

PEDS REFLECTION SESSION 11/2/15

--, what I loved about your story of the safe surrender infant was how openly you embraced him, how willing you were to become “mom-for-a-week.” Sometimes it seems what we can do in the face of others’ needs and suffering is very limited. Nevertheless I believe that the moral position is to be as fully present as possible, to give as much kindness and compassion as possible, and hope for a good outcome. In this case, happily baby was adopted. I’m glad you got so much from this experience. You drew a really lovely picture of baby’s tiny hand grasping your thumb – it was a perfect representation of the connection you made. Best, Dr. Shapiro

--, thank you for the courage you showed in allowing us to see how moved you were by this very distressing encounter. Personally, as a parent I would feel grateful and reassured by a physician who choked up a bit when telling me that my child had an advanced leukemia. To tell parents their child has a life-threatening diagnosis and feel nothing to me seems appalling. And I think you agreed. Although you were deeply affected by this encounter, it did not destroy you, or really even harm you. In fact, as you said, it taught you a great deal about what it means to be human. You also recognized that in moments such as this, moments of great tragedy, there can also be the beauty of people supporting, loving, and caring for each other. Finally, I heard that this patient forced you to ask those unanswerable questions – what does this all mean? Why do some people live long and fulfilling lives, while little children’s lives are cut short and filled with suffering? For myself, I must admit I have never found satisfactory answers to such musings. In the face of lack of understanding, perhaps all that is left is to treat each other with kindness and care.

Thank you also for sharing your dream which was very powerful and beautiful. To me it represented what we all hope somehow will be true – that our own fears and incomprehension and anguish will dissolve into the light and the wings of angels. This life is indeed a passage, and we can only hope, with ----, that death is the comma between life and life everlasting.

You really made the most of this session, --, and I respect how seriously you took it. You chose to use this as an opportunity to dig deep; to acknowledge your humanity and that of your patient and family; and to reflect on “what’s it all about?” I believe that physicians who have dared to look beyond the biomedicine to the lived context in which illness occurs will be better doctors to their patients; and more fulfilled as human beings. Thank you again for such a brave, thoughtful, and authentic presentation. Dr. Shapiro

Dear --, thank you for your poster against bullying. This was a great topic to address, and the story you told of your patient was very moving. I was especially impressed by two things: one is that you were able to get the patient to open up so completely. You clearly created an atmosphere of safety

and nonjudgmentalness where he felt comfortable telling you about the very painful things in his life. The second thing that impressed me was your awareness not to minimize or dismiss his physical symptoms, but to show him how they could be a reaction to the bullying he was enduring.

Without being too melodramatic, it is quite possible that you saved this kid's life, since his suicidal ideation was frequent and concretized around specific plans. As was pointed out in class, sometimes kids in this situation feel they have nowhere to turn, no one to talk to. Often they feel unable to approach parents, friends, teachers or counselors. That leaves the doctor as the first line of defense, the first to receive the painful story. By the end, as a result of your intervention, the patient felt better, and you and your attending were able to provide him with useful resources and the hope that life would get better and that someone cared.

Really impressive work with this patient, --. Best, Dr. Shapiro

--, first, thank you so much for sharing that you'd been bullied as a little kid. Your willingness to disclose this part of your life moved our discussion from a rather abstract, theoretical level to a very personal one. I also appreciated that you recognized how disclosing this information to a patient under the right circumstances and at the right time might be an effective way of reducing the patient's sense of isolation and alienation.

In terms of your haiku project, in a few well-chosen words, you illustrated how a parent can truly be "blind" to the best interests of her child, even when she is completely committed to do everything in her power to protect and care for him. Vaccination is obviously a contentious social issue. What I admired very much in your interaction with this mother is that you allowed yourself to move from a position of thinking "She's an idiot" (a very understandable response when we encounter thinking very different from our own that we perceive could be harmful to an innocent child) to accepting her sincerity and her motivation to be a good mom.

As we discussed in class, a mom who is planning to move to Texas to avoid mandatory school vaccinations is probably not going to be swayed by your rhetoric, information, or logic. However, the bet chance you have of reaching parents over any area of dispute is to establish the common ground that you both care deeply about the wellbeing of the child; to help them trust that you want to do everything to keep their child safe and healthy; and to always treat them with patience and respect. These attributes were very much in evidence in the way you interacted with this mother. Excellent work! Best, Dr. Shapiro

--, you described the "perfect storm" of challenging parents. The intertwining of their lack of trust about adjusting insulin dosages in hospital, the confusion over real vs. projected sexual abuse of the patient, the dad's bipolar disorder, the dismissing of the medical team – all these point to deep-seated problems that made straightforward care of the patient almost impossible. I think the various

medical personnel were extraordinarily patient and persistent in navigating this situation despite the parents' suspicion and hostility. As a result of this commitment, the patient eventually received an NG tube which she apparently really needed.

Indeed, as you insightfully observed, parents of sick kids have a tendency to micromanage. They are frightened, they are overwhelmed by the hospital system, they have some mistrust that the doctors will do everything possible for their child. In most cases, by establishing common ground that you both want what's in the best interest of the child; by listening and empathizing with their fears; by including them in the decision-making whenever possible, you can usually form an alliance. In this particular situation, you were up against overwhelming odds. I'm glad at least that this little patient got treatment, but I worry, as I'm sure do you, about how she will fare in this family.

Thank you for reminding us of the messiness and complexity of real life, and the limitations of the best-intentioned physicians. Best, Dr. Shapiro

--, thanks for writing your poem. I found it very moving. It is very difficult to even attempt to imagine yourself in the shoes of someone whose life is so different from your own, and I admired that you made such a sincere effort. The other thing I admired is that while you were very cognizant of the limitations and constraints of this young man's life (the multiple medical lines as "chains"), you also held open the possibility of "momentary bliss." It is true that, from our perspective, we might find the quality of this life very poor. But the point is, we *don't know*. I liked your phrase "the burden of surrender." I thought this might refer to both parents and patient coming to terms with the reality of his condition; and hopefully finding ways to create joy and pleasure within its constraints. This was a thoughtful, lyrical piece of writing that made us all think – and feel – about what it is like to be or care for a child who is severely developmentally disabled. Thank you! Best, Dr. Shapiro

-- and --, thanks for contributing your well-acted skit to our reflection session. It brought to life a common outpatient dilemma – antibiotics or no antibiotics. Your skit demonstrated very well how giving parents an antibiotic prescription is often the easier way – it's quick and efficient, and the parent leaves satisfied. No drama, no conflict. As the non-prescribing scenario illustrated, resisting the parent's expectations can devolve into an argument in which doctor and parent find themselves on opposite sides, pitted against each other rather than working together.

As we discussed in class, there are many strategies for negotiating the antibiotic divide with parents. One, which you incorporated into your skit, is to reassure parents that your proposed course of action is "the best" for the child's health. This is what the parent is trying to achieve as well. Also, in response to the concern of "no treatment" as one of your classmates suggested, you can reframe for advice as a prescription to rest, drink fluids, give Pedialyte etc. You can also be open to revisiting antibiotics after a certain amount of time, or if the child develops additional symptoms. The main

point, as you expressed in your skit, is to avoid simply “giving in” to parental pressure while simultaneously not antagonizing the parent.

You also raised an excellent issue by asking your classmates what they would do if someone higher up in the medical hierarchy followed a practice that seemed unsupported by evidence or not in the best interest of the patient. As many students commented, speaking up is important because otherwise behavior does not change. This can be done respectfully and in a nonthreatening manner. But ultimately you want a profession in which people can question themselves and each other in a supportive yet honest way that always prioritizes the best interests of the patient. Best, Dr. Shapiro

--, thank you for sharing with your classmates about the death of your little sister and how that evoked very “mixed feelings” about participating in the Pediatrics rotation. We are formed by the experiences of our lives, the joyous ones and the tragic ones, and this loss will certainly have shaped who you are as a person and a doctor. I thought you said so well that, despite the difficulties, you also recognized you might have something special to contribute because you could relate to the families of terminally ill patients.

I must say that your song in Arabic (although I could not understand the words) was the highlight of the session for me. It was a heartfelt interpellation of beauty and hope into a dark, dark story. In that moment, your soul shone forth (sorry to sound squishy ☺). The lesson it taught me was the importance of always looking for ways to bring your humanity into interactions with colleagues, patients, and families.

The story that preceded the song was indeed distressing. An exploited, vulnerable child who (in an almost too-obvious way) developed a conversion disorder to escape from her abusive life. Parents and family members who literally rejected her. Looking at this kind of cruelty and mistreatment, especially of a child, can be so painful that it is easy to turn away and take refuge in the biomedicine. I’m very glad that you did not. Sometimes the only response to this inhumanity is a song. Best, Dr. Shapiro

--, thank you for searching out that devastating poem about the abuse and murder of a young child. Told in the first person voice of the child, it was really painful to hear. I understand why you decided against a career in Pediatrics – not all of us are able to look at the suffering of innocents without being crushed by it. Nevertheless, I appreciated that you brought us that poem because it forced us to remember the incredible cruelty of the world. There is of course much joy and beauty, but it is in the face of suffering that we must bear witness, not turn away, and do what we can to alleviate suffering. Fortunately, that is the oath of your profession.

Thank you also for sharing so openly your own guilt as part of the medical team that initially missed a diagnosis of abuse. From your description, it sounded as though there were literally no clues that

pointed in this direction. Yet realizing that the child could have been left defenseless once again is a frightening thought. The stakes are often very high in medicine. This is why it is important to learn as much as you can from oversight or error; and then when you have done so, you must learn to ask forgiveness and forgive yourself so that you can move forward. Well done, --. Dr. Shapiro

--, I thought you raised *the* important question for a medical student (and really for everyone): “Who am I?” Who are you going to be as a physician (and a person)? Such an important question to ponder! You recognize that both you and the patient are “stuck in this broken machine,” and it is so hard to be the doctor (and person) you want to be in relation to that patient given the pressures for efficiency and productivity. I think you are right that, impossible as it sounds, a doctor at various times is a student/teacher/specialist/therapist/social worker/politician. I hope you are not too overwhelmed or discouraged (very understandable and widespread emotions during third year). This year is the wake-up call for many students that medicine is a very imperfect world; that while in some sense it strives to be patient-centered, it is often actually insurance company-centered and big Pharma, big industry-centered. The other question you ask, “What can I do?” is equally apropos. There is so much that, given all the constraints, we cannot do, cannot solve, cannot fix, no matter how much we would like to. Nevertheless, there is always something that can be done, something that eases suffering just a bit, something that shows patients someone is interested in them and cares about their lives. In my view, the moral position is to do what you can, on both the micro (individual patient) and the macro (societally, politically) levels, and be able to forgive yourself for not doing more. I would like to believe that how you choose to use that remaining minute makes a difference. Thank you for such a passionate and caring poem. It shows me that you as a medical student and future physician are also passionate and caring. Your patients will be the grateful recipients of these qualities. Best, Dr. Shapiro

Dear --, what an unexpected pleasure to encounter you in a different setting!

I loved your haiku and the accompanying music really deepened the mood (the paradox of the “sound” of words and music somehow actually *intensifying* the silence of the room). Your description of the chaos and frustration in a “silent” room (due to the deafness of the parents) reminded me that so much of the emotional climate in any setting is conveyed nonverbally. Your project expressed succinctly and powerfully how many barriers to good communication exist and how difficult it can be to overcome them. I kept imagining those parents, completely deprived of their ability to communicate due to a technical failure. Although thankfully it was only a well child check, how upsetting and distressing that must have been.

This project made me think how often physicians sense frustration, chaos, upsetness, fear in an exam or hospital room and how often we simply try to ignore what they know is there and continue on to the medical information (their safe zone). Your poem was a blunt reminder that we should never turn away from these powerful emotions but instead acknowledge them calmly and directly. Letting

patients/family know that you see and care about their emotional distress helps establish trust as well as diffuse the situation. Thanks for packing so much into so few words! Best, Dr. Shapiro

Dear --, thank you for being willing to share your poems with me. I loved the image of the infant “in the eye of the hurricane.” This is such an apt metaphor for where so many patients find themselves – a point of stillness, even passivity, while around them swirl doctors, students, nurses, diagnoses, procedures. It is a strange and often alienating experience.

I’m not sure I fully understood your second poem, but it did remind me of many encounters I’ve seen at FHC-SA when a resident attempts to perform an ear exam on a crying, snapping kid. Maybe this was not right at all, but for me it evoked images of kids submitting very unwillingly to some procedure, while their siblings are shocked into open-mouthed silence. It can feel like the apocalypse!

Finally, the inpatient poem DC Summary vs. X was both powerful and disturbing. For me, the dilemma was encapsulated in the “vs.” The patient just wants to go to her homecoming and avoid all these invasive procedures. The medical team is doing everything to figure out what is happening to the patient. Yet there is a real disconnect. Doctors must do what they think best, especially in the face of such uncertainty, but it was clear that the patient understood very little. By the way, I thought the allusion to “the horde” was very apropos. This is exactly how the swarm of doctors/medical students/consultants etc. feels to the bewildered and frightened patient.

--, you are a strong writer, and each of these poems captured something significant about your experience on Peds. Thank you for writing them. Best, Dr. Shapiro