PEDS REFLECTION SESSION 12/11/17

Kelley Butler

Kelley, you wrote a powerful and beautiful poem about fear. Your skillful use of language made fear a visceral experience for your audience, rather than an abstract concept. Fear became something that was "seen, heard, felt." The repetition of the line "Fear is among us" was disturbingly effective. Indeed, it began to feel as though fear was indeed among us. I realized how saturated with fear (and other emotions) a hospital really is. The walls are coated with fear, the air is heavy with fear, the bedsheets are soaked in fear. And as you pointed out, it is not only parents and kids who are afraid, but medical students, and sometimes doctors and nurses as well. Or alternatively, as you also noted, the medical team becomes impatient, irritated, or resentful of parents' fears because they seem illogical and unnecessary.

As we discussed, the question becomes, what to do with so much fear? In my view, it is the physician's responsibility to become familiar enough with fear, in parents, patients, and oneself, so as not to be overwhelmed by it, or react instinctively to it (trigger fight or flight type responses). Your job as a physician, I think, is to recognize but not judge fear; and learn how to be brave enough to contain the fear of parents and patients (and yourself). By acknowledging fear, rather than suppressing, ignoring, or dismissing it, we can find a proper place for it, accepting its presence without allowing it to dominate the interactions.

I really found this work insightful and illuminating Kelley. It brought to prominence a subtext of healthcare, especially pediatric healthcare, that is rarely overtly acknowledged, but that drives a lot of parental and sometimes physician behavior. Thank you for such a great piece of writing. Dr. Shapiro

Edsel Abud

Dear Edsel, thank you for sharing your unique experience as a parent on Peds. You did an excellent job of delineating both the disadvantages and advantages. For you, as a parent, a sick kid is not a theoretical concept, but an ever-present frightening possibility. Whenever you see an ill little one, you can think, there but for the grace of God goes my child. This can easily lead to over-identification with the patient. On the other hand, as you pointed out, simply by saying the words "I'm a parent too" it becomes much easier to establish trust. I thought you led an insightful conversation about how these conversations are not really about being a parent, but about showing that *because you are a parent,* you can understand their fear, demandingness, need to control, helplessness, guilt etc. in a way that a non-parent may have more difficulty with. you can understand their fear, demandingness, need to control, helplessness etc. in a way that a non-parent may have more difficulty with. You articulated very well how being a parent can be a "tool for good" on the Pediatric clerkship. Thank you for these insights. Best, Dr. Shapiro

Stephanie Morley, Katie Lunny

Dear Katie and Stephanie, thank you for raising the very difficult issue of child neglect and abuse, through your poster examining drug-addicted newborns. As you expressed so well, these are challenging situations. Although we have legal and institutional guidelines for how to handle them, these do not resolve our moral and ethical struggles completely. As we discussed in class, these cases involve innocent suffering, sometimes with long-term consequences, that result from actions by the mother. Stephanie, I believe you said that seeing these little ones hurts your heart, and it is easy to understand why. It is hard not to judge, but as you both pointed out (albeit coming from somewhat different perspectives), we can never walk in the shoes of another, and drug use is less usefully thought of as a choice than as a consequence of multiple life stressors, experiences, history and lack of coping resources. I very much liked your introduction of the philosophy of harm reduction, which does not emphasize blame so much as deciding on a course that maximizes the good and minimizes the harm for all involved. .

Your poster was filled with valuable information about NAS symptoms, as well as criteria (such as type of drug, pattern of past use, behavior toward infant in hospital, and resources for care post-hospitalization), used in determining whether the mother is able to care for her infant. This assessment does not have to be about blame and shame, but rather, as per above, focusing on harm reduction. As your poster notes, keeping families together is an important guiding principle, except in clear-cut instances of abuse. Referral to the foster care system, while sometimes necessary, often results as you document in emotional and psychological harm. Unfortunately, what is often lacking is an adequate system of education, resources, and support to fill the gap between discharge to home and discharge to foster care. Another important point you made is that prevention targeting at-risk mothers would be a much more humane and effective approach. Again, unfortunately, this requires an investment of societal commitment to a neglected and stigmatized population.

Thank you so much for your honest reflections and for the challenges your thoughtful project posed. Best, Dr. Shapiro

<u>William Minteer, Gabriella Marvizi</u>

Thank you for your poetic reflection, Will and Gabriella. The often light-hearted tone and rhyme scheme balanced out the ultimate seriousness of its message.

The poem raised many important issues which led to a fruitful class discussion: 1) how to deal with rejection or skepticism from a patient because of your medical student status 2) how to deal with a very scared (and therefore very demanding) parent who has superficial knowledge which she feels supersedes that of the medical team 3) what happens when a physician is pressured into ordering unnecessary tests, imaging, and procedures.

One of the best points you made is that while the team succeeded in diagnosing the patient's Mittelschmertz, they failed in allaying the mother's fears. The mom's insistent mantra overpowered the team's ability to see, hear, and validate her without allowing her fears to run the show. As you so wisely conclude, you learned something important about how illness affects not only the patient, but ripples out to suck so many others into its sphere of influence. You also learned that especially in

Peds, but often in many other specialties, developing skills to interact compassionately and effectively with families is a critical part of clinical medicine. Thanks so much for the poem and the thoughts behind it. Best, Dr. Shapiro

<u>Nam Thai, Luke Yu, Winston Vuong, Emily Barber, Monica Lee</u>

Dear Team Haiku, thanks so much for attempting this centuries-old art form, brought to perfection by the Japanese master Basho. I very much liked your overall conceptualization of encapsulating the entire developmental spectrum from newborn to adolescent in 5 concise haiku. Nam, you not only followed the prescribed 5/7/5 syllable line arrangement, but added an ear-pleasing rhyme scheme. I also appreciated your point that the evident fragility of the newborn is complemented by surprising resilience and strength. The infant haiku captured the astonishing rate of development that occurs between birth and two. As you said so well, Monica, so many adventures, so much learning, and lots of memories made (and photos!). Luke, you came up with a great phrase for the next phase – "joining the world." This is a really good description of this phase of development, which as you point out also includes the beginnings of self-awareness and self-expression. The next haiku continues the theme of adventure, and recognizes the elements of independence and autonomy. Emily, your first line also captures some of the poignancy that parents begin to feel around this age as they see their children approaching the end of childhood. Finally, Winston, you caught in three simple lines the essential isolation and alienation so characteristic of the teen years.

Overall, each haiku contributed to a very recognizable and surprisingly moving summary of pediatric development. I enjoyed reading them, and felt I had revisited the childhoods of my kids and grandkids at the end. All best, Dr. Shapiro

<u>Alexander Anshus, Michael Louthan, Pejman Majd, Nadia Zuabi</u>

Dear Team Aiden, thank you for your thoughtful account of this 5 year old's hospital stay. You showed well, both through language and through Nadia's compelling sketch, how Aiden's natural ebullience was smothered by illness and, in your phrase "imprisonment to a hospital room." I think here you acknowledge that not only is it the debilitation and pain of illness that are oppressive, but the very environments we've constructed in which to conduct healing. It was inspiring to hear how the medical team mobilized not only to treat his lung abscess but his overall misery. I was impressed that you mobilized different coping strategies for Aiden, both ones to distract him from his difficult present and others that explained his situation in ways that made it less strange and scary. I loved the line, "we were not only treating his lung abscess, but also his fearfulness…" This is a perfect example of holistic medicine that treats both body and soul.

Your general conclusion that sick kids are an especially vulnerable population and need doctors who will advocate for them on all levels, physical, emotional, and spiritual is well-presented. I also agree with your insight that third year medical students are particularly well-positioned to emphasize this approach to care. This was captured beautifully in Nadia's sketch, in which little Aiden, despite the fear in his eyes, had become "part" of the medical team through wearing the caduceus and the stethoscope.

Finally, I really appreciated your point as well that such medical care should not be the exclusive province of pediatric patients. Adult patients could benefit from such comprehensive attention as well.

Altogether, a thoughtful and perceptive "multi-media" project. Thank you! Dr. Shapiro