## PEDS REFLECTION SESSION 9/16/19

## Alejandro Avina, Kaavya Cherukuri, Ka Lo, Gabriela Meckler, Kaajal Visnagra

Dear Team Pain, you all did a wonderful job of presenting and probing a difficult topic in a thoughtful and nuanced way. I confess I had never thought about iatrogenic opioid addiction in an 11 year old, and it is pretty shocking that we have to. The whole situation was distressing and troubling.

Yet rather than cast blame, you looked for solutions, for the path not taken that should have been; and probed the emotional and systemic factors that contributed to these wrong turns. In addition, you clearsightedly contemplated patient and family dynamics that entered into the mix, as well as issues of race/ethnicity and educational background that also may have been implicated.

You further highlighted the delicate balance between avoiding stigma and avoiding honesty. My own view is that the opioid epidemic has been fueled by silence and ignoring, and a frank assessment of this child's situation (including acknowledgment of the medical community's culpability in fostering her addiction) might benefit everyone. Unless we can speak truth to one another, it is hard to make real change.

To me, sending the patient home on oral dilaudid posed several risks, and may in part have been a reflection of attendings' exasperation, helplessness, and even indirect guilt. Such feelings are entirely understandable but do the patient no good. Rather, acknowledging what is, is perhaps the better way forward, with a willingness to call out what needs to be called out but without judgment. Witnessing the patient's pain, the mother's desperation, the parent-child conflict, and the medical establishment's responsibility might be a good starting point. Your presentation made all this complexity very evident. Your questions also generated a rich and vibrant discussion. Well done! Dr. Shapiro

## Amanda Nguyen and Danielle Zezoff

What a beautiful project, Amanda and Danielle! The photographs are original, creative, and in perfect harmony with the haiku. I loved that they were all taken at a playground, in many ways the symbolic center of a child's world. The haiku themselves were lovely, effectively capturing different moods: the frustration and pain of knowing there are "some holes we can't mend"; the commitment to taking one's cues from the patient "their strength is our guide"; the belief required to "trust that they will not fail;" and finally the determination to lead the way to find "sunshine today." These verses show the resilience of both patients and the unnamed students/doctors who care for them. Best, Dr Shapiro

## Emily Frisch, Ava Runge, Andrea Dinicu

My apologies for arriving late, but I think I got the main points of your presentation (thanks for recapping). FFT is, as you described so well, an extremely sensitive diagnosis for parents and team.

Potential issues of neglect and abuse must be considered yet, as you also noted, there can certainly be less incriminating explanations. I was so impressed by how the team handled the situation, the decisions they made and the steps they took. You all seemed to find the right balance between thorough assessment (including close involvement of social work, the 24 hr sitter, close follow-up) and not alienating mom. As one of your classmates put it so well, "Mom was not in the driver's seat, but she was still in the car." The inclusive, nonjudgmental way in which mom was kept involved was great modeling for everyone. Your presentation highlighted the numerous ethical issues implicated while providing excellent education about the barriers to information and access that can result in FFT. The well-organized manner in which you developed the clinical scenario step by step successfully engaged your classmates in an animated discussion of various paths forward and decision points. How wonderful that in this case baby did well and could be discharged to home. It's great when there is a happy outcome. Even better is knowing that, in a delicate situation, a thoughtful, nonjudgmental approach can ensure that physicians and family continue to work together. Thank you for sharing, Dr. Shapiro