

PEDS HUMANITIES PROJECTS – 12/4/03

Hi -- and --. Great job on that role-play! I especially admired the way you explored the different perspectives of medical student and family member, and identified the barriers for each that make dealing with child abuse so difficult. In the process, you also managed to work in some nice modeling of good communication skills. --, you were very effective in demonstrating how a well-reasoned series of questions, combined with empathy and a judicious use of silence, allowed the ambivalent grandma to finally pour out her story. Thanks for putting together such an engaging and educational skit.

Regards, Dr. Shapiro

-- and --, you shared a touching project. (I'm still trying to imagine -- as a dog! – and the drawing is pretty cute). As I mentioned in our discussion, two points interested me: 1) A “small” gesture of caring can reap big dividends, not only for the patient but for the doctor. My suspicion is that you probably got as much out of the experience as did the kids. 2) It's intriguing to contemplate ways of blurring the boundaries between the world of the sick and the world of the well. Perhaps if we aren't afraid to bring these two worlds closer together, we'll be able to “celebrate life” more in both. Thanks for participating. Dr. Shapiro

Hi --. It was really nice to see you again, and discover you are doing so well. You sound as though, over the years you've developed a healthy perspective and a philosophical bent. You came up with a very creative idea for your humanities project. “Translating” the language, rituals, customs and culture of medicine to “tourists” (i.e., those who don't live there on a permanent basis) is a valuable activity for a couple of reasons. First, and most obviously, it makes this strange and frightening world more accessible and less mysterious to these temporary sojourners. Secondly, the process reminds the “native inhabitants (i.e., doctors and other healthcare workers) how bewildering, scary, and overwhelming the world of medicine can be. Nice work. Much good luck with your future training. Dr. Shapiro

Hi --. Thanks for writing this personal essay. It asks such good – and hard – questions. How can people inflict pain and suffering on their own children? And how can health care providers live with their own grief and helplessness? This latter would be a great topic for discussion in the Art of Doctoring session! For my part, I felt you came up with a wise and insightful answer. Sometimes “treatment” consist not only of the necessary medical care, but our hopes and prayers for our patients. As always, you share a

beautiful sentiment that convinces me you will make a caring and compassionate physician. Dr. Shapiro

Guys, you did a magnificent job on this humanities project. You chose a complex scenario with multiple ramifications and explored them insightfully and thoughtfully. You raised issues that can't possibly be answered in one – or ten – conversations, but need to be addressed over and over again. You all were very skillful in the way you juxtaposed the personal plight of mother and child with the large systemic and societal issues of illegal immigration, limited resources, and medical futility. Clearly there are no simple answers, but I think what grated on everyone in the room was the callousness and indifference with which so many respond (or fail to respond!) to the suffering of the vulnerable and powerless. What bothered me the most was the idea that this poor woman, who must have endured so much to bring her kid to the U.S., ended up returning to Mexico. I think she knew there was “no room at the inn” for this mother and child. Thanks for forcing us all to think and to feel. Dr. Shapiro

Hi --. Thank you so much for your reflections on your pediatric experience. I apologize if the sharing was difficult, but my personal feeling is that there aren't enough tears in medicine. If tears can't be shed for the pain and suffering that fills the wards and exam rooms, then I don't know where they should be shed. Anyway, I believe your essay asks one of the fundamental questions in life: “How can we explain the undeserved suffering of innocents?” There is no more poignant example of this question than in the case of sick kids. And when their medical problems are not just random events (bad enough), but the result of the intentional cruelty of other human beings, they become even more difficult to bear. However, I have the idea that one of the things that makes a really good doctor is the ability to be empathetically present with all forms of suffering, to be willing to be a compassionate witness to that which causes other people to turn away. At the least, this would be a good topic to explore in the Art of Doctoring elective! Thank you for this deeply felt writing. Dr. Shapiro