

PEDS REFLECTION PROJECTS FEBRUARY 22, 2016

Dear --, thank you for your lovely series of haiku. You represented very well the various perspectives of medical student/medical team, parent, and child from initial presentation through diagnosis. The medical personnel see an interesting problem, a puzzle that is solved once the diagnosis is provided. The parents come with a cry for help, and understanding the meaning of their problem only begins once the diagnosis is made. The child, of course, is a kid, worried about mundane things like whether he has to stay overnight in the hospital or whether his sister can visit; and he understands very little of the situation. None of these perspectives is wrong, but each is incomplete – even the medical one. Until all three are merged and acknowledged to be of equal importance, the patient is not receiving optimal care. Thanks for reminding of this in such graceful, minimalist brush-strokes. Best, Dr. Shapiro

--, great drawing! What a wonderful metaphor for this kid. First, it recognized how much knowledge this kid had about his own medical condition. Secondly, and even more importantly, it cast him as a superhero. As one of your classmates pointed out, kids with medical issues often feel different from other kids. Your drawing conveyed that you saw him as different too – but different in a wonderful way, powerful, magnificent, someone who has done, and will do, remarkable things. Should you have an opportunity to share your sketch with this patient, I think it would mean a lot to him to know that one of his “doctors” saw him in this positive and admiring light. In this case, a picture really is worth a thousand words. Very creative and also very meaningful. Dr. Shapiro

--, your Peds reflection project was a very well-written and insightful piece of work. First, identifying each family by room number was a reminder of how often hospital staff refer to patients in this manner, which as your essay intimates, is dehumanizing. Your imaginative rendering of the family behind each door quickly torpedoed any easy stereotypes and simplistic judgments we might hold about parents who seem insufficiently attentive or demanding. You helped us to viscerally feel the conflicts parents face – dealing with other children, potential loss of work, or domineering family members. Your essay exhibited great empathy not only for your sick little patients, but for the parents who could not protect them and brought them to you for help. I think everyone who heard your essay will be more cautious and more compassionate in their future encounters with worried and stressed family members. Best, Dr. Shapiro

Hi --, I'm always happy when I see you, now as a *third year!* Time flies, right? Thank you so much for helping us to focus on the difficult topic of child abuse. As your carefully nuanced thoughts showed, this is always a heartbreaking situation, and sometimes an ambiguous one. You raised many excellent

questions about how or whether to discuss this issue with parents. Dr. X provided many good suggestions; and I agree that, no matter how uncomfortable it seems, it is important to be honest with parents that CPS has been involved. Remember that you are not making a determination (although in some tragic cases it will be very apparent to you that abuse has occurred) but only triggering a process to gather more information. Remember too that you are not necessarily pointing a finger at parents.

In some cases, such as the one you described, questions do arise about whether or not CPS should be involved. As we discussed, physicians became mandated reporters by law precisely because historically they worried so often about wrongly accusing parents, about destroying a home etc. The law provides guidelines which assist in the reporting process, but we'd be self-deluding to think that what follows is always "happily ever after." Removing a child from her home is a traumatic experience. Foster homes are often not ideal environments. Still, what you must keep in the forefront of your mind is that you are protecting a vulnerable child and likely saving a child's life. That is the priority.

Thank you again for reminding us that this is a complicated issue and should not be treated as merely routine. It is a big responsibility that you assume, one that you should not take lightly, but one that as a physician you cannot shy away from. Best, Dr. Shapiro

What a moving performance, --. Your choice of song was powerful. Of course, not being an aficionado of the contemporary music scene, I didn't know that song, so initially heard it as a beautiful celebration of an infant. Yet the last lines suggested the death (in utero?) of this little life. This is the great joy and vulnerability of life. As the Buddhists say, a thousand joys, a thousand sorrows. We must find ways to be with both, to learn not to be afraid to celebrate the joys and still recognize the sorrows.

It was very moving to think of you in the newborn nursery, looking at all those beautiful little faces and seeing your own unborn children. It seemed a wonderful acknowledgment of the ways in which we are all linked as human beings, generation to generation.

I was sorry to hear that you "never play music anymore," and even sorrier after I heard you sing. I hope you could see how much your music touched the hearts of everyone in the room. Music, as you well know, expresses emotions and awarenesses that words cannot always convey and pictures cannot always capture. I hope you pick up that guitar more often, even if only for a few moments, because that is a part of you that belongs right alongside your medical knowledge on your path to becoming a physician. All best, Dr. Shapiro

--, thank you so much for sharing this amazing story about the choices you made regarding your patient with anorexia. I have great admiration for the way you did not turn away from this patient,

but rather spent time with her and treated her as a human being. The truth is, as you discovered, patients with eating disorders make physicians uncomfortable because they feel helpless. They dislike the obligatory treatment which, as you insightfully observed, while it is the best we have to offer, is extremely rigid, controlling, and (understandably from the patient's point of view) feels very punitive. People are not rats, and training behavior (about all that is possible in an inpatient setting) does not address underlying psychological issues. Anorexia, as we all know, is an extremely intractable disease. But that is no reason to withdraw from patients or be exasperated by their behavior. Rather, it is important, just as you did, to see the person beyond the disease. The fact that she made a present for you (and no one else on the team); and you reciprocated with that beautiful poster is proof that you were able to form a human-to-human connection. If she is to overcome the grip of her disease, it will be because people like you are able to appreciate all her many remarkable qualities even as they recognize that she is struggling with a life-threatening condition. Best, Dr. Shapiro

Hi --, it's been a long time since litmed. How wonderful you are already a third year!

Thanks for your informative poster. End of life is a difficult topic in itself; and when the life ending is that of a child, it is even more difficult. As your presentation noted, it is the most painful loss there is. You did an excellent job of emphasizing that approaching this painful subject must incorporate parents, siblings, and often when the child is old enough, the patient herself. Conversations about death and dying are ones even physicians still often shy away from (as opposed to discussing the details of medical intervention). Yet these are crucially important discussions, to help pour repare everyone involved, to make decisions about *how* death will occur, and to ensure that the medical team and the patient and family are on the same page. Tragically, this conversation does not always occur, or at least not in a way that makes sense to laypeople. Yet often parents and patients alike are ready for this conversation, and are hoping for guidance – and honesty – from their physicians. I'm so glad that in your case, your little patient ended up not facing death. But death is a part of medicine; when physicians can accept that, they can then help their patients and families accept that as well. Thank you for raising this important subject. Dr. Shapiro

--, you chose an excellent topic, the safe storage of guns. Your pamphlet was informative and, importantly, nonjudgmental. Your diplomatic approach I can imagine being effective with parents who might feel defensive when this topic is raised by a physician. Yet it is an important one to explore. Of course it is part of the standard assessment of home safety, but it can be glossed over. As we discussed in class, an educational pamphlet, such as the one you devised, should be the beginning of a conversation about guns, not the end. Most gun-owners feel they have *already* safely secured their weapons (just as most pool owners think their kids are safe, and most smokers think they've protected their kids from second-hand smoke). It's important not to be daunted by such different perceptions. When you are able to make parents feel safe and not judged, it is more likely you can

have a useful, problem-solving conversation. Bottom-line, you share the common ground of wanting to keep their children safe. Thanks for tackling such a useful topic, first time in 10 years I've ever seen it addressed. Best, Dr. Shapiro

Dear --, first let me say I was very moved by every aspect of your presentation, which was both lyrical and heartbreaking. First, I was struck by spending 8-9 minutes to give your patient and his mom a diagnosis of his cancer. Everything you described was so wrenching – their initial excitement to final get an answer; the mom's initial denial and inability to “hear” this diagnosis; and the terrible silence that ensued. I also was struck by the way you were reduced to a “fly on the wall.” Of course I do not know your team or the circumstances of this event but in general I believe, with proper preparation the third year student can have an important role to play in such painful circumstances. Ironically, it is precisely the role you intuited – to be present and to witness. (Btw, this is a role I don't think should be limited to third years, but one which every physician should acknowledge and engage in, even if only briefly). At a moment of such shock and tragedy, patients (and families) often feel very alone. They have just been exiled in the words of the philosopher Susan Sontag into “the kingdom of the ill.” At such moments, what eases suffering is not false reassurance or unrealistic hope, but simply the presence of another, someone who for a few moments is willing to help carry their suffering. This does not to be a monumental, overwhelming sacrifice for the medical student or physician. It makes sense that you will go on to care for other patients. But for those moments you are willing to share in their grief – not try to fix it, not try to erase it, but simply witness as you so beautifully expressed it. Later, hopefully, there will be medical options to be considered and discussed. But in that moment, the patient's and family's life has changed forever. Your impulse to acknowledge this is so very much part of the healing role. Please, --, no matter if not everyone acknowledges this, never lose this. It is what will make you an outstanding physician. Best, Dr. Shapiro

--, your project raised feelings of anger, helplessness, and shame in me and I suspect many of your classmates, because it highlighted a lovely young girl who could be living an essentially normal life, if only she and her family had \$250,000 a year to pay for a medication to stave off her CF. As we discussed, such stories engender moral distress because we all know what the right thing to do is, but we cannot do it – in this case because of the way our healthcare system is structured and because of the role Big Pharma and insurance companies play in what should be purely medical decisions. Since we are part of this society, even if we do not agree with this aspect, we are implicated. It is up to each of us to decide how to respond. Doing nothing leads to disillusionment and cynicism. We all know many physicians who put in extra time arguing with insurance companies, beseeching drug companies on behalf of patients. This individual commitment is admirable, but ultimately we need social change as well. When healthcare is a right, not a privilege of the wealthy, then such inequities will diminish. Thank you for reminding us that, no matter how compassionate and caring an individual physician is,

that person is part of a flawed and imperfect system. We must do what we can to make it better.
Best, Dr. Shapiro

--, I liked your healthy newborn handout. Medicine is so focused on pathology it is easy to forget about the kinds of issues that arise around perfectly healthy newborns. As you perceptively observed, many first-time parents are not comfortable around kids and have had very little experience caring for them or even holding them. The kinds of concerns you highlighted are precisely (in my limited experience) the kinds of things parents notice – head size, bruises, a squashed face, the umbilical cord stump, swollen genitals. I also very much liked the tag line “inspired by your healthy baby!” This conveyed both the theme of health, and also that the creator of the pamphlet was “inspired” by the reader’s lovely little baby. A very sweet addition! Best, Dr. Shapiro

Dear --, I apologize that, only because of evaporating time, we did not give your project the full attention it deserved. I actually was quite surprised when I saw your sketch because, from the story you told, I thought it would be a drawing of a crying kid gradually becoming a content kid. Your choice of metaphor to convey your experience with this patient was really insightful. The seasons that a tree undergoes, from shorn in winter to verdant in spring, are a very creative and thoughtful way of representing the “seasons” of the medical student-patient relationship. Just as we must have patience in the winter and trust that spring will come, so in the relationship with patients, it is important to recognize that we may be entering in their “winter,” when they are afraid, suffering, vulnerable, and exposed (just like the bare tree). By not being discouraged or resentful, by hanging in with your patient, by trusting that in time things would improve, you were able to arrive at a “flowering” of the relationship. Through your drawing, you actually expressed a lot more and gave us all a lot more to think about than if you had simply reminded us that patients can gain trust for their doctors. This was an+ excellent effort. Best, Dr. Shapiro