

PEDS REFLECTION PROJECTS 10.27.19

ROY ALMOG, LIZZY CRAWFORD, NICK BAKER

Dear Roy, Lizzy, and Nick, thank you for creating a simultaneous light-hearted and serious poem with a clever use of rhyme scheme and fruit imagery to arrive at a differential. It provoked a valuable discussion about the inevitable tension between the inherent fascination of a rare case or learning about a new (to the student) medical condition and remembering that this intriguing disease is causing great suffering and fear in patient and family. Of course, as we explored, it's not either/or. You wouldn't be (future) doctors if you weren't excited and curious about the nature and treatment of various diseases; and you also wouldn't (or shouldn't) be future doctors if you aren't able to feel and demonstrate empathy for the distress of your patients. I was impressed that you and your classmates were exquisitely aware of this issue and actively seeking balance.

The other balance we discussed was that between humor and gravity. There is a lot of pain and misery in medicine, that is true by definition. But, perhaps surprisingly, and I hope you all have seen this, there are moments of joy and laughter as well. It was a bold step to adopt a lilting rhyme scheme and some amusing imagery to portray a very serious and scary disease, Kawasaki's. But in my view this decision caught something essential about the way humans experience illness – it is not all one way or the other, it is darkness and light, smiles and tears.

Very creative work that engaged your classmates and your faculty. Thank you, Dr. Shapiro

ARYA AMIRHEKMAT, JOANNA TURKIEWICZ, KATHERINE KILLMOND, YESENIA MARTINEZ

What a cute and clever game, whose purpose was to explore an innovative way to educate parents about common issues in Peds. There were many things I liked about this game: 1) It is a game – so by definition it is fun! As we discussed in class, there is not much fun in kids being sick, but as a specialty Peds tries hard to bring some sense of pleasure and enjoyment to its little patients. I appreciated that you extended this idea to parents. 2) It is proactive – as you pointed out so well, instead of sitting back and having a physician “educate” them, parents could educate themselves in an active process. 3) It is teambuilding – the interactive nature of the game means parents function as a team and have to practice working together, a skill that we don't always see when parents are at the bedside of a sick kids. I also think it could create more of a team feeling between parents and physician, because prepared by their game success, parents might feel more confident and more equal partners in the parent-doctor encounter. 4) For a lay person (me), some of the questions were hard to answer, but I could see that they'd lead to really valuable and educational discussions.

I really enjoyed that you thought outside the box about a routine physician task – “parent education.” Your project addressed a lot of the shortcomings of traditional education – it is boring, passive, does not create teamwork, and tends to focus only on the specific information at hand, rather than opening doors to other possibilities. I hope Dr. Murata makes this game available to patients and parents in the Peds waiting room! Thank you, Dr. Shapiro

AXANA RODRIGUEZ-TORRES, ZIWEI ZHONG

Dear Axana and Ziwei, thank you for your presentation of two ethical questions– 1) How do you manage a 10 yr old patient who might be suicidal? 2) Should you report physical abuse in the absence of physical evidence, but when you have concerns about the child’s safety? These were great questions that generated a lot of thoughtful discussion among your classmates. You provided a lot of nuance in the case you laid out, so that students had to wrestle with how to ensure a secure environment for the patient while investigating whether abuse had triggered depression, whether depression colored her perceptions of her brother’s behavior, or both. As we discussed, a patient with active SI, a plan, limited deterrents who has no identified adult to confide in, and a possibly physically and sexually abusive older brother in the house who frightens the patient might benefit from a brief psych hospitalization to sort out the complexities of the situation. It is also true, as several of your peers pointed out, that extreme actions, such as a psych hospitalization or removal of a child from a dangerous home, can have unintended emotional and psychological consequences. In the end, we have to be guided by what we believe to be the best interests of the child, despite the imperfect options we have available.

DINA KHOURY, SHANNON SKOCHKO, ERICA BAUGH

Dear Dina, Shannon, and Erica, I absolutely LOVED your children’s book. As a classmate pointed out, it contained incredible life profundities that parents as well as kids could benefit from. There were many aspects I found especially compelling about this project. At the top of my list would be its “horizontality” – the adorable little animals in the story were not clearly identified as patients, parents, medical students, doctors. Instead, each animal had a challenge of their own, as well as a helping hand (paw) to extend to another. To me, it expressed the philosophy that everyone has something to contribute, we can all help each other. Yes, doctors help patients, but patients help each other, and sometimes parents and kids help medical students and doctors.

Related to this was the awareness that everyone – not just patients, but parents, medical students, doctors, nurses – is broken or wounded in some way. As the classic Leonard Cohen song realized, “There are cracks in everything, that’s where the light gets in.” By telling this truth as a children’s story, it made “cracks” less scary, more normalized, and things that can be managed with the help of others. Finally, again related, is the way the story built community. Despite their suffering and their problems, the little animals joined together to help each other. We’re all in need of healing and we all can be healers. We’re all in this together. How wise and beautiful. Thank you! Dr. Shapiro

RYAN HARATIAN

Hi Ryan, thank you for presenting a truly troubling ethical dilemma – parents refusing treatment on behalf of their child that might make the difference between disability or even death. I know that, especially in high-intensity circumstances, the inclination is to do something definitive, like getting a court order compelling treatment. However, in many instances, and this sounded like one, where simply continuing the conversation is a better way forward because it holds the possibility that both parents and doctors can move forward on the same page. Compelling treatment to save the life of

the child is essential. But once that child is released, will they ever see a physician again? By contrast conversation that resolves conflict can change attitudes and open doors to continued relationships with other doctors and the healthcare system. A dialogue that contains these elements has the possibility of moving things in a positive direction:

- 1) Recognizing that their anger stems from fear
- 2) Acknowledging and respecting the parents' fears – was enough work-up done? What does it mean that another doctor, whom they trust, has a different opinion? There seems to be some uncertainty about the diagnosis. No wonder you have questions.
- 3) Establishing common ground – reassuring parents you want exactly the same thing they do: the best possible care for their child
- 4) Expressing your point of view – your fears of what could happen to the kid without treatment.

When people feel seen and heard, when their concerns and point of view are not dismissed or demeaned, when they feel you are on their side, when they feel you sincerely want to help their kid, there is a greater chance they will decide to trust your expertise. It doesn't always happen, but, as in this case, it often does.

Parental autonomy should never override their child's wellbeing. But if you have a little latitude to talk, and talk some more, take it. If you are able to persuade the parents to your perspective, it will be a better outcome for the child, the parents, and you yourself.

Ryan, I know we did not achieve definitive resolution in our discussion, and I sensed you might have felt dissatisfied with the outcome. If you have further questions, or would simply like to consider this case further, please don't hesitate to send me a follow-up email.

In any case, thank you for bringing such a complex and troubling case to our attention. We can't always solve the problem, but by examining together we may move closer to a solution. Best, Dr. Shapiro