

PEDS REFLECTION SESSION 5/18/20

Ekaterina Tiourin, Kayla White

Thank you for presenting this case about what is in the best interests of an infant born addicted to a substance-abusing mother. As you realized, this is far from a straightforward situation and contains many ethical dilemmas, which you identified very well. First is the issue of criminalization of substance abuse in pregnant women. This issue is complex, and I appreciated the way you carefully analyzed the pros and cons, as well as presenting data on outcomes. As you concluded, most healthcare providers have concluded that criminalization with the threat of prosecution simply drives women in need of healthcare underground, thus depriving them and their future infants of much-needed monitoring and intervention. The second issue, also complicated, is removal of an infant or child from the home in instances of ongoing substance use resulting in a negligent, unsafe, or abusive environment. Here too I appreciated the way you punctured the convenient platitudes. Too often I see removal considered as a neat solution to inadequate and perhaps dangerous parenting. But as you pointed out with both compassion and nuance, foster care brings its own sets of problems. I especially appreciated that you realized that substance abuse is not a simple matter of free choice, but is strongly influenced by powerful structural and societal forces, and that racism, as well as race, is often implicated in the way women who are using drugs are treated.

In the end, my view is that each situation needs to be judged carefully on its merits and risks. The choices would be easier if as a society we were willing to invest in the foster care system (which is woefully underfunded) and in effective drug rehabilitation programs (which currently are dominated by for-profit often questionable options with little documented benefit). Importantly, whatever decision is made it is an easy out to demonize the mother as unfit or inadequate. When we make these simplistic judgments, we feel better about the decision to remove a child. Even when this is the least-bad choice (and often it is), we should at least be honest that mother, child, foster-mom, pediatrician, social worker etc. are all caught up in webs of inequity and injustice that must be changed before we can from a moral perspective offer real hope and the promise of a better future to these kids.

A really excellent, well-researched and well-considered project. I particularly liked the way you engaged your classmates in wrestling with these ethical quandaries. Best, Dr. Shapiro

Vincent Delgado, Monica Trent, Christen Chalmers, Arya Nikjoo

Dear HEADSS team, I really enjoyed your poem about the HEADSS exam. Your portrayal of this girl was really heartbreaking – her feelings of being “scared and alone,” of having “no one to trust” sadly represents the feelings of too many teens. The last line in which she confesses to have “bought a new knife” is chilling. Vincent, I thought you asked exactly the right question – once you can retreat to the safety of the attending and the protocols for addressing lack of safety and suicidal ideation things feel in relative control. But sitting opposite a kid who says she feels unsafe in her environment, or that she is thinking of killing herself can be overwhelming, paralyzing. As you voiced, what do you say? How do you act? If you do not have the cognitive and emotional capacity to quickly pivot from routine to the unexpected, you run the risk of doing unintended damage to your patient by responding with insensitivity or judgment.

Monica, you made the wise and humane observation that for every patient and family member (and I might add, for every doctor, nurse, and medical student) there is always more “below the surface.” Patients and their families are always carrying burdens and fears we can only imperfectly understand, or perhaps do not even know about. This awareness reminds us to lead with empathy and compassion, and to avoid seeing people as merely diagnoses to be solved.

Arya, your insight that it is often the people we least expect to be struggling who in fact are is profound. You reminded us to avoid making assumptions about who is doing well and who isn't, who has good support and who doesn't. Far too often, our assumptions are wrong.

Christen, there is a lot of hope in your comment that, although initially difficult, the more you practice the HEADSS exam, the more comfortable you become. What this suggests is that, if you have the courage to hang in with uncomfortable situations, and to accept that you will not get it perfect right away, there are great opportunities for learning and growth.

Above all, your project emphasized the importance of not allowing your own unsettled emotions to dominate an interaction that takes an unexpected and distressing turn. By knowing how to calm yourself and keep the focus on the patient, you can create a safe, normalizing, nonjudgmental atmosphere that will encourage the patient to keep sharing and begin to look for solutions. Your poem led us into new ways of thinking about a standard part of the Peds encounter. Well done! Dr. Shapiro

Logan Grimaud, Diane Rhee, Dillon Cheung

Diane, I love that you have turned to classic poets like Whitman and Frost (“road not taken” has a whole new resonance, right?; as does Song of Myself ☺ - how important it is to realize that we, indeed, contain multitudes!). In any case, glad your team stuck with poetry ☺

And what a fine poem it turned out to be! As Dr. Murata said, I too liked the sonorous repetition of she is well/he is well/you are well. The rhythm and simplicity of these lines made them surprisingly consoling. Logan, you did a great job of defining the topic and establishing its importance: the anxiety parents often feel about the wellbeing of their offspring and the role a sensitive pediatrician can play in providing appropriate reassurance and support. The poem itself deftly captured both the parents' emotional upset and the physician's supportive presence.

Dillon you made a very interesting point about the poem that hadn't occurred to me. I imagined it expressed the voice of the worried parent, juxtaposed with the reassuring chorus of the doctor. You pointed out that often the inexperienced medical student shares those parental concerns. *Could this preoccupation with the ball be autism? Is this kid's lassitude a sign of leukemia?* This was an excellent insight because it illustrates the student's position midway between parent and expert, able to understand the perspectives of each.

Diane, I thought your final comment about how beautiful it is to comfort and soothe distressed parents was a wonderful frame on this interaction between parents and doctors. It reminded me that there is indeed an aesthetic, as well as a medical (and moral), dimension to patient care; that, indeed, by reducing the family's stress, the physician creates a moment of “beauty” in the exam room. This comment was a lovely way of circling back to the poetic form that framed your project. Best, Dr. Shapiro

Rachael Abraham, Ryan Ripperdan, Yvonne Lu, Tiffany Chao, Andrew Dolinko

Dear Team Storytellers, thank you so much for grounding the horrifying COVID-19 statistics we read each day in the personal stories of lives affected. This is (one) difference between epidemiologists and physicians – you are immersed in the individual and particular while, hopefully not losing sight of the larger structural picture. I also very much appreciated the problem/solution format you chose to present these stories. Of course, to these kinds of problems, there are no simple straightforward solutions; nevertheless, one important function of the physician is to offer succor when the patient cries out for help, and in each instance each of you accomplished this.

Rachael, I thought your story of the 11 year old with ADHD and ODD crystallized the feelings of frustration, helplessness, even rage that more than a few people are experiencing as the consequences of the incompetence and mismanagement of this pandemic become daily more apparent. You had important insights about the importance of routine (for anyone safer at home, but especially for a kid with behavioral and impulse struggles); and rewarding positive behaviors. Clarifying that restarting his medications could also help with his aggressive tendencies was also important education for both mom and child.

Ryan, I was impressed with the way you and your attending handled the history of missed appointments and vaccinations. This lack of follow through can be very frustrating to physicians, who often blame or punish the patient/parent without further probing. On the contrary, you recognized common ground (i.e., that both the medical team and the parents were coming from a place of concern for the baby's wellbeing); you validated the parents' fears rather than dismissing them; you conveyed the importance of routine healthcare, especially in these times; and helped the parents to develop a more realistic risk assessment. This was a great example of how, from a single encounter, you could build a generalizable model for responding to parental anxieties that was respectful, supportive, and clarifying.

Tiffany, your example of weight gain in an 8 year old boy illustrated how the pandemic exacerbates existing trends of childhood obesity. This awareness is potentially useful because it can make patients and families feel that they're not alone, that many others are struggling with the same issues. Your approach to find home-based solutions to encourage activity was innovative and creative. I also appreciated your recognizing that quarantine can have a psychological/emotional impact as well as a physical one.

Andrew, like the other cases your team highlighted, you addressed how best to deal with legitimate parental fears of their child contracting COVID-19 in the hospital. Your solution emphasized transparency and honesty, while also providing insight to help the father understand that the hospital had plans in place to mitigate exposure and therefore risk. It was also perceptive of you to realize that, previously, the father had connected with his little girl through activity; and now that her physical options were limited because of pain, how important it would be for him to remain engaged with her through other pursuits, such as art or board games.

Yvonne, you offered us an excellent physician role model who routinely asks her patients and their parents how they're coping in the midst of this pandemic. Things are not normal, and simply pretending that they are only isolates people's feelings of fear and helplessness. You made the valuable point that, while everyone is struggling, kids, who have less power to begin with, may feel

even more out of control than grown-ups. As you skillfully observed, it is especially important in these times to assess living situations (is everyone crowded into a single room 24/7?; is there enough food?; is there risk of violence or abuse?) as well as children's emotional states. With no social contact, on-line school (at best), and cooped up inside, children's psyches can really suffer.

These 5 stories helped us all remember the human dimension of COVID-19. Even for those not affected, the disease is affecting every aspect of every life. While physicians cannot repair all the ripples from the pandemic, they can bear witness with its reach and demonstrate their solidarity with their suffering patients.

Best, Dr. Shapiro