More on teen driving

The March 1998 article on teen driver deaths was timely and well-written. Drs. Agran and Schieber did an excellent job of highlighting some of the key information parents of teens and those who interact with them need to know.

Pennsylvania's Child Death Review Team, coordinated by the AAP Pennsylvania Chapter, studies teen vehicular fatalities. Our data show that in the past two years, even with a "graduated license" system, 327 of the 501 child highway fatalities (children age birth through 19) involved teen passengers (153) and teen drivers (174). The remaining 174 deaths were bicyclists (25), child passengers (64) and pedestrians (85). Fatal crash factors involving the teen driver or passenger include a pattern of relative driver inexperience, excessive speed, lack of safety belt use, failure to negotiate curves and an element of risk-taking behavior. A significant number of fatally injured teen passengers were riding in vehicles with teen drivers who had less than a year's driving experience. Oftentimes they were driving late into the night, in weather conditions many adults avoid. Many passengers were very young teens.

Your article was great in encouraging pediatricians to actively support parents of teens as they approach this adult milestone. It served to remind pediatricians that many factors shape teen driver and passenger survival skills. Parents need support and encouragement from pediatricians to establish the sensible, tough suggestions mentioned in your article. We also encourage pediatricians to support local or statewide Child Death Review Teams. This multidisciplinary team helps identify preventable death and injury characteristics through case review. Tragically, when we ask ourselves at each meeting "was this death preventable?" the answer often is, "yes." Our combined efforts may enable us to ask this question less frequently in the future.

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Not all influenced

With regard to the media, especially TV, and the power it has with regard to violence influencing children, I would point out the total inconsistency and hypocritical situation with which the media live, to wit:

If the media can sell advertisements and claim it influences anybody to buy or be influenced by advertisements, then why does the violence seen not influence children of all ages to follow what they see and hear?

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Knowledge vs. experience

I enjoyed the charming article on Dr. Leila Denmark from Alpharetta, Ga. She sounds like she would be an outstanding person for emulation worldwide.

One particular comment about her practice information bears mentioning. "When a baby is born she should put it on a good schedule, keep it on its stomach and never let it mix with sick kids." I would assume Dr. Denmark has heard about Sudden Infant Death Syndrome and its increase in frequency when babies are kept sleeping on their abdomen. Possibly Dr. Denmark's very long practice would suggest otherwise, and it would be worth plumbing the depths of her experience in this regard.

My congratulations to you for finding such an outstanding example of a good-hearted doctor in our country.

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What's 'acceptable'?

The AAP Committee on Psychosocial Aspects of Child and Family Health has published a new policy statement, Guidance for Effective Discipline (Pediatrics, 1998;101:723-728). Its content is not surprising. Like the AAP-endorsed United Nations Convention on the Rights of the Child, the policy statement seeks to limit the scope of parental authority. Apparently, child experts worldwide have concluded parents lack the legitimacy to instill or enforce standards of behavior in their children.

The Academy joins a chorus of special interest groups from across the political spectrum, each attempting to define "acceptable" standards of parental conduct. As these narrow definitions are incorporated into custody decisions by family courts and interventions by social agencies, they threaten the autonomy of families and have a chilling effect on the creativity that is a necessary attribute in dealing with the dynamic situation of the home.

Families now confront a system that manifests assumed guilt; parents who interact with this system must pass a continuously evolving series of litmus tests to prove they are not abusive. As a result, fear and conformity replace parental innovation. Family life deteriorates, as individual disciplinary needs are not addressed. The stresses are evident as divorce rates climb, child abuse (i.e., not disciplinary spanking) increases, and parents spend unnecessary hours at work to avoid the chaos of their homes. Most ominously, capable adults who have resources worth protecting voluntarily limit their fertility, ceding the task of child-rearing to the young and the poor. Children slide further into poverty, even as our economy soars.

This is self-defeating prophecy. We declare parents to be incompetent; we get the incompetent parents we describe. We deny at our peril our ongoing contribution to this calamity.

What is the basis for the guidelines? The committee cited as its primary resource the consensus statement on corporal punishment (Pediatrics, 1996;803-860). The consensus ended with a list of qualifying statements, in which the participants emphasized the lack of scientific support for a uniform set of parenting rules or a prescription against disciplinary spanking. The policy statement authors replaced this honest humility with arrogant absolutism, supported only by a patchwork quilt of tangential and misapplied studies.

Ultimately, the policy statement Guidance for Effective Discipline is not a consensus opinion of the American Academy of Pediatrics, it is not good science and it is not friendly advice. It is a patronizing attempt at social engineering, made by people who really should know better.

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