

## PEDS REFLECTION PROJECTS 2/13/17

### Christopher Badger, Kady (Soon) Lee

Dear Chris and Kady, Great topic! There is an increasing level of “parent shaming” in society and through social media. Everyone has an opinion, and many people express their opinion in harsh, rude, and highly judgmental ways. Your project was excellent at identifying many of the “controversial” issues that engage this kind of shaming – stay-at-home vs. work; public school vs. home school; sleep training; organic vs. “regular” food; cloth vs. disposable diapers; when to potty-train; free-range vs. how desperate they are not to make a mistake. The blog quote you provided from the poor harassed mom who felt there was always a “better” way for her to be a mom was compelling. You also insightfully pointed out that, in these situations, the doctor can serve as a neutral arbiter, warning of real dangers but also providing much needed reassurance. I also appreciated that you provided well-vetted sources of information based on evidence, rather than anecdotes. As we discussed in class, in this anti-science, post-factual age, parents may need some encouragement to recognize the importance of information based on research and studies; and this must be presented in a way that is not patronizing or in itself judgmental. Your project generated a really valuable and engaged discussion, and made us realize that slinging negative evaluations is not the exclusive province of judgmental parents but is something that medical personnel all too often indulge in. Thanks for such an interesting project, Dr. Shapiro

### Alyssa Velasco, Jillian Gottlieb

Dear Alyssa and Jillian, thank you for your well-conceptualized pamphlet on “sleeping safely” (very nice title by the way – a positive frame that would attract prospective parent readers, rather than scare them away). The pictures were similarly reassuring, depicting the peaceful, happy infants that all parents want. The level of language was appropriate – accessible, simple, not dense. You highlighted the most important recommendations (sleeping on back) and things to avoid (bed-sharing). Your list of do’s and don’ts was complete without being overwhelming. You also do a good job of exposing certain myths (special mattresses, breathing monitors) which could provide false security or be unnecessary expenses for families. The project led to a poignant and useful discussion about how to talk about this topic with a parent who had lost a child to SIDS. It was clear that your work grew out of your empathy for these parents and your desire to keep these little lives as safe as possible. Thank you! Dr. Shapiro

### Tiffany Pham, Katherine Chen

Dear Tiffany and Katherine, your poem made a simple yet critical point: what is routine for the physician can be terrifying for the parent. The language of medicine, now so comfortable for you as medical students, is bewildering and foreign to mom and dad. The very tests and procedures that give you security seem overwhelming and dangerous to the child’s protectors. My favorite lines in your poem were “we should think twice/Be nice.” It seems so simple, yet is so often overlooked. Your project stimulated a provocative discussion about *why* physicians can easily lose sight of the parents’ perspective: overwork, burn-out, immersion in their own reality to the exclusion of all others,

annoyance that taking time to understand parents' fears slows them down; feeling that they know more than the parents etc. Nevertheless, the message of your poem is exactly right: always remember there are at least two perspectives operating (and sometimes more) – that of the world of medicine, and that of the world of the parents/family. Unless the physician makes the effort to understand and respect the latter (not necessarily agree with it), the care of the child will be compromised. Your poem showed empathy and awareness of parents' fears, and a commitment to addressing them with kindness and support. A lot of doctors could learn a valuable lesson by reading it! Best, Dr. Shapiro

Ariana Malagon

Dear Ariana, your project about a “big” 19 mo who was still breastfeeding raised fascinating questions about the intersection of health and culture. I felt that perhaps the attending's quick question: “Did you tell mom to stop breastfeeding?” might have been more influenced by cultural expectations than medical science. As we discussed in class, it was unclear that the breastfeeding was the primary culprit in the kids weight issue. Also as we discussed, it would be important to be familiar with evidence about the age at which breastfeeding might be psychologically or emotionally detrimental to a child's development. In the absence of such an evidence-based foundation, we can be guilty of pseudo-science: i.e., speaking with the authority of the physician to express what really are only personal judgments or opinions. I appreciated your more cautious approach, i.e., to learn more about the mother's breastfeeding history and future plans, what breastfeeding meant to her – before authoritatively telling her simply to “stop.” I suspect she would not have received this advice well, hearing it as judgment; and then the crucial doctor-parent relationship would have gotten off to a rocky start. Much better to be nonjudgmental and curious – “help me understand what's going on here” – before deciding what should be changed. Thanks for such an interesting project! Dr. Shapiro

Leigh Goodrich

Dear Leigh, your project raised some really complex issues of how best to guide parenting in a positive direction. Unfortunately, as you observed, there is a lot of parent shaming in hospitals and clinics. You are right that we tend to categorize parents quickly and dichotomously – good/bad; concerned/neglectful; demanding/cooperative. Because of our need to find simple answers, when a child acts out, like the one you describe, we tend to blame the parents (more boundaries, more discipline, more consistency, more love – whatever). Parenting may be part of the puzzle, but these situations are often complex. Further, even if parents are 100% responsible, shame and blame will not tend to have the desired effect of transforming their behavior (although it will tend to support the physician's or nurse's self-righteous anger). As you rightly observe, most parents are doing the best they know how, often in the face of overwhelming challenges. As the child's doctor, you have a right, even an obligation, to advocate for your patient – but to do so in a nonjudgmental, supportive way. Listening to the parent's perspective, understanding the difficulties they confront, is a good start, which is exactly the point you made. As you insightfully pointed out, it is easy to empathize with sick little kids, but sometimes harder to empathize with their parents. Yet a good pediatrician finds a way

to empathize with everyone in the family, to recognize their humanity as you commented. That is the best possibility for helping parents to improve their parenting. Best, Dr. Shapiro

Nicole Salame

Dear Nicole, your project was phenomenal. You raised one of the most important issues in medicine – how do you continue to feel for patients, to keep an open heart, without being overwhelmed by these emotions? The different reactions to your distress at the death of this child were really interesting. They showed the class that there is not one way to respond to patient death. Some surgeons cried openly; fellow students supported you, but others felt you'd committed a terrible mistake by crying. An ED doctor validated you, while another couldn't really get it (then called you back later to apologize for not getting it). Your honesty and courage in addressing this topic opened up a really worthwhile line of discussion. I don't think there are simple answers, and I do think there is a large continuum of appropriate physician attitudes and behavior. But medical education rather simplistically suggests that emotionally caring about patients is dangerous to objectivity and to emotional equilibrium; and that proper professionalism is expressed in emotional detachment. There's a lot of ground between these two extremes! Personally, I think through self-awareness, reflection, and practices such as mindfulness and meditation, it is possible to learn an open-heartedness that is not self-destructive but rather compassionate and caring.

The other aspect of your project was the very lovely, thoughtful, thorough, and sensitive pamphlet you prepared about coping with the loss of a child. The cover art was moving and evocative. The way you addressed issues of marital stress, yet offered cautious hope about surviving and even strengthening the marriage was nuanced and sensitive. Addressing the complex issue of sibling guilt and grief was also done with excellent information as well as appreciation for the needs of surviving children. The resource list seemed very useful as well. Overall, this pamphlet would be both consolatory and helpful to parents facing this unimaginable loss.

Thank you for your courage in sharing your emotions with your classmates. In so doing, you served as a role model for how physicians need to be open with each other about their griefs and guilt and sorrows regarding patient deaths. These are natural emotions, and when they are aired and reflected on (even briefly), they can then be released. As you found, when there is no opportunity for processing, these feelings do not evaporate; rather they are only suppressed, eventually leading to physician cynicism and burn-out. The more medical students, residents, and physicians take the risk of talking about what they feel as well as what they think (as one student said to me, a humanistic debriefing as well as a clinical debriefing), the more they will shift the culture of medicine in a healing, humane direction that will not only be good for doctors, but for the patients they serve. Best, Dr. Shapiro