this development – and apologize, console, and accept their (understandable) anger. Best, Dr. Shapiro

--, thank you for such a humanizing story. I appreciated that you chose a patient, a kid with autism, with whom it can be difficult to connect. In fact, as you described, his little face was always expressionless and unresponsive. Yet you did not give up, and I admired this perseverance in you very much. Rather than treat the patient like the “object” that in some sense he might have seemed, you persisted in looking for “a way in,” which you found in the devotion of the mother and the protectiveness of the sister. You observed this family carefully, not only with your eyes but with your heart. The reward – for you and for all of us – was to share in the kid’s kiss. This was a truly beautiful and uplifting story that reminded us to be humble in the face of a family’s love. Best, Dr. Shapiro

Hi --, I selfishly wish you'd written down that stream-of-consciousness monologue about being a third year, because it was both funny and insightful. Your meticulous attention to the outer trappings of your armor (as if white coats and stethoscopes could really protect you!) seemed very true to the experience of many third years. I also liked the way your hard-won confidence could instantaneously dissolve with a failed card-swipe. I'd hazard a guess that in third year you have the opportunity to learn as much about yourself as you do about medicine. I hope both continue to be rewarding for you. Best, Dr. Shapiro

--, I thought you did a fantastic project. I appreciated your starting point – “I just don't get peds. Why would anyone choose this specialty?” I think a lot of students feel that way, but they rarely do what you did next – really trying to find the essence of peds. Your efforts paid off – your story about little X captured so well where the rewards of this specialty lie (while also reminding your fellow student-physicians not to get too attached to one explanation, but to keep looking until everything adds up!).

In terms of emotional blunting, it is an irony that in those specialties and subspecialties where there is the greatest suffering (think dying kids, cancer patients etc.), you sometimes encounter the most emotional distancing – as well as the greatest caring. Think about dealing with such an intense level of innocent suffering day in and day out – for years. Unless you know how to work skillfully with your emotions, you can easily succumb to a hardening of the heart as a self-protective mechanism. However, as I hope you also saw, this is not an inevitability. Physicians can also learn to remain open and compassionate even in the face of a child's suffering without being overwhelmed by it.

Thanks for sharing your thoughts, --. Best, Dr. Shapiro