

PEDS REFLECTION 10/30/17

Alyssa Lo, Kaavya Raman, Katie Barron

Dear Alyssa, Kaavya, and Katie, you identified an excellent topic. How perceptive that some pediatricians are not comfortable talking about sex with their patients. Yet clearly they have a vital role to play in educating pre-teens and adolescents about themselves as sexual beings. The hand-out you prepared on birth control and relationships was visually pleasing, and the pastel shades made it seem nonthreatening.

The most innovative aspect of the hand-out was not only addressing the risk of unwanted pregnancy and how it can be prevented, but delving into the nature of relationship itself. You had a very important insight that while not enough parents have “the sex talk” with their kids, even fewer talk about what relationship is all about and what constitutes a healthy vs. an unhealthy relationship. Yet this is at least as important information for young people to have. The characteristics of a healthy relationship that you included are superb. I was especially touched by the idea of “supporting each other’s dreams and goals” – very sweet and true.

The cautionary notes you sounded were also extremely valuable. As one of your classmates pointed out, often young people form the idea that jealousy, shaming, blaming, control, even violence are evidence of love, when in fact they are only evidence of an abusive relationship. Providing a domestic violence hotline number underscores how essential it is not to tolerate this kind of behavior.

The material you highlighted would truly benefit pre-teens and adolescents entering into intimate relationships with others. I think it could also help uncomfortable residents and even attendings by providing a framework for discussion. Thank you for this thoughtful work. Dr. Shapiro

Alex Rosinski

Alex, thank you for introducing your classmates to the heartbreaking story of Lia. The excerpt you chose illustrated well the gap – gulf! – that can exist between patients’ culturally influenced understandings and beliefs, and physicians’ science-dominated perspective. One of the tragedies of Lia’s story is that, despite goodwill and effort, her doctors (and nurses and social workers) were unable to really win the trust of her family or find a common ground of understanding that was acceptable to both parties and would allow her to get the treatment she needed. Often in the west, when we say, “I understand” it is accompanied by a big “but,” implying or overtly stating “you are wrong.” What’s important to recognize in these situations is that “right” and “wrong” are much less significant than effective compromise and negotiation. This can only happen when the family feels respected and understood in their beliefs. A complicating factor is that Lia’s life was often literally at stake; and understandably her physicians’ anxiety to avoid further major seizures (and resulting brain damage) fueled decisions such as removing Lia from her home that in the end might have been misguided. As we discussed in class, sometimes when the differences are too great, it can be helpful

to find a cultural mediator (a community elder or religious leader) who can understand both sides and navigate a solution. This is time-consuming, but on the other hand a little girl's life was on the line. No easy answers, and your reading was a sobering reminder of this fact. Thank you, Dr. Shapiro

Elise Drangshott, Hannah Jahr

Dear Elise and Hannah, Welcome to the U.S.! thank you for sharing an enlightened and engaging approach to sex education. It is such a wonderful idea to involve medical students in this capacity; and I agree with the point you made about being closer in age to students makes you more relatable and your guidance more acceptable. The storytelling technique was fabulous, especially the way you highlighted key turning points and asked your audience about different choices/explanations at each juncture. We could learn a lot in this country about Norway's less politicized, more open attitudes toward sex, contraception, and abortion. It doesn't hurt that medical school in Norway is essentially free. I suspect half the class wants to move 😊 Enjoy your stay here, and hope it's been a good experience. Dr. Shapiro

Navneet Kahlon

Dear Navneet, you chose a very timely topic, as the Rohingya's persecution increases in Myanmar, and the President continues to restrict admission of refugees to this country. Your report highlighted some interesting ethical questions about consent for treatment, emancipated minors, definition of surrogates, refugee protections for minors and so forth. You did a great deal of valuable research, and helped us understand that the issues involved are murky. Thank you for also highlighting how language and cultural barriers can complicate the situation even further.

As we discussed, when there is so much wrong with the medical system, it was truly heartening to see the medical team and other healthcare personnel pulling together to work so hard to solve this young man's dilemma. There are many examples of this on a daily basis; at the same time it is frustrating that so often we must work around, rather than with, existing rules and regulations. Nevertheless, in this case, the patient received optimal care and hopefully will be able to make a good life for himself in the U.S. Best, Dr. Shapiro

Brad Wallentine, Brian Yadegari

Dear Brad and Brian, the topic of medical arguments pro and con circumcision deserves thought and attention. Thank you for raising the issue. You did an excellent job of presenting both the pros and cons of the procedure. I especially appreciated your highlighting the ethical issue of performing an elective procedure on a nonconsenting minor. Of course, as we discussed, waiting till the infant grows to an age of understanding/consenting poses significant problems of its own. Clearly, this particular objection is fairly easily superseded by religious obligations; and perhaps even by the desire for fathers and sons to have a similar appearance. But it is something that parents should take into consideration. Rather than routinely assuming circumcision, parents should be helped to understand that it is a choice. Thanks for a very informative presentation, Dr. Shapiro

Bima Hasjim

Dear Bima, you did an excellent job of providing an informative overview (with considerable detail included) of what should be covered during a sports physical. In addition to highlighting medical concerns and contraindications, you also noted important “meta”-considerations, such as assessing drug use, mental health, and exposure to violence as having profound impacts on one’s ability to engage in athletic activity; and the importance of privacy and rapport in conducting a good evaluation. I hope in the not too distant future, pediatricians and family physicians will be emboldened by their professional organizations to proactively educate parents about the significant risk of concussion and longterm harm to the brain from many popular contact sports. Sometimes physicians have to be in the vanguard of change. Best, Dr. Shapiro

Josh Levy

Thanks for sharing your very creative and innovative healthy eating board game. I think everyone in the room wanted to play! There were many clever touches, such as diabetes dice, sugar tax, and sugar jail. The latter struck me as a particularly good educational tool because it associates sugar with something negative. In fact, the whole game has the subtext that many of the foods and habits that kids think of as fun and treats can also get them into a lot of trouble in terms of their health. I particularly appreciated the goal of “graduate high school without developing poor eating habits.” I also thought it was an excellent touch that the game took into consideration social determinants of disease, which have a profound influence on how diabetes develops and how it is managed.

The timing for your game’s debut (Halloween Eve) couldn’t have been better. Your next step should be contacting Mattel about its commercial possibilities ☺ Dr. Shapiro

Thao Vu, Debora Lee

Dear Thao and Debora, thanks for highlighting the importance of the relationship with parents in pediatrics. Almost all kids are adorable and likable, but sometimes parents can feel like an obstacle to care – intrusive, demanding, angry etc. As you helped to remind us, parenting is a *really* hard job. When something is wrong with their child, most parents get a little crazy. It was also a great insight that you have to deal not only with the will of the child (to cooperate or not), but also with the will of the child (and of course the will of the doctor!). All these wills must be brought into confluence and cooperation for the care of the patient to proceed smoothly. This is not an easy task!

Your project also raised the important question of how to give parents guidance about the health of their child without seeming patronizing or overbearing. As you honestly observed, telling a mom with 3 other kids at home how to care for her latest arrival can seem pretty silly coming from a medical student with no children of his or her own. Parents can become defensive very easily if they even get a hint that their parenting skills are being criticized. Nevertheless, it’s important to make sure parents are not giving their baby a bottle in bed, or using a carseat incorrectly. As we discussed in class, overtly acknowledging their positive efforts, their love can be an effective context for offering

additional information or making suggestions. As you so wisely concluded, always try to be on the parents' side, not against them. Thank you for an excellent presentation. Best, Dr. Shapiro

Anh Bui

Dear Anh, thank you for contributing these three haiku. Haiku are short, but hard to write. I especially liked the image of children growing healthy "one inch at a time." Very sweet.

Your writing brought out themes that lie at the heart of pediatrics –delivering bad news to parents; counseling parents about fraught topics, such as vaccines; and striving to constantly improve medicine to benefit patients. Sometimes a poem can capture the essence of something better than a long expository essay. That's exactly what you did with these verses. Best, Dr. Shapiro

Allison Farfel

Dear Allison, I think I speak for the class when I say that your diorama – and especially the story that went with it – were the highlight of the session. One aspect of your presentation that was so powerful was the emotion you were willing to share. These are indeed absolutely heartbreaking situations, and a little piece of our hearts should be broken when we witness or are involved in them – not so much that we can no longer function or serve the patient, but enough to remind us that we are still human. This is precisely what you showed us.

The other striking aspect was that, despite your "lowly" status as a third year medical student, despite your bottom position in the medical hierarchy, despite your fear, despite your awareness that these physicians had evaluative power over you, you spoke up, advocating on behalf of your patient. You protested against an unnecessary surgery indicated only for the benefit of parents who seemed unable to care for their significantly medically compromised child. Every one of your classmates admired your action and saw you as a role model, which indeed you are. It is not fair to have to lead from the "bottom" but sometimes that is what you must do because there is no one else to step forward.

Thank you for being such a terrific patient advocate and leader. Thank you also for your outstanding comments in class and your support of and insights into the works of your peers. Best, Dr. Shapiro