PEDS REFLECTION SESSION 4/7/14

--, first you are a gifted cartoonist. These are really good – funny when they should be and poignant when they should not be funny. Your comics make the point very well that Peds is really about treating the whole family – and that includes parents, not from a medical perspective, but from a human and educational perspective. I also deeply valued the final strip that shows Peds residents being emotionally affected by the death of one of their patients. Ever death deserves a moment of pause and solemnity – not wallowing in grief, but being willing to recognize that a precious life has passed. Your strip reminded everyone in the room of the importance of never being too busy to acknowledge loss, even while you must then turn your attention to the living..

You really might enjoy looking at graphic pathographies (stories of illness) – Stitches by David Small, Epileptic by David B, Cancer Vixen by Marchetto, Blue Pills by Frederick Peeters (about HIV), Mom's Cancer by Brian Fies, something by Harvey Pekar (don't remember the title), and many others. You might also be interested in this website: www.graphicmedicine.org.

Thanks for sharing your creativity and obvious talent with us. Dr. Shapiro

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--, I loved the point you made that we don't have good medicines to treat fear and helplessness; yet as you astutely pointed out, these aspects of healthcare need as much attention as disease signs and symptoms. As I mentioned in class, I was particularly impressed that, although not a parent yourself, you made the effort to empathize with this mother, and tried to understand a little of her perspective. The analogy you came up with – a doctor in some ways is like a parent, having responsibility for the health of the patient and needing to be trusted and create a safe environment – was creative as well as effective in moving you closer to this mom. Indeed, as you discovered, your words *were* powerful, they gave this mother the hope and reassurance she so desperately needed. And you are absolutely right, it is the medical student who often has the time to simply "be there" for the patient and family, to listen to them and to console them, as you did. Before there was much in the way of "pills," it was quite customary to treat with words. Now we have an enviable pharmacological arsenal, but we shouldn't forget that words also have healing power. Thank you for reminding us of this. Dr. Shapiro

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Hi --, thank you for having the courage to tackle the topic of child abuse, or as it is more euphemistically referred to, non-accidental injury. You raised many excellent issues in your presentation – the impossibility of recognizing every case of abuse, no matter how vigilant the medical team may be; the importance of not making assumptions about who might or could not possibly be an abuser; the strong emotions that arise in the face of a child's mistreatment; and finally, the hopeful point that, handled with sensitivity, exploring possible abuse does not need to alienate the parents. I was especially impressed that the attending used the initial missed diagnosis as a teaching opportunity, rather than simply moving on. This is by far the best and most constructive way to deal with a mistake or oversight – think about what can be learned, forgive yourself for being an imperfect human, and bring what you learned to the next patient, as this team obviously did.

As Dr. X pointed out, the best way to cope with this very difficult situation is to remember that you are the advocate for the child. You are not the accuser nor the judge; rather, your role is to take all necessary steps to safeguard your patient's wellbeing. It is a very hard situation to be in, because there are no perfect answers; but what is most important is to do one's best under the circumstances. This is what your team did, and hopefully it will result in this little baby having a better life. Best, Dr. Shapiro

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Dear -- and --, I am writing you together, since your presentations on various aspects of death and dying blended so well. --, your poem was quite beautiful. The images of death as hidden, sterile, buried (ah, double entendre), unspoken, yet omnipresent, consuming, defining, and even inspiring were really evocative of the complex nature of death. It seemed to me you used the "immersion" in death that comes with third year in such a constructive and growth-oriented manner. The evolution that you cited in your own thinking about death – from death as the enemy to death as part of life – I think will stand you in very good stead as a physician, so that you will fight not only for life, but for -- of life; and when it is right, will have the courage to help your patients know when to let go.

--, again, I am so very sorry for the death of your friend. She sounded like an amazing woman, with so much life to live and so much to give to life. I couldn't help but think how happy she would have been to know that, through her blog, her voice was continuing to reach others and even to educate future physicians. She helped us understand the terror of recurrence and the uncertainty of remission, as well as the range of emotions that can arise when facing one's own death. Her line, "I don't get to have a happy ending," was heartbreaking; yet it reminds us that life is not fair, and does not always go the way we expect. But I was also struck when she wrote, "My faith is a battered, fragile thing… but I still hope for better things to come." She did not despair, and while cognizant of her fate, did not abandon hope in love, support, and "things greater than" herself. It is always devastating to see the loss of a young life; and there is no way to lessen this hurt. But I will say that your friend made the most of what she was given; and was not conquered by death.

These two projects led to a rich and authentic discussion about the place of death and dying in medicine; and the role of the physician in these most difficult moments. The depth and honesty of your own sharing and thinking allowed us to deepen ours. Thank you. Dr. Shapiro

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Haha. So I bet it will be awhile before you engage your fellow classmates in another competitive enterprise! Nevertheless, aside from the evident knowledge value of your Jeopardy game – you asked some really good questions about child development and vaccines (of course, the question we didn't get to is not which vaccines to give when, but what to do if the parent opposes vaccination period!) –it was a fantastic illustration of the value of active learning. All your classmates suddenly became fully present – they were engaged in the intellectual challenge, they were cooperating with each other, they were having a lot of fun! And I predict the correct answers will stick in their brains for the SHELF exam much better than simply poring over summaries of the same information.

As you suggested, there are many important parallels in this project to patient education. Approaches that involve patient and family, that give them room for initiative and active involvement, that make good health fun rather than a burden are likely to produce more long-lasting and positive results. A very creative, knowledgeable, and enjoyable effort! Dr. Shapiro

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--, you came up with an interesting and very useful project. It should be obvious that adolescents get much of their information about sexuality and sexual health online, but what a great idea to identify sites with accurate and understandable information. The sites you found seemed geared to teens, while also addressing in a frank and easy to understand manner the kinds of questions that might arise. In addition, your project triggered a valuable discussion about ways of approaching the HEADS exam that put patients at ease and allows them to be more forthcoming about their sexual history. Thank you for this excellent research! Dr. Shapiro

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Dear --, thanks for sharing how your pediatrician inspired you toward medicine and was an influential figure in your life. I think pediatricians don't always appreciate how much kids and teens actually do listen to their counsel, even when it appears they do not! The anecdote about the waiting room was funny as well, and a good reminder that going to the doctor's is often an intimidating experience (really no matter what the age of the patient) and whatever the physician and his staff can do to create a comfortable environment and set patients at ease (lots of stickers!) really matters. Your story was an excellent reminder about good doctoring. Best, Dr. Shapiro

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--, in your detailed and knowledgeable presentation of this 20 yo patient with IBD, there was much information and learning. Also, at long last, this patient was able to receive a definitive diagnosis, which would certainly be of use to her in the future. However, I believe that your main point, and rightly so, was the tragic and absurd situation in which certain patient conditions are (seemingly somewhat randomly) covered by certain "gap" programs such as CCS, and others are not; and kids who are covered as kids lose coverage as soon as they cross an age threshold. Although your team did absolutely the right thing in obtaining a social work consult for this young woman, it was obvious that you (and everyone else in the room yesterday) felt this was an inadequate solution. This case clearly illustrates that, for some, we have an inequitable system of care; and as we discussed in class, as individuals working in the healthcare system, we all become implicated in its injustices. As your classmate asked, the real question is what to do? Although there are no easy answers, I believe that advocating for individual patients and working toward systemic change to the extent you are able are two ways that can help us sleep at night ☺. Thank you for reminding us that, despite the ACA we still have a long way to go. Best, Dr. Shapiro