PEDS REFLECTION PROJECTS 9/21/15

Dear --, --, and --, thanks for such a terrific role-play. --, if medicine doesn't work out, you'd have a great career on Broadway ☺. Honestly, I think we were all frightened by the angry, hostile, aggressive mom you portrayed! --, you made a convincing and competent social worker. You actually demonstrated great skill in not escalating the interaction, trying to paraphrase mom's perspective, and attempting to enlist her in her child's care. --, as the resident, you showed remarkable restraint in not rising to the mom's provocations, and acceding to her demand that you leave the room. Sometimes the way of water is the right path.

This skit engaged your classmates (and faculty) fully (by scaring them to death – just kidding ☺). You also facilitated an excellent "post-performance" discussion that explored with thoughtfulness and nuance some of the many issues you raised. The role-play showed how easy it is to demonize an out-of-control parent. Yet as we learned more of the subsequent events, what impressed me was the steadiness and patience of the medical team who, while taking steps to ensure the baby's welfare (involving CPS) also continued to look for solutions that could accommodate mom's limitations. What I really appreciated in the discussion is that we were able to move beyond our own fear and anger at mom, and recognize her suffering and sense of being completely overwhelmed. Whether or not she was capable of caring for this medically compromised baby, even with full-time support, remains to be determined. But understanding her as a suffering being whose life has taken a turn she does not know if she can cope with provides insights – and potentially points to solutions – that labeling her crazy and aggressive will not.

This was such an excellent presentation because it brought to life a dynamic that often emerges on Peds (thankfully not usually to this extent) – i.e., the splitting of parent and physician. The irony, as you all were quick to point out to us, is that both parent and doctor/social worker are trying to protect and champion the child, even if the parent's way of doing so seems distorted and wrong. As you said so well, it's a matter of perspective. Despite all the differences, commitment to the child is the common ground – sometimes the only common ground - which offers an opportunity to go forward. Thanks again for a very well done skit that was both involving and thoughtful. Best, Dr. Shapiro

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Hi X, Y, Z, and A. First, let me compliment you on a terrific skit. It illustrated many important points:

1) Dr. X demonstrated very skillfully what can happen when an interview that starts strong (lots of open-ended questions, interest and concern for the patient) goes off the rails because of the (understandable) confusion of the resident. It raised great questions about what to do when you have no idea what to ask, or why. Unfortunately, many residents do exactly what Dr. X did – i.e., fall back on routine (a very mechanical HEADSS exam) even when that routine is not really appropriate to the emotional tone of the interview.

2) Doctor Y was lucky enough to play "the hero" – the good doctor who saved the day, solved the mystery, and cured the patient! In the process, Y, you had the opportunity to demonstrate some outstanding clinical skills. Like Dr. X, you made excellent use of open-ended questions. Like Dr. X, you did a lot of paraphrasing. But you also brought to the table an attentiveness, a concern, and a compassionate curiosity which eventually eluded Dr. X (not the real X, please understand). This enabled you to recognize when it was time for mom to leave the room (but only after you'd asked her, in her native language, whether she had questions or ideas she wanted to contribute); and what allowed you to gently but persistently dig deeper and deeper until you discovered the real problem that underlay all the other problems.

3) Patient Z authentically portrayed a teen who both wanted and didn't want help; who kept asking in the only way she knew how; and was ready to confide when asked the right questions in the right manner. In similar role-plays, the patient's "acquiescence" to a good interview sometimes seems forced and unconvincing. In this instance, I felt you trusted that your doctor would try to help you and accepted the hand he extended. That you were able to offer such a convincing portrayal speaks a lot to your understanding and empathy for the patient.

4) Senora A illustrated how, when a language barrier exists, a potential crucial perspective (that of the mom) can be cut out from the interview. (Btw, A, you did a great job of conveying mom's concern and commitment to her daughter, even though she was pretty clueless about what was going on. However, knowing that could help her doctors assess whether there would be the possibility at some point in the future of enlisting her in support of her daughter). You also showed great empathy for a worried parent who doesn't know how to support her child.

Overall, the skit showed with great insight – and occasional humor - that a resident/medical student/physician who can keep patient-centered, who can retain emotional equilibrium in the face of uncertainty and ambiguity and at the same time can also convey a genuine caring and empathy for the evident suffering of the patient, who can be compassionate but persistent, has a good chance of finding clarity in apparent chaos; and discovering a path forward that will result in true benefit for the patient.

Superb work, all of you. You generated a lively and thoughtful discussion from which everyone learned a great deal. Best, Dr. Shapiro

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Dear --, thanks for presenting such a provocative and complex case. I honestly wasn't sure that we got to the bottom of the mystery. This was a 19 yo woman with type 1 diabetes, on dialysis, who had almost died at her last hospitalization, with a young child of her own and a husband who sounded overwhelmed by his roles of husband to a seriously sick woman and father to a child (and perhaps other issues as well). Her pain and suffering (both organic and otherwise) must have been tremendous. Did she seek a temporary respite – through dilaudid provided by the hospital? Was this a situation of Munchausen's? What lay behind her sudden recovery? Was it being "watched"? Was it simply that she needed someone to listen to her story? Your tale helped show the limits of medicine. I suspect that your patient sought help for her suffering in the only way she knew how – from the medical system

which has become both her tormentor and her savior. My guess would be that what she needs most is help in finding a way to go forward with her life. Physicians and social workers might be able to point her in the direction of needed psychological and even spiritual resources, but they can only play a part in her overall recovery if that is even possible. Thank you for confronting us with a patient for whom there will be no easy answers. Dr. Shapiro

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Dear --, what an absolutely beautiful and honest piece of writing. You captured vividly the experience of so many third year students – the initial excitement at learning about a rare disease; the horrific realization that the disease means a short and painful life for the child; and the capacity to decide that, beyond the medical team's goals for this child, it is also possible to identify and claim goals as a medical student that will be meaningful and improve care. It is a truism that medical students have time to listen to patients' stories; hold their hands; and make them smile. But not all students have the confidence or the desire to fill this role. I admire that you saw the importance of what you were doing. Even more, I think that your intention to make the hospitalization a little less dark for baby and mom exemplifies a commitment to recognizing the human as well as the medical connection that was formed as soon as this child came into your care.

I was also struck by your acknowledgment that you did not remember the baby's name. I respected that you did not make more of this patient - or less - than you actually experienced. You will have so many patients - you will not remember every detail about every one, and some you will not remember at all. But I think you've shown that you *will* remember the important things – how some encounters change you, and make you a better doctor. One lesson that came through clearly in this case was your commitment to make the most of every interaction - both for yourself and for the patient. This is a lesson very much worth learning and worth sharing. Thank you for doing so with such eloquence and grace. Dr. Shapiro

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--, what beautiful – and contrasting – poems you graced us with. Each was quite wonderful in its own way. The "Playing Catch Up" poem with its opening and closing lines of "Can I help you?" was a perfect representation of the fire-hose infusion of information and knowledge that third year students experience and the consequent semi-chronic state of bewilderment, confusion, and being overwhelmed in which they find themselves. As the Red Queen explained to Alice in Through the Looking Glass, "Here, you see, it takes all the running you can do, to keep in the same place. If you want to get somewhere else, you must run at least twice as fast!" The world of medicine sometimes seems at least as topsy-turvy as Lewis Carroll's fantasy kingdom!

The poignant poem about a child with uncontrolled seizures and a mother who risked all to find help was really powerful and showed great empathy. You seemed to channel the mother's fear and her strength. You intuited her anxiety that she would be judged a bad mother; yet you also showed her resilience and determination in the face of almost unimaginable barriers, physical and emotional.

It can be an illuminating exercise to try to enter into the mind (and heart) of another. We are never able to fully understand another's experience, but the attempt to do so enlarges our capacity for compassion and moves us closer to them. Of course, we must always remember that patients are the authority on their lives and the meaning of their experience. But if we listen closely and respectfully to what they divulge (as you so impressively did) imagine their voice for all those things that they cannot yet say, then perhaps we are a little closer to seeing the world through their eyes. Best, Dr. Shapiro

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Hi --, thank you so much for your courage in taking a position regarding anti-vax parents that is somewhat at odds with the current thinking of the medical establishment. My own view is that the law is a blunt instrument. It achieves certain things and sometimes is a necessary tool, but there is often a cost. For example, I support the mandatory reporting law for child abuse, yet I have also seen outcomes that have harmed innocent families.

To me, perhaps the most significant point you made is the importance of working within the doctor-patient relationship to make decisions for patients and families. I agree completely that a person-to-person approach is ideal, one that uses persuasion and evidence to shift understanding. It is never a good idea to demonize those who disagree with you. In fact, if you talk to non-vax parents, it quickly becomes clear, as your example of your sister-in-law (?) illustrated, that they are motivated by a desire to safeguard the wellbeing of their child. This position does not deserve condemnation. At the same time, at some point herd immunity is threatened, and the risk to the individual (which science tells us is small) must be weighed against the public good.

Thank you also for taking the time to share your concerns about the reflection curriculum. Your points were thoughtful and well-taken, and I appreciated hearing your perspective. As I understood what you were saying, you felt that we might be promoting an unrealistic view of doctoring, one that would prove impossible (and therefore disheartening) in the press of actual patient care. When a physician has maybe 12 minutes with a patient, how can they listen to that patient's story, how can they really care at all?

As far as I'm concerned, this is *precisely* the right question to ask, and each physician must find her or his own answer. All I hope to do is give you all some safe space to think about it ☺ Doctors do not have to be – indeed, should not be – counselors, therapists, social workers, chaplains. There are trained professionals to do therapy, identify resources, and provide spiritual guidance. However, as you acknowledged quite eloquently, doctors need to figure out how, within the practice of medicine, they can retain their humanity. This shouldn't be that difficult, because thankfully all the doctors I know actually *are* human beings (this may well change within the next few years, as medicine becomes more and more roboticized ☺).

The problem, in my view, lies not with medical students or residents or doctors, but rather with medical education, which does not consistently emphasize the importance of retaining the human dimension in the doctor-patient encounter. Perhaps what is most important to remember is that, no matter the bells and whistles, the technologies and arcane expertise involved, at bottom every encounter is between

human beings. In the philosopher Martin Buber's terms, every encounter is between I and Thou, not I and It. As human beings we all know this, but when we find ourselves in external circumstances that can discourage such an relationship, we often objectify the other, reduce them to a problem to be solved. This diminishes both patient and doctor.

It is truly a pleasure to have an opportunity to reflect on these big picture questions. Medicine in particular is a profession where they should be asked. Thank you! Dr. Shapiro

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--, I'm sorry that your presentation, which was so thoughtful and highlighted such interesting issues, occurred in the last minutes of our session, and perhaps did not receive its due. As I understood it, you raised the question of at what point does society – through medicine, through law – intervene to protect the wellbeing of its members, particularly vulnerable members such as children. You pointed out that as a society we are comfortable intervening in the case of nonaccidental trauma, and indeed have constructed an entire system to guarantee the safety of abused children. Yet the factors contributing to childhood obesity, which is on track to produce a generation of adults whose health will be worse than that of their parents, are only imperfectly and superficially regulated, with economically powerful forces aligned against intervention. You correctly perceived the complexity of the issue by identifying the many factors contributing to this problem, including class and socioeconomic factors (food deserts, low cost of non-nutritional "food-like substances"), taste preferences favoring fats and sugar, advertising campaigns from giant food and beverage companies, parental ignorance and stressful lives in which fast foods become a staple – and on and on. I think it is naïve to think of obesity as solely a problem to be addressed between doctor and patient. Ideally, it can be tackled on multiple levels, with physicians being only a part of the solution, albeit still a crucial one.

I apologize if I misconstrued your point, and I'd welcome hearing your thoughts in more detail. Best, Dr. Shapiro