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LETTERS FROM MAINE

Low-Impact Parenting

Ask a group of primary care pediatricians who are old enough to have children in college and they will tell you that the mix of patients in their offices has changed significantly since they opened their practices. The increase in mental health complaints and the decrease in serious bacterial infections such as meningitis and epiglottitis have been striking.

A less talked-about shift in traffic flow has been the decrease in the number of victims of minor trauma who limp or are carried across the threshold of the average general pediatrician's office.

There are several reasons for this decline in the bumps, cuts, and bruises. One is the advent of emergency medicine as a specialty and the resulting ubiquity of fully staffed emergency departments. A related phenomenon is the realization by hospitals that minor trauma and walk-in illnesses can generate income that can help fund the overhead costs for more serious trauma treatments.

Aggressive marketing by these hungry hospitals has convinced many parents that the hospital "ER" is *the* place to go when one's child is injured, regardless of how minor the trauma. The marketing has been so successful in our community that parents are often surprised that we can, and occasionally still do, perform suture repairs and simple casting in our office.

Some recently trained pediatricians may be less comfortable seeing minor trauma victims in the office setting, particularly if they don't have access to the security blankets of lab and x-ray.

Experienced physicians have learned that even a simple three-suture repair can throw their busy offices into chaos, and some may instruct their staff to triage every injured child to the emergency department just to keep some semblance of calm in the waiting room. Not surprisingly, it doesn't take long for parents to catch on that their pediatricians aren't interested in seeing injured children, and they will self-refer to the emergency department the next time their child trips and falls.

I suspect that another and more troubling reason that we are seeing fewer injured children in our offices is that there are fewer children who are active enough to sustain even minor trauma. I don't have any statistics to support this observation, but the math is pretty simple. We know that more children are spending more of their time doing nothing but sitting in front of a video screen.

Couch potatoes can get bruised if they roll off onto the floor, but those injuries don't seem to generate enough discomfort to get the little video addicts to turn off the TV and come to the office. Even the hyperactive kids, a group that I could count on for a steady supply of cuts and dings, are being throttled down with amphetamines.

It is so unusual to see a child with grass stains on his knees that some parents feel the need to apologize for this once commonplace physical finding. Of course, I reassure them that these stains and lower extremity bruises are signs of good health. But, their rarity is troubling.

We adults must certainly shoulder a large part of the blame for this drought in minor trauma. We continue to "make poor choices," which is new millennium–speak for "do stupid things," when it comes to raising our children. For example, many of you have heard that a school system in Massachusetts recently decided to ban from its playgrounds the game of "tag" because it was deemed a dangerous activity.

The trend toward this low-impact style of parenting is so prevalent that I suggest you sell your stock in Johnson & Johnson and invest in bubble wrap! Because I'm sure my great-grandchildren won't know what a Band-Aid is for, and their parents will be swaddling them in protective layers of bubble wrap before allowing them to leave the house. If indeed they are even allowed to step outside! ■

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