

PEDS REFLECTION SESSION 6/14

Hi --. I'm sorry I couldn't hear your presentation, but you chose an important topic. Parents need to understand that most childhood injuries are highly preventable. I also appreciated that you expanded the issues beyond car accidents because, as you rightly note, there are many other ways for children to be seriously hurt. Your brochure not only highlights specific risks, but also provides excellent suggestions for avoiding problems such as window guards and functioning smoke detectors. Including online resources was another good addition. The brochure, with its eye-catching but non-threatening pictures and strong visual lay-out would succeed in attracting parents' attention; and the listed website would provide more in-depth information. This brochure would be very effective in heightening parents' awareness and encouraging them to become better educated about potential dangers to their kids' health and wellbeing. Best, Dr. Shapiro

--, thank you for such a thought-provoking and emotionally engaging presentation. You highlighted how undocumented individuals can face intolerable choices when attempting to deal with their own health issues and those of their families. Of course, as you well know, this is partly a political question. But from the perspective of physicians, who have taken an oath to protect and promote the wellbeing of their patients, it takes on moral dimensions as well. The answers are complex, as we recognized in class, but few people would argue that the situation of this patient and his daughter was "how things should be."

The other point you raised, which I personally find equally important, is how all of us should respond when faced with "moral distress" (as we also discussed). In terms of the particular situation you asked us to consider, it prevents a classic dilemma, because we know (within certain parameters) what we think would be right, but we cannot act on this knowledge. When people experience moral distress, they may blame the people who put them in this situation ("If that guy didn't come here illegally, I wouldn't have to feel so helpless"); they may also become cynical and disillusioned ("The healthcare system is broken. I just do my job and go home at the end of the day"). However, they can also make other choices – perhaps to advocate for political and social solutions they believe will more equitably address these problems; and at the least, to not turn away but witness and be present with this patient's immense suffering and the unbearable choice he had to make.

The way you chose to tell the story was also skillful in helping us to avoid simplistic answers that would get us off the emotional hook. The final twist showed us a variation of "X's Choice" (which child do you want to live). I found this particularly intriguing because we often don't think about how a story is framed – it is "just" a story. But if you think about it, the way the medical chart is written tells a certain kind of story; the way a patient presents tells a different story. Sometimes the physician has an opportunity to tell a patient's story when they cannot tell it for themselves. This is a particularly heavy responsibility, because inevitably it is filtered through the physician's own personality, background, culture, worldview etc. I thought you told the story of these two people with great respect and humility,

offering us no easy answers but forcing us to think about uncomfortable realities. Thank you for reminding us that patients exist within complex webs of family, culture, and society. All best, Dr. Shapiro

--, I enjoyed your lighthearted poem for two reasons (other than its humor, which was charming). First is that it focused on one of the true terrors of Pediatrics – the howling, screaming two year old! Seriously, your poem helped us to brainstorm different ways of coping with what can seem like a pretty out of control situation. Your classmates clearly resonated to this patient presentation and your project generated a rich and creative discussion in response.

Secondly, you recognized how uncomfortable it can be for the medical student when the patient is not “behaving” – and this is true whether the patient is 2 or 22 or 72. It is natural to feel frustrated, helpless, even annoyed. You may worry that the patient’s behavior makes it more difficult to provide optimal care; or that the patient is making you “look bad.” Your honest acknowledgment of your own discomfort made it easier for your classmates to discuss their own discomfort; and for all of us to consider how best to deal with these emotions so that patient care is not compromised. Thank you for this project. Best, Dr. Shapiro

Hi -- and --. I am a big fan of House of Cards (and had a love-hate relationship with Gregory House when he was on the air), so I really enjoyed the video take-off. As you and your classmates pointed out, despite its over-the-top approach, it actually made some excellent points about what to do and not to do in trying to persuade a parent to consider actions that violate strongly held beliefs. Belittling their views no matter how unfounded is rarely helpful. Respectful listening and seeking common ground work better. After all, most parents want what’s best for their kids and that’s what you, as the physician, want as well. Most important is establishing an ongoing conversation (of course this is only possible in a continuity care situation). You can’t always change someone’s mind in one exchange; but if they feel you are sincerely concerned for their child’s welfare, they may be willing to keep talking. The chart from the study you found was especially valuable. Most parents fall somewhere on that continuum and, as Dr. X commented from her many years’ experience, parents with the most extreme positions are unlikely to change. However, there are others more susceptible to education. One study suggests that, of vaccine-hesitant parents, those who are told “Your child needs some shots today” are more likely to agree than those who are given a choice. This suggests that there is a place for an authoritative – but respectful! – approach.

I also liked the fact that your project pointed out other instance of parental resistance, such as members of the Deaf community or parents wanting no supplemental interventions during or after childbirth. While vaccination is rightly receiving much attention because of its significant public health implications, your expanding the topic reminds us that there is a whole range of issues about which parents and doctors can disagree. These encounters can be frustrating, but as you realize, physicians must be prepared to address them in ways that maximize positive outcomes for their patients. Best, Dr. Shapiro

Your project raised very thoughtful and complex questions about cultural views of discipline; and who (biological or foster parents) is best qualified to care for a child. These are really complicated issues; and

while the law is a blunt instrument to resolve them, it is the only tool we have. As a physician, you will often find yourself in the position of balancing cultural sensitivity against patient welfare. Sometimes, the patient's health is not in serious jeopardy and there is room for flexibility and dialogue, hopefully to advance mutual understanding. Sometimes, particularly when the patient is vulnerable because of age, gender, or other circumstances, you must choose to prioritize his or her wellbeing even though you may violate certain cultural practices and norms. In cases of grave risk to the patient, as a physician the care of the patient supercedes respect for cultural difference. I stress that often it is not an either-or choice. With the luxury of time (to build trust and communication) or when the cultural requirement can be met without undue hardship (female patient wanting to be seen by female physician), many issues of cultural difference can be successfully resolved.

As we discussed, child protective services tends to prioritize family reunification. The positive of this policy is reuniting families; the potential downside is returning children to unsafe situations. Unfortunately as we know, while there are many loving and dedicated foster families, sometimes children placed in foster care are neglected, abused or even worse. Again, we often do not have perfect solutions. Fortunately, physicians do not carry the responsibility for disposition. Your job, as mandated by law, will be to report possible signs of physical abuse. This standard has been set because, in the judgment of experts, the danger to the child in doing nothing outweighs the danger of removing that child from their home. Mistakes, sometimes very bad mistakes, happen much too frequently. But the alternative is even worse.

Thank you for highlighting this issue. Just because something is hard and morally murky does not mean we have the right to turn away from it or ignore it. Indeed, we must do exactly what your project forced us to do – grapple with the messiness and hope that will inform decisions about future patients. All best, Dr. Shapiro

Dear --, it was so nice to see you, and I truly regret having to leave before I could hear your project. What an astonishing experience. I was impressed and humbled by the way everyone plunged in (literally) to try to save a life. You handled yourself so well under immense and unexpected pressure – how smart that you thought about stabilizing “X,” even before you learned he’d been hit by a diver. How intelligent it was not to power struggle with the desperate brother, but instead to deflect his very understandable anxiety with a task that he could do well (touch his brother and talk to him) and that might actually help X.

Your concluding remarks were very moving. First, you are so right about the costs of both emergent healthcare and follow-up rehabilitation. As you observe, these can overwhelm patient and family, and add to already challenging aspects of recovery. You reminded all of us once again that the treatment of disease and disability does not occur in a vacuum, but is profoundly influenced by its societal context. The priorities and choices we have established as a nation effect people like X every single day. This means that we are all implicated in the additional suffering these decisions cause to others. Hopefully this realization will encourage us to do what we think is right to provide more just and equitable healthcare for all.

Secondly, you provided a powerful illustration of true teamwork in which everyone was committed, everyone found a role, and everyone worked together. As you quickly realized, a team needs a leader. Good for you and the EM tech to step in this role to reduce confusion and avoid missteps. I think of you

all crouching in the freezing water, listening to X moan that he was cold, and be absolutely unswerving. This is real medicine in action. I pray with you that X made a full recovery and that he and his family were not saddled with devastating debt. But no one can guarantee the outcome, and that takes nothing away from the dedication, altruism, and caring from a varied group of people brought together by happenstance or fate or karma demonstrated toward a suffering other, the “stranger” in their midst. Well done! Restores my faith in humankind 😊 Best, Dr. Shapiro