PEDS REFLECTION SESSION 9/18/17

<u>Shella Raja, Jodie Raffi, Priya Patel</u>

Dear Shella, Jodie, and Priya, I liked the format you chose of a roleplay. It was very involving, and engaged your classmates in an active discussion that generated lots of ideas and reactions. Your scenario highlighted two different although related issues: a) what are mandatory reporting laws for sex with a minor; and who is a mandated reporter? b) how can a medical student address a situation in which an attending (their superior) makes a bad call/wrong decision? Your presentation and the research you did provided valuable information about mandatory reporting. It also illuminated many possible paths for confronting poor decisions on the part of higher-ups and helped your classmates realize that they have more options available to them than simply "doing nothing." Finally, the discussion of the possible motivations of the attending in declining to pursue reporting helped remind your classmates that these types of errors, though easy to detect in others, can happen to any of us due to burn-out, cynicism, and the pressures of hospital policies and guidelines. I was especially struck by the way you showed that the attending kept trying to define the sexual encounter as "not pertinent," and the resident's desire to "not rock the boat." These cognitive fallacies are all too easy to adopt. Thank you so much for a troubling and thought-provoking project. Dr. Shapiro

<u>Megan Bernstein, Mackenzie Cater, Mariana Gomez, Eva Martinez</u>

What an excellent execution of a Nutrition education project! Every aspect was innovative and creative from the title ("Nutrition Nibbles" – cute and nonthreatening) to the colorful and aesthetically pleasing design and the different levels of information provided (recipes, food pantries, reading labels, judging portion size, and interpreting servings). I especially liked the specificity of the information you provided, so different from the generic "more fruits and vegetables" that we so often hear in clinic. You completely fulfilled your goal, as Mackenzie put it, of creating "actually actionable items." I also really appreciated that you took into consideration the life circumstances of your patients. Mariana, your point about patients lacking refrigeration or ovens was heartbreaking but unfortunately sometimes very true. Unless physicians can respectfully learn about the living conditions their patients contend with, they will never truly be able to help them. Sometimes, that help can be problem-solving in nature – offering resources, coming up with innovative solutions. Other times, it is simply witnessing their struggles and admiring their resilience. You took a fairly mundane albeit important topic and dug deep in a way that can truly make a difference in patients' lives. I hope you encourage the Nutrition group under Dr. Taylor's guidance to continue this important approach. Best, Dr. Shapiro

<u>Chris Gabriel, Nathan Calixto</u>

Dear Chris and Nathan, this is truly a case where words are inadequate. Your beautiful rendition of Clapton's "Tears in Heaven" (as well as sharing the poignant backstory) expressed everything and more that we were feeling. End of life is often sad, sometimes heartbreaking; the end of a child's life is almost unbearable. In such cases, words fail us. But presence does not have to fail. Your music

resonated deeply in all our hearts and reminded us that, even when cure is impossible, healing is always available to everyone. Thank you. Dr. Shapiro

<u>John Jiao</u>

Dear John, I think this is the first time in more than 10 years we have had a presentation on medical tourism. It is an important topic and I'm glad you addressed it. Thank you also for humanizing the issues involved by sharing something of your own background and why the suffering of these patients reverberated so strongly with you. I was particularly touched when you said, "Because of language and cultural barriers, patients often cannot communicate their symptoms… or their anguish." Yes indeed, these patients and their families are often desperate, and particularly isolated and disoriented. As I mentioned in close, sometimes staff tend to be judgmental toward these families, assuming they are incredibly wealthy (sometimes true, often not), demanding, and having unrealistic expectations. Your concluding empathy exercise – "imagine you were in a foreign country, with a seriously ill loved one, unable to speak the language, living in a hotel…" – was an excellent way to help your classmates climb into the shoes of these families. Seen through the family members' eyes, they are simply desperate to save their loved one. As you concluded, more empathy, and more efforts at understanding is what these patients and their families deserve. Thank you for such an empathic and eye-opening presentation. Best, Dr. Shapiro

<u>Bobby Hateley</u>

Hi Bobby, nice to see you today, and to see that your interest in the ethical quandaries in medicine continues. Thank you for raising the issue of end-of-life in pediatric patients. It is such a painful topic to contemplate that often it does not get the attention and discussion it deserves, even among physicians who have to grapple with it on a regular basis. I was glad to learn that you had such excellent role models in the members of your team. Discussion often leads to greater clarity because it offers the opportunity to bring up – and resolve – multiple perspectives. Even when perfect resolution is not possible, it is valuable to know that all key stakeholders – notably parents, but also different specialists, nursing staff, social worker etc. – have weighed in and done their best to untangle the murky conflicts.

One question I heard you wrestling with on a very personal level was the perennial "Just because we can, should we?" Medicine has so much technology at its disposal that often life can be prolonged almost indefinitely. This raises the question of quality of life; but this is not always easy to resolve either. The child you described seemed to have a very poor quality of life that included considerable discomfort and pain. Yet I have often heard parents defend a similar quality of life as having meaning and value. One wonders – is the value to their child, or to them? These are very hard, perhaps impossible to fully answer. In one case, the answer may fall on the side of discontinuing certain treatments or not pursuing others; in another case, the ultimate decision may be more aggressive.

As we discussed, both parents and doctors may have trouble letting go; sometimes they have trouble going on. Often when the parents want to continue, the doctors feel it is time to let go. Occasionally the reverse can be true. We are all just humans confronted with something (the possible death of a

child) that just feels wrong. All we can do is try to sort it out the best we can, consulting the best medical, spiritual, and psychological wisdom available. Your project took a big step toward helping all of us do so. Thanks for tackling this difficult topic with such honesty and thoughtful analysis. Best, Dr. Shapiro