
Dear --, I loved learning more about your projected non-profit to bring dance to teen girls with spina bifida or spinal cord injuries. Truly an inspired idea. As we discussed in class, I agree that such an endeavor would have a positive effect on these kids' self-esteem, as well as challenging conventional thinking about what dance is, what disability is, who "can" dance etc. I also appreciated your emphasis on the medical benefits such as weight control that would accrue to participants. Finally, the emphasis on capabilities rather than disability was very refreshing. This is a much less condescending approach than is sometimes found in efforts to "help" persons with disabilities.

I found your reflections on the dance performance "Sheer Perfection" that you attended insightful and moving. Your observations regarding the likely initial reaction of the audience (curiosity, pity, incredulity) I think are quite typical of non-disabled people viewing something they don't expect from someone with disabilities. Yet these emotions usually morph into more genuine emotions such as appreciation and enjoyment as such performances continue, and the audience's focus moves away from the disability to the skill and expertise exhibited. You describe these latter very well in the poem, which makes it easy to visualize this young man's fluid and original movements. We remember the beauty of his dance, not the limitations of his body.

Altogether, an empathic and visionary project. --, I wish you much success with your research and in realizing your dream. Regards, Dr. Shapiro

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--, thanks for sending your drawing, it is really good, and I appreciate the chance to see it close up. I particularly liked the malevolently grinning doctor, with his opaque glasses, and the masked surgeons. These conveyed very well just how impersonal and scary physicians can be from the perspective of a kid (or indeed any patient). (I got a laugh at the medical students on the periphery, jumping up and down trying to get a view of an "interesting case"). The nurse was well done, too, especially the contrast between her perky little uniform and the scowl on her face and the big needle she's holding. You captured very well just how confusing, frightening, and overwhelming it is when you're a kid in a hospital, not getting better and no one sure what's wrong. I'm very glad this kid recovered, and his story is certainly a lesson in humility for the medical profession. Sometimes medicine just doesn't have the answers. When that's the case, all you can do is pray and hope (and maybe try a VATS procedure, just on the off chance…☺). Thanks for a very evocative picture that reminded us all of the child attached to the feet in the bed. Best, Dr. Shapiro

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--, thanks for your thoughtful reflections on child abuse. This is always such a distressing situation. Often, as you recognize, the behavior we have labeled as child abuse, is heavily influenced by factors of family, culture, psychological and socioeconomic factors. It is less

often "simple" straightforward psychopathic cruelty. Many abusive parents were themselves abused as children, have few parenting skills, are often overwhelmed by difficult life circumstances, and do not conceive of themselves as "abusive." This of course does not justify abusive behavior, but it does give us a more nuanced understanding of the problem.

Although most child development experts now recommend against spanking, it is not considered abuse (unless done very violently). Hitting with objects (belts, hangers, hair brushes) is more problematic because of the ease of causing physical harm. You make an excellent point that in some cases, often influenced by family and culture, neither the parent nor the child regards the situation as abusive. And sometimes, despite cultural variation, it is not. In other instances, according to the standards of this society, it may be, despite the perceptions of those involved.

In this country, we have determined that abuse is not in the eye of the beholder. It is precisely because, as you so perceptively realized, physicians from different backgrounds and in different parts of the country could have very different views of what constituted abuse that we instituted mandatory reporting standards of all suspicious physical signs (including ones not superficially visible, but documentable through imaging, as in your infant's case). Reporting is not making a determination of abuse, it is simply indicating a concern. CPS investigators are responsible for the final disposition, which can run the gamut from dismissal to mandatory parenting classes to removing a child from her home (temporarily or permanently). It is for sure an imperfect system, but in the end it is the best way we have of protecting children from physical and emotional harm.

Thanks again, --, excellent work that complicated what seems a straightforward issue. Dr. Shapiro

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--, there were many things I appreciated about your Spanish-language pamphlet educating parents about the value of immunizations. First, I liked that you adjusted the language to make it more colloquial and more accessible. Many "language-concordant" health education pamphlets are still unnecessarily complicated and obtuse. I also liked the way the pamphlet could be personalized to the individual patient (i.e., name, next immunization date, f/u appt etc.) and the way it highlighted the most important facts. Thank you also for emphasizing in the discussion that pamphlets alone are not the ideal form of patient education; rather they should be coupled with doctor-to-patient (or parent) direct interaction (which you modeled very well). It is also true that cultural influences affect preference for the educational "delivery method," so that sometimes it is effective to involve a promatora as well. The important thing, as you perceptively realized, is to develop educational outreach that is tailored to the needs of the patient. One size rarely fits all. Thanks for designing such a user-friendly, appealing pamphlet. Dr. Shapiro

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--, you contributed a particularly thoughtful and honest reflection. I was really glad that you brought up the difficult topic of breaking bad news to a child and family. As you recognized, this is such a hard thing to do that it is easily avoided or handled clumsily, causing even more pain and distress. Of course, as we discussed, minor children can only be told their diagnosis/prognosis with parental permission, and often parents will want to protect their kids from such harsh reality. However, from what I've seen (and I worked with pediatric oncologists as a researcher for several years) even fairly young kids often know they are getting sicker, and know that other kids with similar problems have died, so it is worth a serious conversation with parents about what their kids should be told. As you pointed out so well, it is easy for the medical team to focus on the daily instrumental tasks, thus evading the big picture entirely. But in many instances, this conversation is an important one to have, certainly with parents, but often with children as well. As Dr. X indicated, there are many protocols for breaking bad news, and they all involve choosing a time when the essential people can be present, having someone the child and/or parents trust to lead the conversation, not overwhelming with too much information, giving space to process, having a plan for what will happen, and reassurance that they will not be abandoned. You added a particularly good thought in making sure the child understands the illness – and its outcome – is not the child's fault, as many kids think this.

I admired your honesty in questioning whether you have the kind of fortitude required to have this kind of conversation with parents and especially children. There is likely nothing harder. As Dr. X said, it is fear of this conversation that turns some students away from peds, especially ped-onc and intensivist situations. But I also know that there are some doctors who learn how to have this conversation in ways that are humane, compassionate, and caring. And somehow they are able to have the conversation often without being crushed by it. Sometimes in confronting our fears, we find unexpected strength. And sometimes it is not the right path. Regardless, I was impressed by your willingness to interrogate this most difficult of topics, and help all of your classmates to think about it as well. Regards, Dr. Shapiro

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Thanks for contributing your sweet sketch and the lovely Chinese poem "Fairytale" to our reflection session. I loved the paradox it encouraged us to contemplate – although an infant is tiny (with a tiny heart) in a big, scary, often overwhelming world, it is equally true that, from a different perspective, "the world is tiny and the heart is enormous." I often think, looking at a newborn, how tough and resilient they have to be to take on this great big world. Yet somehow, for the most part, they do. I think that should give us all some hope ☺

Thank you also for your insightful comments in class. I appreciated your engagement with the conversation and your willingness to share a thoughtful perspective. Best, Dr. Shapiro

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--, thank you for such an honest reflection about the purity and innocence of peds patients compared to the cynicism and disillusionment often engendered by patients on adult medicine. Not everyone is willing to admit struggling with these feelings, but pretty much

everyone does. As I mentioned, research does support the view that medical students become more cynical and less empathic during their third year of training, and while there is a bit of an uptick in 4th year, usually empathy levels don't return to their preclinical states. A sad commentary on medical education; but it is also when the fantasy of clinical practice meets the reality. In my view, the outcome does not have to be a bitter, jaundiced doctor. But the gap between ideal and real should also engender some serious reflection. How can you keep an openhearted, compassionate attitude towards patient who don't follow your advice and don't seem to care about their health as much as you do? It's not impossible by any means but it does involve reevaluating what medicine is really all about.

I was very touched by the story of the patient who told you he "wasn't sick enough" to take up someone else's place in the hospital. I was even more touched that this moved you so much. It should me your kind and caring heart. If you're going into Peds, you will easily find this heart again and again. But if you're going into some adult specialty, remember that that tenderheartedness is in there. It'll be up to you to figure out how to access it even toward those crazy VA smokers ☺. Best, Dr. Shapiro

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--, your choice of poem was inspired. I have always loved its first line, "Something there is that does not love a wall." Your point, as I understood it, and very well taken indeed, is that patients often erect lots of barriers against the doctor, and it is the doctor's job to take them down, stone by stone. I agree. I also agree with you very insightful observation that walls come down and go back up – it is an ongoing process, not something that has to be addressed only once. This showed a nuanced understanding of the nature of walls. Finally, I liked very much that you described encountering a wall as both challenging and rewarding. Not being dissuaded by a patient's wall is the sign of a caring, committed – and persistent – physician.

It also seems to me that sometimes it is physicians themselves, like the neighbor, who seem to believe that "Good fences make good neighbors." The narrator challenges this pat saying: Why, he asks, why a wall? And he goes on to wonder what it is exactly he is walling in – or out? One of the most poignant lines in the poem for me is when he says of his neighbor, "He walks in darkness it seems to me," and sometimes when physicians have built their walls too high, I get the impression they are walking about in darkness too. Sometimes it is not only the patient that has to take the risk of letting the doctor in. Sometimes the doctor has to take the analogous risk of letting the patient in. Surprisingly, often, when she does so, she finds her work more satisfying, less exhausting; less draining, and more joyful. Something to ponder ☺ Dr. Shapiro

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--, you told an unbelievably heartbreaking story. It was so painful to hear, it must have been terrible for you as the medical student, and I cannot imagine how the parents could bear the loss of a second child. You created a wonderful narrative arc from "interesting medical mystery" to dead baby that reminded everyone how easy it is to get caught up in

the medical complexity and lose sight of the human dimension. I appreciated the honesty of your remark that it hadn't occurred to you the baby could actually die. I agree, it must have seemed almost inconceivable that a little 7 week infant could pass from this earth, that all our science and modern medicine couldn't save this child. I also was struck by your comment, repeated several times, that the parents "seemed fine." I'm sure they did seem fine on the surface; as you noted in retrospect, probably someone should have been looking beneath the surface in exactly the ways you specified – "We want to make sure you're okay; we want to let you know what's happening; we want to hear what you're worried about." I think, as -- suggested, it takes great courage to ask those questions, and not get lost in the medical instrumentality of caring for the patient. The team did everything possible for this child, but perhaps they could have done more to comfort and support parents who had already experienced the death of one child. It is greatly to your credit that you realized this. Best, Dr. Shapiro

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--, thanks for bringing such an ethically complex situation to our attention. It is easy in a way to make decisions about what to do in cases of physical abuse or even neglect. But in the example you gave, the mom seemed to love her baby and want to take care of it. Unfortunately, because of some deficits, despite the team's best efforts, she seemed unable to master the intricate medical regimen required to control the baby's disease. The alternative was placement of the child in a foster home. What seemed especially tragic is that, with sufficient resources and support, it's hard to believe that the mom eventually would not have been able to develop the necessary competence.

I really appreciated that you chose to write a poem about this situation in the voice of the mother. Often, in situations where everyone is putting out a lot of effort, but things are not going in the desired direction, people start pointing fingers of blame. "This mom is stupid;" "This mom doesn't care;" "This mom isn't trying hard enough." Instead, you chose to move closer to this struggling mom, and tried to see the world through her eyes. You captured beautifully her journey from adamantly resisting giving up care of her baby to becoming more accepting of her own limitations. It was both touching and insightful. Thank you! Dr. Shapiro