Second Opinions

**Abuse charges: weapon of intimidation?**

In a society in which psychotherapists define “having parents” as the new original sin from which children must be rescued before finding salvation as adults; in which parents can be fined or jailed for failing to control their children and yet can lose custody for attempting to control them; and in which increasing numbers of under-socialized children, liberated from parental control, engage in criminal activity qualifying them to stand trial as adults; numerous appropriately concerned groups have formed to pressure legislative bodies to legally affirm the primary authority of the family in issues relating to the raising of children.

And, as predictable as it is depressing, AAP leaders, whose advocacy is narrow to the point of pathology, find this development threatening (“Advocates fear parents’ rights bills will trample child abuse laws,” July AAP News).

AAP officials are quoted as saying “...a few parents are unjustly accused of child abuse...” Now, there’s a remarkable understatement! Of the reports on nearly 3 million children alleging abuse or neglect received by state child protection agencies each year, investigation substantiates abuse in only a little over one-third (National Clearinghouse on Child Abuse and Neglect Information, http://www.calhome.org/canch).

Reporting and threatening to report to child protective services has become a common weapon of intimidation, as well as a legal maneuver, in custody proceedings. Considering the expense, acrimony and uncertainty associated with our adversarial legal system, these are very effective weapons indeed.

AAP officials also are quoted as insisting “that state and federal laws already establish legal remedies to protect parents’ rights.” Then why are so many of the adults of Wenatchee, Wash., still in prison for child abuse that never occurred, while several of their fellow citizens find themselves financially devastated by legal defense expenses? (Excellently reported in the Wall Street Journal, Sept. 29, 1995, and Dec. 15, 1996.)

Destroying the legitimate authority of parents to raise their children is not necessarily the same thing as effectively advocating the welfare of children. There are two epidemics involving child discipline in our country: “too much” and “not enough.” Any solution which does not simultaneously protect children from excessive force and parents from persecution will not adequately address the needs of children and of society.

**Return to growth and self-esteem**

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I am writing on behalf of all of those on the planet who are afflicted with the dreaded and “over diagnosed” malady of ADD/ADHD. One can say that ADD is merely a lack of self-control on the part of the child or adult. One may say that ADD is poor parenting. Or, one may say that ADD is a genetically based disorder of frontal lobe function causing those afflicted with it to be impulsive, inattentive and full of excess activity. However you address it, ADD/ADHD exists.

How do I know?

I have it. I am a pediatric resident at a prestigious program. I graduated from medical school a member of Alpha Omega Alpha and was able to achieve the top 10 percentile in boards parts I and II.

Yet, I entered my residency program as a disorganized individual who acted impulsively with decisions and could never seem to make up his mind when it came to a diagnosis. Think me poorly trained? I scored 232 on my in-service exam. I am hardly stupid! I am now taking medical leave, but I must tell you, this disorganization and impulsivity did not come from a lack of self-control, a lack of delayment of gratification, or uncontrolled immaturity.

This has been an ever-present problem that I have been able to overcome throughout my life until the incredible pressures and responsibility of residency. I will overcome this. However, I plead to all other pediatricians not to brush off this “illness.” Ritalin will not solve this problem. What needs to be done is careful diagnosis, self-esteem building and training of the children to use their strengths: creativity, energy and intuition. These are the necessary treatment modalities. If pediatricians look at ADD/ADHD as a series of underdeveloped strengths, and less as the illness of the day, then maybe we can successfully treat ADD and end this controversy.

**Include parents in NICU decisions**

I would like to clarify several points relating to our family’s NICU experiences and my views on parental decision-making as described by Gerry Clark in “Neonatal intensive care: life-saver or no life at all?” (July AAP News).

Clark wrote that our multiply handicapped son, Edward, is alive today because “a neonatologist utilized aggressive treatment despite his parents’ wishes.” While correct in a sense, this statement contains the implication that my husband and I were in an adversarial situation with our son’s neonatologists.

However, like most parents in the NICU, we were simply clueless about our options, about certain aspects of our son’s condition, and about the physicians’ intentions concerning treatment. Because we had told two neonatologists that we wanted no heroic treatment in light of Edward’s poor prognosis for intact survival, we thought the staff understood our position and would not treat him.

We now recognize that our understanding of what constituted “aggressive” or “heroic” measures differed substantially from that of the staff. We also now know that at least some of the staff, on witnessing our grief at the probable loss of our son, misinterpreted our tears as meaning that we wanted everything done to ensure Edward’s survival, regardless of outcome.

Parents and professionals alike have strongly ambivalent feelings about the removal of neonatal life-support. Parents and professionals also approach this situation from vastly different perspectives. Differing perspectives and emotional ambivalence, if not candidly discussed in an ongoing manner, can lead to misunderstandings.

In addition, the constant rotation of NICU staff can be a major obstacle to communication and continuity of care. Misunderstandings, rather than open disagreement, characterized the decisions and nondecisions involved in our son’s case.

The article states that I feel the role of parents in decision-making is greater now than in the 1970s when our son was treated. However, in the 1970s, at least, our neonatologists felt they could discuss with us the possibility of withdrawing aggressive life-support following a devastating injury to our son’s brain. In the wake of Baby Doe rules and legislation of the 1980s, withdrawal of life support was much less likely to be considered as an option to be discussed with parents. Many babies were subjected to overtreatment as a result.

Only very recently has the tide begun to turn in favor of parental decision-making. But in the intervening years what was once considered “heroic treatment” (such as aggressive care for “micropreemies”) has become standard in many units, and is therefore considered to be outside the realm of parental discretion.

As a result,