

PEDS HUMANITIES PROJECTS AUGUST 2009

Okay, so first off, --, you have the absolutely cutest little girl I have ever seen! What an adorably precious child – thank you for sharing her with us :-). Speaking not only as a (student)-doctor, but as a parent gave your project on child safety a special power. This mingling of roles can be very effective as well in getting parents’ attention, once they realize you are “one of them.” I liked your little poem as well. It was an important reminder that little kids cannot safeguard themselves – that’s what we’re there for; and we don’t want to let them down. Nice work, --! Dr. Shapiro

--, I really appreciated your point-of-view essay. You did a fantastic job of capturing this kid’s confusion and bewilderment in the hospital. Your awareness of how different behavior, attitudes, and tone of voice can affect patients (even patients who may have developmental delay or other cognitive impairments) was particularly insightful. Kids are very sensitive to nonverbal cues; and can easily become confused and mistrustful when they witness these shifts in healthcare providers. You are so right that it’s hard to trust the “white coats” in the hospital. But your essay helped us remember that, in the face of patient doubt, you just have to be persistent in extending caring, concern, and support; eventually your patient will respond. Great project. Dr. Shapiro

LOVED this project, --. It was funny, with so many deft touches (such as appointment time vs. time seen; next appointment “hopefully never”). Yet it showed how easily, from the perspective of the patient, the (student)-physician is transformed from “kind, smiley” if slightly clueless dude into devil incarnate. You helped your classmates remember to bring a little humor to the situation should this shift occur; not to take it personally; but to understand that sometimes the patient’s fear, helplessness, pain, and anger needs someone to demonize. Fortunately for you and your white-coated peers, usually a sticker is all it takes to reverse the process (. Best, Dr. Shapiro

Hi --. Wow, I can hardly believe the Healer’s Art students are now 3rd years. Congratulations! Your drawing was both funny and profound. And the caption said it all: No matter how miserable you might sometimes feel during this year, it’s important to remember that the patient in front of you is (almost) always worse off. So being a doctor is hard, but being a patient is harder still. And, as your drawing so beautifully illustrated, it’s all about perspective. What to you as the (student)-physician soon becomes a very routine, minor procedure to the little patient is of earth-shattering import. A truly good doctor has the capacity to move back and forth between both ends of the needle (. Thanks

for such a creative and well-executed project. Much good luck throughout the rest of this year. Best, Dr. Shapiro

-- and --, this was a truly interesting “view” you provided! :-). And probably one that had never occurred to most of your classmates. It was precisely this aspect of the project that showed your creativity: i.e., the willingness to consider – and legitimate - the most lowly, most unconsidered perspective. It is so important to keep asking the questions that no one is asking, and to look at situations from points of view that no one takes to be important or even acknowledges exist. For this I truly commend you – for me, your project is all about remembering the perspective of those in the healthcare system who should be central, but are too often forgotten. Best, Dr. Shapiro

Hi --. I just saw your sister in another rotation – it’s starting to feel like a Healer’s Art reunion :-). Great project – I hadn’t even thought about baby walkers in years (and yes, all three of my kids had them, and luckily, they all survived without mishap :-)). You made lots of good points in your presentation, and heightened awareness of your classmates that should not forget to screen for hazards that they might assume have long since fallen into disuse. Best, Dr. Shapiro

Hi --. It was so lovely to see you again. It sounds like you are thriving so far – I hope the year continues to go very well for you.

Your “Many Languages of Medicine” was a wonderful project. I particularly appreciated your awareness that multiple languages (and agendas) are going on simultaneously, not only English vs. Spanish vs. Vietnamese etc., but the language of medicine vs. the language of ordinary reality, book language vs. practical application, the language of pimping vs. the language of caring and so on. You are so right that doctors really have to be multilingual! I also thought you had a great insight that there are many levels of misunderstanding as well – patients and family members not understanding doctors; students not understanding residents; attendings not understanding patients/families’ fear and concerns. Altogether, a very perceptive and empathic project! Dr. Shapiro

Great picture, -- and --! Every detail was perfect: the tiny kid in the huge bed, the outsize monster doctor and nurse. Of course, part of the therapeutic contract is that patients allow you to inflict a certain amount of pain in the hopes of eventual healing. But in the moment, especially for kids but often for adults as well, it can become an unbearable exchange. It is precisely in those moments that, while causing necessary hurt, physicians must simultaneously exercise the greatest compassion. Too often this is not the case –

instead, the discomfort of causing distress results in steeling oneself, detaching, with the result that the patient ends up feeling like a manipulated object. As you so wisely concluded, it's important not to forget that "these are real people, not just cases." If you can hold onto that awareness, you can get through even very difficult situations with some grace and with your relationship intact. Best, Dr. Shapiro

--, this was a challenging – and sad – situation to contemplate. What I particularly appreciated was your disclosure that you went into the family conference with one view and came out with another view. While having knowledge and conviction is important, it is also important to have an open mind and be capable of being persuaded in a different direction by additional information and viewpoints. This very difficult case also illustrated for you and your classmates how often decisions in medicine are neither clear nor simple – there are often those lists of pros and cons that you so carefully constructed. In the end, all you can do is try to ensure that those most affected have as complete an understanding as possible; that you have provided your best judgment and opinion (without making those people feel judged); and that as many pertinent perspectives as possible have been identified and explored. Often, as you concluded, there are no wrong answers. Sadly, sometimes there are no right answers. People do the best they can. Thank you for sharing your thoughts. Dr. Shapiro

Hi -- and --. Boy, am I glad you chose this particular topic. Working with adolescents is challenging for many students – and I would guess even some pediatricians! Your presentation was very well-researched and informative. Especially excellent was your identification of the "grey zone" of confidentiality. I got some additional clarity from this discussion, and I'm sure your classmates did as well. --, I really valued your subtext that "children have rights." As most ethicists – and pediatricians – have realized, this is not an all-or-nothing construct, but one that evolves over the developmental continuum. The pediatric cancer literature has some especially moving and thoughtful examinations of how this issue is manifest in this particular patient population. --, I appreciated your distinction between establishing trust and promising blanket confidentiality. Both of you did a terrific job of hitting home the message that it's important to have these potentially difficult, but essential, conversations with patients and parents BEFORE you hit a crisis. Exceptionally well done. Dr. Shapiro

--, how nice to see you arrived at 3rd year, and bringing such thoughtfulness and sensitivity to your clinical experience. Your project was wonderful – I appreciated the geographic "reversal" to help your audience get closer to the experience of this mother. I also appreciated your willingness to look beyond the "difficult parent" label. There is no question that parents can behave in ways that are frustrating and confusing for healthcare personnel. But, as your project helped us see, that feeling of "difficulty" should be the

beginning, rather than the end, of a process. You are absolutely correct that in almost all cases, parents are difficult because they are afraid, they are bewildered, they feel alienated and isolated, and they are doing the best they can to advocate for their child. Understanding (which is not the same as agreement) is an essential first step toward establishing common ground. You showed all of us that, with a little goodwill, patience, and caring, this is a lot easier than sometimes realized. Further, your point about using children (especially patients!) as interpreters was very well-taken. This