

## PEDS HUMANITIES SESSION 3/08

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Hi -- and --. You tackled what I consider to be the most potentially difficult interpersonal dynamics on peds – the one between parents and physicians. As your patient/family example points out, --, sometimes the uncomplaining devotion, perseverance, and love of parents for their kids, no matter how challenging, simply fills us with awe, and inspires us to do all we can to support them. At other times, as your example, --, shows, parents can complicate the care of the patient, while frustrating and even alienating physicians. As you both comment, although it is understandable how this can happen, parents and doctors on opposite sides cannot benefit the patient. What really impressed me is your insistence on the importance of discovering and deciphering the point of view of the parent. Parents' oppositional, hostile, and demanding behavior usually arises out of their own fear, lack of trust, helplessness and even guilt. Recognizing this does not excuse inappropriate treatment of staff, but it does provide important insights into how to more effectively interact with the parents, to "get on the same page," as your essay notes. You are so right that trying to consider what motivates the the family member is always a good starting point. Thanks also for putting together a collage. All those faces humanized the content of your essay, and reminded us that these complicated issues are grounded in living, breathing, suffering, scared moms, dads, and kids. Best, Dr. Shapiro

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--, what a creative project, your conjugated sticker poem decorated with real, honest-to-goodness stickers! :-). The play on words in the title was very clever too. I found your final stanza is quite moving because it recognizes the incommensurability of what students/doctors give their pediatric patients and what their patients give up to their doctors. Of course, stickers are not all that doctors give their patients – they also give them aid, comfort, succor, and hopefully cure. Still there is something a little sad about the way in which kids so easily part with privacy, endure discomfort, resign themselves to being poked, prodded, and injected, for a mere sticker. And the funny thing is, the kids think it's a good deal! Thanks for highlighting this interesting transaction, and for your sensitivity to these little patients. Best, Dr. Shapiro

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--, thank you for the sketch and your insightful comments. You showed us a very sick pediatric patient and, through your skill and sensitivity, enabled us to see her as a cute, friendly, spirited little girl. By your valuing and respecting her, you helped model this attitude for all of us. Your essay expresses clearly your ability to see past this child's limitations and disabilities into her unique and precious soul. Fighting

**for and cherishing that patient (and future patients) is what will make you a special doctor. Lovely and thoughtful work. Dr. Shapiro**

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**Hi --. I liked your patient point-of-view poem. Poor little kid. You caught his/her confusion and fear at being in the hospital and not really understanding what is going on. I especially liked the way you showed the kid picking up medical jargon, like “malaise” and “upper lobe infiltrate.” It’s easier to mimic the language, however, than to understand it! I also thought it was quite insightful on your part to have the patient start bargaining – let me go, I’ll come back later, you can ask my friends, I’m not really sick. As you know, this is a natural coping response to loss, and helps us understand that the patient is feeling afraid and desperate, something we might otherwise miss because of his/her apparent bravado. Finally, as your last stanza states, no kid likes the hospital, and every kid wants to go home. Remembering this can increase our empathy and compassion for patients like the one you describe. Thanks for this project. Best, Dr. Shapiro**

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**--, you wrote a sweet, touching poem that captured very well the child’s perspective on doctors and being sick. I like the way you’ve drawn on your own personal experiences with your young nieces and nephews to help connect with your patients on peds. It sounds like you have many creative strategies for catching kids’ attention and reducing their fears. You also understand very well that being sick makes life more difficult not only for the patient but for his/her parents as well; and naturally they may be grumpy, demanding, worried, angry, and mistrustful. You’ve apparently developed similarly effective approaches (adapted to grown-up expectations of course :-)) for reassuring parents and winning them over. I get the impression you had a lot of fun on peds and did a lot of good! Thanks for your project. Best, Dr. Shapiro**

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--, thank you for this reflection. I respect your willingness to draw on your own childhood experiences with asthma to move closer to the experiences of your pediatric patients. I was especially struck by your observation that you experienced your mother's her frantic anxiety as anger and frustration. I think this is a common misunderstanding. The parent's fear and helplessness are manifest as frustration, even anger, which the child feels, and subsequently blames him/herself. It's important to understand this aspect of the dynamic between kids with chronic illnesses and their parents, in order to ameliorate the negative consequences. It was also especially illuminating to contrast the self-satisfied response of the medical staff with your own disgust and frustration at the meaninglessness of having to endure this disease. Best, Dr. Shapiro

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Great job, --! You tackled an extremely difficult situation – a drug-abusing mom who has neglected her defenseless, innocent little daughter. Who wants to try to understand a parent like this?! Well, thank goodness you do. The repeated refrain in your point-of-view writing “I’m going to be the best mom ever” was heartbreaking to hear and read because it so accurately reflects a prevalent thought pattern in moms who are addicts. Most of these women are not monsters, far from it. They sincerely love their kids, and want to do right by them. Unfortunately, in many cases, their addiction overwhelms them, and instead of being “role models” (as you imagine this mom aspiring to), they end up doing damage to their child. As your writing reveals, these moms are struggling against almost impossible odds, and very often they can’t get the tremendous amount of help they need to turn the corner and keep it turned. I really admire your bringing this mother closer to all of us who might be likely to reflexively condemn her. Instead of judgment, what she needs is a better safety net so that she can help turn into reality what right now are just intentions and wishes. This was really fine work, --. Best, Dr. Shapiro

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I respect the attitude you express toward your Spanish-speaking patients. Sometimes physicians see patients who speak another language as an obstacle or even an imposition. Yet you are quite right that another way of looking at this is as an opportunity to improve your own language skills and develop better understanding of other cultures.

You are quite right in observing that without language competence, many misunderstandings occur. These are frustrating for both physician and patient but, as your example highlights, it is usually patient and family who suffer the worst consequences in terms of inconvenience or even incorrect use of medications, missed referrals etc.

The proactive efforts you are now making with families are admirable. You correctly note that people from different cultural backgrounds may feel assenting is

polite and respectful, even if they don't understand or don't agree. Similarly, they may feel that asking questions might seem to impugn the physician's authority. Yet the result in our health care system is that patients or their families may not have a clear understanding of what is happening or what choices they have. Especially immigrants unfamiliar with American health care can benefit greatly from someone willing to guide them in terms of asking questions, requesting clarification, and voicing their own opinions or even just asking for a glass of water. Thank goodness you will be there for some of those patients! Dr. Shapiro

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Hi --. I really appreciated your honesty in acknowledging that, as a young, healthy medical student, it is hard to place yourself in the shoes of pediatric patients. You had a good idea to cast your mind back into your own past to see if you could recapture the perspective of a little kid undergoing a traumatic medical emergency. In my view, you did an excellent job. Little details, such as being upset that your much-loved shirt had to be cut off, or that your teddy bear got matching bandages, are exactly the sort of things that stick in kids' minds. It's also pretty extraordinary that that fall was the pivotal event urging you toward a career in medicine. I can hear that the trust you had in the doctors who put you back together is exactly what you'd like to inspire in your future patients. I've no doubt you will. Best, Dr. Shapiro

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--, I admired your courage first in writing this letter; and then in sharing it with the class. First, I admired that you could acknowledge your own struggles this year. Third year is a time when many students question a lot of things, even including at times their choice of profession. Knowing that doesn't make it any easier, but I hope it will help you understand how normal and natural it is. I think your analysis is quite perceptive – third year is so demanding in its daily routines that it's easy to lose perspective, lose sight of the things that really matter. You are so right that sometimes it takes a patient's appreciation and gratitude to reorient you to what you're doing in medicine in the first place.

I was so impressed at your ability to find the parallels, rather than the obvious differences, between you and your patient. It was a profound insight that, although you have very different lives in so many ways, you are both, at this moment, lost. You also were willing to recognize that you could reach out to this patient in a special way because you too had lost your father and knew in a way that most of your classmates could not how that can devastate a young person. I am sure reviving that memory was painful; yet your decision to draw on your own experience to try to help your patient is admirable.

Finally, I really liked that you emphasized the mutuality in this relationship. We usually think of the doctor-patient relationship as one in which the doctor helps the

patient; and of course this is true. But it is also true that, if the doctor allows it, the patient can be of great help and inspiration to the doctor (as you saw). This is not to say that the doctor-patient relationship is an equal one; nor should it be. But it does say it is important not to force it into excessive lopsidedness. That makes the patient unnecessarily passive and dependent; and the doctor too godlike.

One point that I'm sure you have thought of is that sometimes when we share something very deep with a patient, we can become so invested in their improvement that it cloud our judgment. The key, as you are learning to work with it in your letter, is to use our commonalities to support and assist the patient; while always keeping in mind that, despite these shared bonds, their lives are still different in ours, and may not turn out as we hope. That being said, it is by far a better choice to allow yourself to emotionally engage with patients than to treat them as differential diagnoses. When we keep the welfare and wellbeing of the patient at the center of our concerns, it is hard to go wrong.

Thank you for such a compelling and moving assignment. Best, Dr. Shapiro

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Great job in catching this patient's depression, --! You recognized concerning symptoms, administered a depression screen (humanely, which is really important – otherwise it can sound like you're following a recipe!), did a suicidality screen. All this might have been missed in a more superficial encounter, if the medical student (or physician) had not been paying careful attention to the patient. Further, I was really touched by how aware you were of your own emotions during the interview. You were moved by his plight – and that is a very good thing. Of course, you will experience it differently with different patients, and to a greater or lesser degree. But the point it disappears is the point you worry about your choice of profession. You know, it is natural to feel helpless because we can't wave a magic wand and “fix” everyone. But in fact, you were of tremendous help to this patient – not only in picking up on his depression, but in just empathizing with his situation, and being interested in him, and treating like a human being. This is how physicians show respect for patients, and from what you describe, you did it beautifully.

Finally, I would also suggest that it is not a bad thing by any means to “say a little prayer” for a patient; or to think about them after they've left your exam room. As a physician, you have to learn both when to climb into the boat with your patient; and when to climb out, so you can accompany your next patient for a bit. But without perseverating on any one patient, it is possible to learn to hold them tenderly in your heart even for a brief moment. I think patients deserve this, and who knows, it may even help them heal.

Thanks for such a great essay. It describes a really seminal encounter with a patient that shows the caring, compassionate physician you are on your way to becoming.  
Best, Dr. Shapiro

