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Pediatrics: Because We Care About the 'Little World'

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The young boy cries profusely in pain, while the parents stand frightened at the sight. Handing in a lollipop with a smile of compassion, the pediatrician calms the young boy to find out where truly the problem lies. The pediatrician knows exactly what she is doing. Sure about bacterial infection, she prescribes some medicines and says farewell to the boy with a hope to see him with a big happy smile the next time they meet. This is what a pediatrician is here for, to care for the little troubles of the little ones.

Pediatrics is a branch of medicine, a specialty, which deals with the health care of infants, children and adolescents. It is a "young specialty, scarcely 200 years old" (Luecke 56). The first separate pediatrics hospital was founded in 1855 in Philadelphia. However, the father of pediatrics in the United States is considered a German pediatrician, Dr. Abraham Jacobi. In 1861, Dr. Jacobi formed pediatrics chair at New York Medical College as well as organized numerous pediatric societies, started a number of pediatric journals**,** and established children's departments in various New York hospitals.

According to the Illinois Career Information System (CIS), a pediatrician's main focus is on "preventing problems before they begin" ("Pediatricians" 1). They see the youngest patients for frequently scheduled visits—such as well-baby checks where the child's growth, weight and development are examined. Working at a hospital or a private clinic, pediatricians educate and advise about immunization, exercise, hygiene and diet. They may "order lab tests….explain test results and review treatment options." In case of serious health conditions, a pediatrician may refer the pediatric patient to a health care specialist for further treatment. Other than seeing their patients, pediatricians may "assign tasks to nurses and other health care workers, keep detailed records about each patient, and write reports for insurance companies and government agencies." Some pediatricians also choose to teach at medical schools.

As specified by the Illinois CIS, the "median wage for pediatrician is $167, 640 per year;" however, "self-employed pediatricians generally earn more than those who are not self-employed" ("Pediatricians" 1). Along with wages, pediatricians also receive job benefits like "sick leave, paid vacation, health insurance, and a retirement plan." While in the United States, the expected growth rate for pediatricians is 24.4%; in Illinois alone, "faster than average employment growth is expected through the year 2020 for pediatricians" (3). The outlook for pediatricians is promising as the demand for them is increasing with the growing population and expansion in healthcare industries.

Pediatrics has arduous education and training requirements. To work as a pediatrician, a person needs to complete four years of medical school to get a Doctor of Medicine (MD) degree or a Doctor of Osteopathic Medicine (DOM) degree ("Pediatricians" 6). After medical school, a state licensing exam needs to be passed. In Illinois, pediatricians must be licensed by the Illinois Department of Financial and Professional Regulation to practice (8). Once licensed, a residency program in pediatrics needs to be completed. This usually lasts three to four years when residents work in a hospital. In his book, *Careers in Medicine*, talking about pediatrics in general, Terence Sacks declares that there are "two hundred [and] two training programs in pediatrics involving a three-year residency" (140). During and after residency, several exams have to be taken in order to become board certified.

After the completion of residency, pediatricians can pursue fellowships in various

subspecialties that take another three years. Subspecialties include adolescent medicine, sports medicine, pediatric cardiology, pediatric critical care, pediatric endocrinology etc. For example, sports medicine only focuses on the "care of children with medical problems involving exercise and recreational competitive sports" (Sacks 141). Just like a residency, there are various training programs offered for each pediatric subspecialty. For example adolescent medicine has twenty-five training programs offered, pediatric cardiology and pediatric critical care has forty-eight, pediatric emergency medicine offers forty-three, pediatric endocrinology has sixty-two, pediatric gastroenterology has fifty-one, while neonatal and prenatal medicine offers as many as ninety-six training programs.

Many fields have been ignored by doctors as a possible subspecialty due to unawareness. More pediatricians tend to focus on the common areas of specialty and tend not to explore the rare. In the article, "The Ambulatory Pediatric Association Fellowship In Pediatric Environmental Health: A 5-Year Assessment," the authors mention that because environmental pollution plays a big role in pediatric disorders and other health problems, there is a need for more pediatricians to subspecialize in environmental health. Despite of the growing diseases with environmental origin among children like asthma, Sudden Infant Death Syndrome (SIDS) and neurodevelopmental disorder, only a few pediatricians are trained in this area. Many pediatricians even report that they "frequently encounter diseases that appear to be initiated by environmental factors, but most report discomfort and lack of information in dealing with these conditions" (Landrigan, et al. 1384). To counter this problem, the Ambulatory Pediatric Association (APA) launched a three year fellowship in Pediatric Environmental Health (PEH) in various medical schools across the country. The APA fellowship program in PEH is proving to be successful in "preparing pediatricians for leadership careers in PEH." Just like Environmental Health, there are many such areas that might need more doctors due to possibly more health problems associated with them, and therefore awareness about such areas need to be created. For example, areas like pediatric urology are also experiencing shortages and it is highly recommended that doctors consider these areas to further their training.

Not only is education and training a must but certain skills and personal characteristics may also play a big role in making someone a successful pediatrician. According to Illinois CIS, one of the most important skills required by a pediatrician is communication. It is not only essential for them to "express ideas clearly when speaking or writing," but it is even more crucial that they are able to "listen to [the patient], understand, and ask questions" ("Pediatricians" 4). Claiming that listening skills are very important, Dr. Ruth Kim, a pediatrician, adds: "Lots of times the parents give you hints and clues, but they won't come out and say what's really bothering them" (qtd. in "Pediatricians" 12). For example, they might say, "I don't understand. My child is always tired and complains of stomach aches, and won't eat dinner." It is the duty of the pediatrician to also look at the young patient's emotional health as the problem might actually be depression as "children suffer from depression more often than you might think." It is a task for a pediatrician to, through conversations, spot where the problem lies.

Additional important skills that help a pediatrician are reason and problem solving. Dr. Kim believes that in this profession "[y]ou're like a detective" (qtd. in "Pediatricians" 11). "You have to be thorough and look over the child, because they rarely possess the vocabulary to tell you what's going on." Sometimes the cause of a problem is hidden and being a doctor you need to be vigilant enough to find it and cure it. After a possible problem is diagnosed, it is then important for them to "judge the costs and benefits of a possible action" through reason ("Pediatricians" 4).

Apart from skills, an ultimate personal trait for a successful career as a pediatrician is having love and patience for children. Because this field deals with children, it is important that a pediatrician is comfortable working with them. It is important to keep in mind that children can be hyper active and stubborn, so as a pediatrician you should be ready to deal with them (Sacks 140**)**. Dr. Kim describes how she decided to specialize in pediatrics while completing her rotation in

hospital's pediatric unit: "[I discovered] that I'm pretty good with kids, personality-wise. I'm able to joke and play with them even when they're feeling pretty miserable. That's my favorite part of the job, talking and interacting with the kids, and helping them feel better" (qtd. In "Pediatricians" 11). She further adds that sometimes it may be frustrating as "you can get pooped or peed on. It can escalate to an ugly situation if you're unable to stay level-headed. It's an endurance test" (12). At the end, a pediatrician needs to demonstrate his/her patience towards the innocent children.

Though it seems promising, choosing pediatrics as a career has some negative consequences. As this field requires education and training requirements in school and beyond, it may seem exhausting. Dr. Nazjabeen Qureshi, an Attending Physician at Women & Children's Hospital of Buffalo in New York state, mentions that this field requires lifelong learning and many people are not ready for that. Dr. Ruth Kim, a pediatrician, also agrees that to become a doctor "you have to buckle down and study" (qtd. in "Pediatricians"). Not only does a person striving to become a pediatrician has to study to pass exams and enter the field but with advances in medicine, and new diseases and treatments being introduced; even a practicing pediatrician may find himself/herself in a never ending cycle of learning.

Not only is lifelong learning overwhelming but the work load is also considered a negative side of this occupation. In his book, Sacks mentions that since children are more disposed to becoming ill at any time of the day or night, a pediatrician's working schedule is tough and irregular. They generally have to work long hours, "averaging a 58.6-hour work-week, with about 65 percent of that that time spent in the office, 19 percent in the hospital, and 16 percent in surgical and other procedures" (Sacks 140). This is further testified to by Dr. Qureshi who agrees and adds that one has to especially expect exhaustion to be an unceasing element throughout residency due to the long working hours and extreme work load. Dr. Kim also adds, "Don't believe everything you see on shows like ER. Know what you are in for. There are aspects of this job that money doesn't compensate for. The hours are long, and there are heartaches," she adds (qtd. in "Pediatricians"12). The nature of the work is such that pediatricians even have to "work on weekends and nights when on call," leaving them with minimal leisure time (4).

Extreme workload imposed on pediatricians is also a reason why doctors experience a high rate of burnout cases. A physician, Dr. Diane Shannon, talks about physician burnout in her article "Why I Left Medicine: A Burnt-Out Doctor's Decision to Quit." In this article Dr. Shannon shares her experience of exhaustion while practicing that finally led her to quit from the career. She narrates:

> As an internist, working in adult outpatient clinics around Boston, I had trouble leaving my work at work. I'd go for a run and spend the entire 30 minutes wondering if I'd ordered the right diagnostic test. I suffered from chronic early morning wakening, even on my weekends off. I startled easily. I found it impossible to relax. I worried constantly that I'd make a mistake, like ordering the wrong dosage of a medication, or that a system flaw, like an abnormal lab report getting overlooked, would harm a patient. I no longer remembered the joy I'd felt when I first began medical school, and I couldn't imagine surviving life as a doctor.

Long working hours, time pressure, a fast work pace and the high level of chaos have all been linked to high rates of burnouts experienced by physicians.

Another aspect of this occupation that some people might find disturbing is cases of child abuse. Such cases are very sensitive and dealing with the children is a challenge. Dr. Kim claims that there are around five child abuse cases that she has to handle in a year. These cases are required to be reported to authorities immediately, and the young victim may have to be hospitalized ("Pediatricians"12). The children of the child abuse cases are very sensitive and a pediatrician needs

to be extra careful in trying to help them recover from what they have faced. This may be emotionally disturbing for pediatricians themselves. Nevertheless, the "joyous part is helping kids recuperate and seeing them get better" (Kim qtd. in "Pediatricians"12).

Legal decision-making has also evolved into a morally controversial topic in the field of medicine. With the "emergence of pediatric palliative care as an interdisciplinary subspecialty" comes the question of who decides for the treatment of seriously ill, chronic or end-of-life pediatric patients (Berlinger, Barfield and Fleischman 789). In the article, "Facing Persistent Challenges in Pediatric Decision-Making: New Hastings Center Guidelines" by Nancy Berlinger, Raymond Barfield and Alan R. Fleischman, published in the official journal of American Academy of Pediatrics, *Pediatrics,* the authors talk about the right of the patients and their parents to be involved while making decisions about a treatment. Since an infant or a young child might not be able to make a decision for himself/herself, it is important that parents are fully aware of the consequences of a treatment. An older child or an adolescent, on the other hand, might have preferences, fears or concerns that are significant when deciding on a treatment. Sometimes doctors "save the life of a child without sufficient regard for the profound consequences on a child's subsequent quality of life" (Berlinger, Barfield and Fleischman 789). For example, sometimes death might be preferable than a long life being paralyzed. This is a decision where the pediatric patient and the caregivers should have a say.

In order to make sure that patients make a decision in their best-interest, it is important that they should be fully informed. In his article, "When Doctors Need to Lie," featured in *The New York Times*, Dr. Sandeep Jauhar talks about yet another moral dilemma often faced by doctors: whether to inform a patient about their health condition or to lie, knowing the shock it can cause to the respective patient. Dr. Jauhar claims that "the moral basis for withholding information from such a patient is clear: Above all, physicians must do no harm" (SR.9). But is it not a harm to a patient that his right to make an informed decision for himself is being taken away? While Berlinger, Barfield and Fleischman talk in favor of patients making a decision for themselves, like Dr. Jauhar, they also acknowledge the fact that a patient "might not be able to grasp all consequences of a choice" (790). At this point a doctor might have to make the ultimate decision. Dr. Jauhar talks about his own personal experience with a patient who received a stent to open up a blocked coronary artery. After a few days, he started to bleed into his lungs. "He needed to be intubated with a breathing tube or he was going to die. However, I was informed that he had told doctors that he never wanted to be intubated," explains Dr. Jauhar (SR.9). "I didn't know the quality of the discussion he'd had with the other doctors, and I couldn't talk to him because he was nearly unconscious from lack of oxygen. So with a troubled heart I intubated him." Within few days, the patient's condition improved and the breathing tube was removed. The life of the patient was saved, but was a decision ethically and morally right? Should doctors go against a patient's will? Should they lie to the patient?

How different is it if the patient was a child and not an adult? These are debatable questions. The case of a child is different and the parent's say matters. There have been many cases of parents rejecting medical treatment due to religious beliefs. But can the parents' decision be repealed? Courts have been frequently seen ordering "life-saving blood transfusions for the children of Jehovah's Witnesses, or cancer treatment against parents' wishes" (Hall). Yet a majority of "30 states still have religious shield laws, and every state but Mississippi and West Virginia allows religious and/or philosophical exemptions for school vaccination requirements." Even The Affordable Care Act (Obamacare) demands "insurance companies to cover 'nonmedical' health care such as prayers by Christian Science practitioners." The related laws have been changing, but it all comes down to the interpretation of morals, ethics and priorities.

For those in the field, The American Academy of Pediatrics (AAP) is an American professional association for pediatricians, founded in 1930. According to its website, AAP is "an organization of 62,000 pediatricians committed to the optimal physical, mental, and social health and

well-being for all infants, children, adolescents, and young adults" (*American Academy of Pediatrics*). The annual membership fee ranges from $100 to $485, according to the pediatrician's designation and services provided. Conveniently for medical students, the annual membership fee is only $20. AAP has two journals, *Pediatrics* and *Hospital Pediatrics*. *Pediatrics* is AAP's official journal, which is "the most cited journal in the field, it is among the top 100 most-cited journals in all of science and medicine." This association also conducts a conference and exhibition annually that can be attended by non-members. AAP helps its members find a job; become part of committees, councils and sections dedicated to specifics issues; and advocate for patient's health. It also recognizes professionals who make a difference in pediatrics through AAP awards.

An interesting fact about the occupation of pediatricians is that they are not just doctors, but advocates striving for the welfare of children. In his article, "Pediatric Advocacy: Yesterday, Today, and Tomorrow," Charles Oberg explains that because "children have little political voice of their own [they have to] rely on the proxy voice of others including pediatricians to speak out on their behalf" (406). Some examples of pediatricians serving as advocates include building safe playgrounds with schools; starting reading programs with libraries; influencing law-making agencies to ban lead-based paint in homes, requiring smoke detectors in apartment buildings and also suggesting teen driving rules (*American Academy of Pediatrics)*. AAP has also been working with "government, communities and other national organizations to shape many child health and safety issues." Pediatricians are not only there to cure diseases but also to make sure that the little things that may affect the children are resolved.

When the pediatrician looks at the young little boy; back with a bright big smile, recovered from the bacterial infection that brought tears into his small, beautiful eyes; the world seems so much better. That is the beauty of this field: bringing even little differences in the lives of young children brings tranquility to the heart of a pediatrician. With a great outlook and demand, the field of pediatrics may be the right choice for the compassionate and determined individuals out there considering Pre-Medicine as a major.

Works Cited

American Academy of Pediatrics. American Academy of Pediatrics, 2014. Web. 3 Apr. 2014.

Berlinger, Nancy, Raymond Barfield, and Alan R. Fleischman. "Facing Persistent Challenges in Pediatric Decision - Making: New Hastings Center Guidelines." *Pediatrics* 132.5 (2013): 789-791. *Academic Search Complete*. Web. 4 Apr. 2014.

Hall, Harriet. "Faith Healing: Religious Freedom vs. Child Protection." *Science-Based Medicine*. Science-Based Medicine, 2013. Web. 20 Apr. 2014.

Jauhar, Sandeep. "When Doctors Need to Lie." *New York Times*, Late Edition (East Coast) ed. 23 Feb. 2014: SR.9. *ProQuest*. Web. 4 Apr. 2014.

Landrigan, Philip J., et al. "The Ambulatory Pediatric Association Fellowship in Pediatric Environmental Health: A 5-Year Assessment." *Environmental Health Perspectives* 115.10 (2007): 1383-1387. *Academic Search Complete*. Web. 15 Mar. 2014.

Luecke, Percy. "The history of pediatrics at Baylor University Medical Center." *Baylor University Medical Center Proceedings* 17.1 (2004): 56-60. *Pub Med--National Library of Medicine.* Web. 3 Apr. 2014.

Oberg, Charles. "Pediatric Advocacy: Yesterday, Today, and Tomorrow." *Pediatrics* 112.2 (2003): 406-409. *Academic Search Complete. Web*. 4 Apr. 2014.

"Pediatricians." *Illinois Career Information System*. U of Oregon, 2014. Web. 3 Feb. 2014.
Qureshi, Nazjabeen. Personal interview. 2 Apr. 2014.
Sacks, Terence. *Careers in Medicine.* New York: McGraw-Hill, 2006. Print.
Shannon, Diane. "Why I Left Medicine: A Burnt-Out Doctor's Decision to Quit." *Common Health*. Boston University, n.d. Web. 3 Apr. 2014.