When I see children fall ill: A Doctor's Torment

...perspectives of a paediatric emergency physician and soon to be first-time mother...

By Dr Angelina Ang

I have always wanted to be a paediatrician. The paediatric wards always seemed to be more cheerful and lively compared to the adult wards. "Playing" with the children and babies in the paediatric wards was one of the most enjoyable aspects of paediatric posting when I was a medical student. It was during the years of rigorous training as a house officer and paediatric medicine trainee that I was to see the diseases and suffering which some unfortunate kids encounter as part of our frail humanity.

As a house officer, I watched helplessly during night duty as a leukaemic child bled to death from uncontrollable hemetemesis. Earlier on, he had another relapse and was to be given palliative care. However, the pints of platelet and FFP transfusions were in vain. I sat with him and his family, and held his hands and cried, as he turned pale and then slipped into an unconsciousness which was to be the end of his physical suffering.

Another time, a boy was admitted initially for headache and fever. His parents were rightfully anxious, perhaps a little F.O.N. That was added stress on the medical team, because the local version of "Murphy's Law" states that "The more 'kiasu' and 'F.O.N' you are, the worse things will turn out to be." True enough, his lumbar puncture showed a bloody tap which was hardly diagnostic, and when we had to repeat it a few days later, he developed cerebral edema. I lost sleep over him, cried for him and prayed for his recovery as I gave him his IV's while he was in a coma. The meningitis really took its toll on the boy. He became neurologically devastated after a stormy course in the paediatric intensive care unit.

I remember, also, the teenage girl with Thalassaemia Major, complicated by autoimmune haemolytic anaemia. The medical team had known her well since her early childhood. Her transfusions were so frequent that she "ran out of veins". One night, she was crying because she felt like a pin cushion. Various doctors had tried getting an intravenous line for her transfusion, without success. Eventually, the nursing sister managed to find a vein on her little finger. I muttered a prayer, took a deep breath and inserted the venula. That night, she had her transfusion through the vein in her little finger.

There was to be many more of such real life stories of pain and suffering, and many more occasions when I shed tears for my young patients and their families as I went through paediatric medicine and neonatology postings. It is most difficult when you have come to know them as friends. It is difficult when you have celebrated one Christmas in the wards with them, and the next Christmas, they are no longer around. It is difficult when you have to attend the funeral of a young leukaemic child.

Perhaps, because it was emotionally draining, I subconsciously coped by developing a "professional get-used-to-it" attitude. I thought that doing emergency medicine would be a good escape from such emotional turmoil. "Less long-term relationships with the patients," I thought.

However, this was not to be so. Children with life-threatening acute and chronic illnesses, and major injuries came through the doors of the Children's Emergency on a daily basis. Even doctors' kids came through for various acute illnesses and injuries.

It gets rather stressful seeing doctors' kids. You want to be extra careful in order not to miss any serious diagnosis. The parents, being medical people, will be anxious to "exclude major illness". Sometimes, the parents will worry you by contributing medically significant terms in their medical history like "projectile vomiting", "delirious" and "poor feeding". There is a tendency to read too much into such symptoms, over-investigate, and over-treat simply because these are doctors' kids.

The toddler of a general surgeon received a CT scan head for falling off a high chair. The child was perfectly well and alert, and I would normally have recommended just close observation.

An abdominal ultrasound was specially arranged for a doctor's child who developed abdominal pain and pale stools without jaundice. The symptoms and signs did not tie up, but "better scan just to play safe".

A GP friend brought his child in for I&D of an "abscess" on the knee. It looked more like a small induration. There was no fever and the knee joint was definitely not involved. I decided to treat the child with "masterly inactivity" and oral antibiotics. Of course, if we imagined the worst, the worst could really happen. The little girl could have gone on to develop cellulitis and septic arthritis, but what are the odds? In such situations, when an objective clinical decision is to be made, I'll just have to make the decision for them, rather than to put the parents in a dilemma. I was reassured that I was on the right track when dad sent me a thank you card to say that the "abscess" resolved without complications.

Parental anxiety is made worse if the doctor's non-medical spouses or parents insist that a paediatrician's opinion be sought. "You're a gynaecologist, what do you know? Better see a paediatrician for his cough." Another doctor friend called me because his wife was concerned about a rash which had developed in

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his newborn baby. We went through the differentials over the phone, and the "bad" signs and symptoms to watch out for. We concluded that it was likely to be erythema toxicum, which is common in normal newborns. That, perhaps, was reassuring to mum and dad.

They say that when it is your own child, you lose your clinical objectivity. There is some truth in this. My GP friend paged for me frantically when her 4-month old baby developed blood-streaked stools. I had to go through the differential diagnosis with her and finally arrived at the conclusion that it was likely to be due to some anal fissures, and we would just "observe". The baby turned out fine.

Even fellow paediatricians who are parents, seek the opinions of another paediatrican for their children's ailments. Like other normal parents, parents who are doctors just need that bit of reassurance. In such situations, I tell myself to maintain objectivity and level headedness, and to use my usual clinical acumen in managing doctors' kids who are ill. The ultimate question I would ask myself would be, "What line of management would be in the best interest of the kid if this was my child?"

It is said that doctors are often the worst patients. Likewise for the relatives or the kids of doctors. We have seen the worst in many of our patients and hence fear that the worst can happen to ourselves and our loved ones too.

I have also developed a similar "paranoia". I went through this time of pregnancy with mixed feelings... rejoicing at the gift of life that has been entrusted to me, and yet worried about the hundred and one things that could go wrong. "What if the baby has a genetic abnormality?" "Better stop doing gardening in case the baby gets congenital toxoplasmosis." "Is there congenital heart defect or spina bifida on the ultrasound?" "Should we arrange for cord blood stem cell storage just in case?"

I am resolved not to entrust the care of the baby to a domestic helper after having to resuscitate a few of these infants with shaken baby syndrome when left under the care of domestic helpers. I told my husband that he should "disinfect" himself before kissing our baby when he comes home from the hospital. What if we bring back some nosocomial bug from the hospital? I am also paranoid about neonatal pyrexia and cannot imagine that my baby would have to undergo a "full septic work-up".

That sense of fear and helplessness when your loved ones fall ill is what we will all feel, even though we are doctors.

From a doctor's perspective, when I deal with my young patients, doctors' kids or not, I am motivated to be the parents' "answered prayer" when they pray that the doctor who will be attending to their child will have good clinical skills and acumen. To me, that is giving my best.

From a mother's perspective, I am reassured by the words of Jesus, who also loved children, and even managed to achieve ROSC (Return Of Spontaneous Circulation) and revived a child who was as good as dead. This is what He said: "Therefore, I tell you, do not worry about your life, what you eat or drink, or about your body... who of you by worrying can add a single hour to his life?." ■