

PEDS REFLECTION PROJECTS 12/19/16

Dean Spencer, Ivy Ewald, Logan Thomas

Dear Dean, Ivy, and Logan, thanks for contributing a rich, revealing, and insightful project to the reflective pedis session. Dean and Logan, it took considerable courage to make the personal professional; i.e., to bring your experiences as parents, which have not been without their challenges, into the public eye, and offer them to your classmates to enhance their understanding and empathy.

There was so much I liked about this project – as I noted in class, you effectively closed the gap between “patients” and “doctors,” showing that none of us is exempt from suffering, fear, joy, love, uncertainty. You were both remarkably insightful and honest about what the interaction of your roles as fathers and medical students has meant to you – how it’s expanded your perspective and deepened your empathy for patients and families; how it’s influenced the way you communicate with your babies’/kid’s pediatricians, and how it’s influenced the level of confidence you have in these doctors. Sharing something of your children’s illnesses and medical issues showed us in a way no one could turn away from the humanity of your families and of yourselves. Thank you.

Ivy, you did an excellent job as interviewer. The questions were very well-conceived, and went far beyond superficialities. You drew out your “subjects” to help everyone in the room understand a bit about what it is like to be a parent (and a medical student); how frightening and unsettling it is when your child becomes ill, especially when it is hard to get definitive answers right away; and, importantly, how this life experience can deepen one’s understanding of what parents of a sick kid go through. I especially appreciated your obvious empathy (as when you said to Kristen, “that must be hard on you,” regarding different diets in the family) and your follow-up questions, which showed you were actively listening to the responses and figuring out ways of taking them further. I could see your excellent communication skills on full display.

Dean please extend a special word of gratitude to your wife Kristen, who must deal not only with a new baby (hard enough), but also a medical student spouse ☺. She is obviously doing a terrific job; and when she returns to lawyering, I am sure she will juggle that third ball with the grace and good humor she brought to our session. And please, please give most adorable Kate an extra hug and kiss from me – she was an extremely patient and good-natured project ☺

Thank you all for quite a remarkable project. Please know I wish little Kate and Scout (To Kill a Mockingbird?) all good health in 2017. Best, Dr. Shapiro

Jeanette Chin, Lindsay Oosterhouse

Dear Jeannette and Lindsay, thank you for two insightful perspectives on the theme of infant/child protection and safety. Jeanette, I found your reflections on protection inside and outside the womb quite illuminating – I’d never thought about the relationship between “in” and “out” in this way before. You are quite right – once the baby is born, parents (and perhaps especially mothers) have to figure out how to extend what the body did naturally when baby is in utero – i.e., keep the child safe.

Your sketch was quite lovely – like a Madonna and Child, very appropriate for this Christmas season. As I mentioned in class, the border reminded me of a pregnancy, suggesting visually how the mother must continue to nurture and care for the child after birth, now with even greater consciousness and intention.

Lindsay, your poem was a lyrical depiction of this same theme. The baby is born in “violence” and into the “chaos” of an unpredictable world. The safety of the womb is lost. But the mother stands between the infant and its dangers. Somehow that mother creates a “magic place” “abreast” (very nice word choice!) of the old world that used to comfort and reassure the infant. This is indeed the “magic” of motherhood (parenthood). From the parent’s perspective, as we learned from Dean and Logan, there is often doubt, insecurity, and fear. But the baby trusts her parents to keep her safe, and simply curls up and goes to sleep!

This was a very sweet thoughtful project, and a reminder of how much helpless little infants depend on their parents to keep them “safe and warm” in the big scary world. Thank you! Dr. Shapiro

Candace Borders

Candace, this was such an interesting issue you raised, both in terms of its specific s (the desire of parents for their male children not to be “short”); and the larger question of “designer” or engineered offspring. It is easy to become exasperated toward parents who can seem obsessed with treating their offspring as perfection projects. Yet it is worthwhile to inquire, what is driving these moms and dads? In this regard, your project raised thought-provoking questions about parents’ natural inclination to protect their children from bullying and prejudice; and to give them every possible edge in life. Parents may also act out their own insecurities and psychological issues on their children. Should there be limits on such behavior? Probably, especially in extreme situations where medical intervention is pursued that may be detrimental to the child’s welfare. What specifically is the physician’s role in responding to a request for human growth hormone? Can physicians play a role in helping parents to find more constructive and healthful ways of guiding their child’s development? We didn’t find all the answers, but you gave us plenty of food for thought. Thank you for highlighting such a worthwhile topic. Best, Dr. Shapiro

Matthew Bower

Matt, Great project! First, your insights into just how complicated communication really is were excellent (and usually Osler has got there first, no matter what the issue!). I really liked what you wrote about needing to find the right questions, avoid the wrong questions, and not ask the right questions in the wrong way. Very well expressed, and great truth in each observation!

Then you proceeded to show how all this nuance evaporates completely in an interpreted interview. As you quite accurately observed, working across language deprives most of us of carefully honed communication skills, and especially the ability to truly *listen* to the patient (this was a terrific insight). Your tips for how to improve the interaction in the absence of a shared language encompassed basic principles for working with an interpreter: 1) maintain eye contact 2) ask focused questions one at a

time 3) keep the communication simple 4) pay close attention to the patient's nonverbals as well as your own (you can be conveying a lot about your own frustration and helplessness that you don't mean to) and 5) answer clearly and whenever possible resolve issues for the patient as they may not have a chance to communicate with another physician for a while. One of your best ideas was the empathic imagining of yourself in a foreign country trying to communicate. Engaging in this thought experiment is likely to switch your focus from your own discomfort to that of the patient.

You were quite perceptive about your own feelings of guilt and helplessness. An encounter across language (and culture) can often lead to frustrated feelings in both patient and healthcare provider. Unfortunately, such feelings can sometimes propel physicians to unconsciously spend less time and give less attention to their patients, as you noted, when in fact they need more. None of us likes situations that make us feel inadequate; but unless we learn to deal with these feelings, it is the patients who will suffer.

As we discussed in class, in addition to your excellent insights, it can be helpful to overtly reassure the patient/family member that you recognize the challenge of a language difference; that you will do your best to overcome it through use of a skilled interpreter; that you will attempt to answer all their questions and make sure they feel understood and understand you. When the patient/family feels you are on their side, and that you are a team despite the language difference, they will relax a bit and communication will be easier.

There is no question that a lot is "lost in translation" in an interpreted interview, as you noted. You can do much to mitigate the problem by remaining calm yourself, cultivating a friendly demeanor, focusing on the patient's fear and distress, and remembering that you are there to serve the patient.

Thanks for a valuable and thoughtful project. Dr. Shapiro

Sam Kaplan, Wilfred Manzano

Dear Sam and Wilfred, thank you very much for introducing an historical perspective into our discussion. I'm always surprised at how little attention is given to the history of medicine in medical education. Yet without knowing your past, how can you adequately prepare for your future?

Sam, the "long view" you provided of the history of breastfeeding vs. formula was instructive in that it showed how medical pronouncements, which are often presented as inevitable Truth with a capital T, are in fact influenced by the social attitudes as well as the scientific limitations of their era. The Nestle's infant formula scandal is still taught in B-schools as an exemplar of unethical business practices.

Wilfred, you brought out all key distortions in their marketing campaign – the "superiority" of formula to breastmilk; the appeal to women in developing countries to be "modern" and "westernized"; and the corrosive influence of post-colonial attitudes and assumptions. This event illustrates Faulkner's assertion that "the past isn't dead, it isn't even past," as the Nestle boycott continues to this day.

Taken together, the two aspects of your project did a superb job of demonstrating how apparently benevolent constructs such as health can be perverted by unfettered capitalism and the profit motive intersecting with societal prejudices. Medicine, like science, is not neutral. Thanks for the reminder. Best, Dr. Shapiro

Mahta Baghoolizadeh

Mahta, you crafted a really moving poem about your little Peds patient with the unclear diagnosis. Using the 2nd person voice (you), rather than the more distancing 3rd person, makes the poem powerfully immediate and empathic. The effect was bringing your readers right into the (imagined) conversation with your patient. I also liked the way you addressed the ambivalence of the medical student – eager to learn about a rare condition on the one hand; and yet wishing that the child never had to suffer from that rare condition in the first place. Finally, the way you worked with the image of the smile (half smiles, full smiles, her smile, your smile weave throughout the poem with a consoling brightness) was lovely.

Thanks also for bringing up the issue of therapy dogs. As we discussed in class, the healing presence of these loving, nonjudgmental animals can benefit not only Peds patients, but physicians, nurses, and medical students as well! Best, Dr. Shapiro

Sam Sampson

Hi Sam, it was nice to see you, and twice in one day was a treat! Thank you for sharing both artistic and literary modalities of healing with the class. The picture of “hope” with its doorway symbolism was quite lovely. The poem was beautifully crafted (thanks JAMA editors!), its images of inpatient children’s Halloween costumes juxtaposed with chemo bags and radiation packets. The last lines were powerful and showed us the heart of the poem – “We are still alive,” the kids shout through their dress-up. “We are still just kids.”

Too often the patient role – whether for children or adults – subsumes the personhood of the individual. It is an important reminder that sick people are people first, and sick second. Even more importantly, we must never lose sight of the fact that until we’re dead, we’re still alive, and looking for ways to celebrate that fact, just like the kids described in the poem.

Thank you also for the story about the paraplegic 19 year old who found a home in the hospital and a way of giving back to a similarly injured child. One lesson here is how the patient role strips its owner of agency; and how important it is to restore the ability not only to receive but to give to people who are patients. I appreciated the empathy and perceptiveness with which you shared.

I always enjoy your perspective on things. It is invariably wise and humane. Best, Dr. Shapiro

Michael Bernaba

Dear Michael, you raised a great, although infinitely difficult, question in your reflection project and poem. What is the physician’s duty to protect the vulnerable and the innocent? Does there come a

point at which society must step in and put restrictions on a woman's ability to become a mother? As you and your classmates recognized, this is an extremely problematic proposition, and is open to significant gender, race, and class bias. Yet, as your ob-gyn attending exemplified, it is a hard one to avoid when you see repeated harm resulting to innocent infants and children.

When society attempts to regulate individual behavior, it uses blunt instruments, and the outcomes are often the lesser of two evils (think situations where children are removed from parental custody because of violence and abuse) rather than unadulterated goods. The experience of attaching criminal penalties to pregnant women who were concurrently abusing drugs (as some states have tried) is ambiguous – often it does not reduce drug abuse, but merely drives these women underground and out of the reach of the healthcare system entirely. Realistically, however, it is unlikely that physicians or other healthcare workers will always be successful in persuading their addicted patients not to use drugs during pregnancy. So no easy answers.

My view is that the process we engaged with in in class is our best option – to carefully consider the consequences of various actions with clarity and empathy, and then make the best decision possible consistent with current law (which in California does not consider drug use during pregnancy child abuse; does not require reporting of drug use during pregnancy; and does not require mandatory testing if drug use is suspected) as well as the physician's judgment of how best to ensure the welfare of both mother and fetus.

You created a very thoughtful project that made us all question our own facile responses. Thank you,
Dr. Shapiro