

Peds Reflection Session 8/8/2016

Austin Momii

Austin, this is a really well-written and thoughtful philosophical discourse – and short story. In a brief space, you raised many timeless questions about what we owe our fellow human beings, how we respond to the suffering of others, how we seek light in the darkness, and who are our gods in a secular age. You also wrestle with Kierkegaardian questions of being and nothingness, and what defines humanity. On a more prosaic level, you touch on issues of doctor-patient relationship, pain management, physician burn-out, expenditure of resources, and end of life concerns. In my read, from an existential perspective, you showed us different choices. In a world with no externally imposed meaning, we can choose material self-interest and indifference, even cruelty toward others, as does the resident. But we can also opt for humane concern for our fellow suffering human beings, an effort to bring some light (albeit “artificial”) into their darkness. As your classmate pointed out, the story provokes additional questions about the price such caring can exact. All very deep, perceptive, and nuanced. You are a thinking physician (to be), with the capacity to place your profession within a larger context of key ethical issues. You made us all pause and reflect with this one. Thank you!

Yash Rusconi-Rodriguez

Thank you for sharing this deeply troubling story, Yash. There is often a tension between the medical student’s/resident’s learning and the optimal care of the patient. When it cannot be resolved to the benefit of both, it must ALWAYS be settled in favor of the patient. This intern crossed a line and did not even seem aware of it. His response indicated where, at least in that moment, his priorities lay.

The response of the room was also instructive. Anxious laughter? I get it, but is that enough. Even the attending, who clearly recognized the inappropriateness of this action, relied on external shaming (you’d better hope you aren’t caught) rather than focusing on the moral implications of this choice. As is too often the case, it is the third year medical student who wrestles with the ethics of this encounter. I would have liked to have heard the “informed consent” process in which the parents were bamboozled into agreeing to a painful and unnecessary procedure.

Your analysis is astute and empathic. This was an easy call for the intern because he was not even thinking about the parents’ or patient’s perspective. He was focused on his own learning. That is not inappropriate, of course, but when it occurs at the expense of those who have put their trust in you (as you insightfully observed) it has become a moral wrong.

Lester Tsai, Garwin Chin, Nabeel Wahid

Lester, Garwin, and Nabeel, you put together an outstanding project! You posed a provocative and troubling question – is childhood morbid obesity an instance of child neglect? I appreciated the way you skillfully “unpacked” this apparently straightforward question, pulling in definitional terms as well as racial/ethnic, cultural, and class issues that might be pertinent in reaching an answer. You stimulated an engaged and extremely thoughtful discussion through the well-formulated questions

you asked; and the pace of the information you doled out. The progressive nature of the presentation – proceeding from decisions about neglect to issues of intervention – also illustrated well for your classmates how answering earlier questions one way would lead to other problems down the road.

Although medical training prepares its practitioners to deliver pharmaceutical or surgical treatments, the foundation of good doctoring is always relationship. This is a moral proposition, but also a pragmatic one. A patient who doesn't trust you simply is much less likely to follow your advice; and the tools you have to "coerce" patients are pretty blunt. Sometimes (as in cases of child abuse) you have no choice but to involve the legal system; but in less extreme cases the physician must do the hard work of building connection. Yet viewed from a certain angle, this can be seen not as a burden but as a human privilege; or at least an intriguing challenge. There is no easy solution to the problem of childhood obesity. As you skillfully led your classmates to see, approaches that reaffirm the mother's central role, seek common ground, avoid judgment but are tenacious about problem-solving, utilize community resources, and empower the patient herself can all lead to (slow but real) progress.

Because children are so innocent and vulnerable, most of us have a very understandable impulse to jump in and "save" them. Sometimes this is indeed the "right" course of action. In other circumstances, we must carefully consider what the outcomes of this impetuous reaction might be.

You created a great project that pushed your classmates to wrestle with the complexity of childhood obesity, and recognize that while the problem appears downstream as an interaction between one parent and one doctor, in fact it is the result of large societal forces that are not easily changed. This does not mean we should not try – far from it – only that we should be careful not to lay blame where it falls most easily – on struggling parents – while overlooking the role played by race, class, and unfettered economic motives.

Aashay Vyas

Dear Aashay, first, I commend you for taking a plunge into poetry, and into a rare and intriguing style (tonka). It says something good about your character that you used this exercise to learn and grow!

The poem itself was actually quite well-crafted, followed all the structural rules, and also conformed to the idea that "tonka are written about...strong emotions" (I can google too 😊). Most importantly, it conveyed a simple yet profoundly moving idea, i.e., that children who are allowed to dream can grow into adults who turn around to help the dreams of other children remain possible. In this era of "Dreamers," I couldn't help but relate your poem to so many young people whose dreams have been quashed as the result of short-sighted politics.

I also found your habit of judging yourself by the standards of your "kid self" to be pretty wise. As you said, kids' goals have a certain purity and innocence that can become easily corrupted by life. How would little Aashay view the Aashay of today? Actually, I think he'd be pretty impressed! Satay the course, my friend, and keep writing a tonka every once in a while 😊 Dr. Shapiro

Lauren Shreve, Leenoy Hendizadeh, Anna-Marie Hosking

Thank you for a really interesting project, insightfully observed in both the visual and haiku representation. You were sensitive to this young man's dilemma, recognizing that because of gaps in the social support structure, the acute care hospital becomes a kind of inadvertent prison. The poem captured very well his loneliness, hopelessness, the sense that he is living in suspended animation. The sketch was full of poignant touches – the calendar on the wall, the empty chair, the barred windows separating him from the sun and growing things. Very poignant!

You also facilitated a valuable and interesting conversation with your classmates about what is the moral response to such a mismatch. As we noted, some doctors resent a situation where their medical training is not appropriately utilized ("I'm not a social worker"). Other doctors (and nurses) see it differently – they see suffering, and alienation, and fear and they step in to help, usually in small, seemingly inconsequential ways. Somehow their actions matter, and reduce just a bit the distress of the patient. In my view, it is better to stay present in these awkward, unfair circumstances and do what you can, rather than turning away, saying in effect "not my job."

I also wanted to compliment the three of you for your really thoughtful and humane comments in class. In response to several of the cases presented, you offered nuanced insights that acknowledged the complexity of medicine. In fact, although no doctor signed up to be a social worker, it does grave injustice to patients to ignore the larger class, racial, and cultural contexts in which health and illness occur. You all recognized this consistently, and your comments restored my faith in the future of medicine ☺ Best, Dr. Shapiro

Donghui Wei

Dear Don, this was a really creative and symbolic project. The tree with its leaves of cancers in various stages represented both life and all that threatens life. The circular carve-out overlay was a brilliant way of bringing unpredictability and change to the static nature of the art. I noticed several students playing with the overlay paper to reveal or conceal different parts of the tree. I did the same, and it was a powerful experience to discover only part (or nothing at all), yet knowing that evil "lurked beneath."

I was uncomfortably struck by the annoyance the doctors displayed (perhaps only in each other's company) regarding the persistent mother. To their credit, when the serious diagnosis was finally made, they also acknowledged their guilt. As we discussed during the session, it is very hard for everyone – patients, family, AND doctors – to tolerate uncertainty. Everyone wants answers, and it is easy to engage in unproductive processes of blame – "Mom is obsessive," "These doctors don't know what they're doing." As one of your classmates shared, it is always wise to hold open the possibility that the parent may sense something the doctors have not yet detected. In any case, there is never an excuse to treat patients fears or concerns with anything less than respect and patience. This does not mean that you have to agree with them, but simply listen to them.

An exceptionally well done and thought-provoking project. Best, Dr. Shapiro

Carolyn Fall, Daniel Conti

Dear Daniel and Carolyn, this was a lovely poem, that raised some really interesting issues. I agree with you that one of the attractions of Peds for many students is the sense of innocence and purity that every infant embodies: limitless potential! And as you phrased it so beautifully, the pediatrician (as well as of course parents, family, community, and society) is the “defender” of that kid’s entire future life, to make some contribution to their being, as the last line says, “a good one”. What a moving, beautiful thought.

I also appreciated the complexity of your poetic meditation in the sense it acknowledged that some of those futures will be “fractured” for reasons beyond the doctor’s (or medical student’s) control; and that even with the best of starts, some of those adorable babies will go on to keep secrets, break promises, inflict suffering. In a similar vein, Daniel, your recognition that the potential of some infants is severely compromised, even destroyed, right at the start, which is what makes Peds particularly tragic at times.

Your presentation was funny, empathic, and thought-provoking. This was a very well done project. Dr. Shapiro p.s. The babies you chose to illustrate your poem were simply too darn cute!