

EDITORIAL

Bring Humanism Back to the Center of Pediatrics

We've lost ground on the humanism component in the practice of pediatrics, and it's time to get it back.

My humanism stems from the fact that I'm intrinsically a nosy person. I like to ask a lot of questions. During recent pediatric chart rounds in our hospital, we discussed the case of a 14-year-old diabetic boy who had poor control of his disease for 1 week in September. He had no fever and no urinary tract infection.

In the course of considering other etiologies, I asked the residents, "Is he back in school?" "I didn't ask him," one resident replied.

"Didn't school start a week ago?" I asked. "Do you think he's getting up at the same time now as he did during his summer vacation?"

In this case the residents didn't consider that the change to his summer routine led to his uncontrolled diabetes. They didn't go beyond the basic framework of questions to ask in a case like this, or wonder what else was going on in his life. Physicians need to be able to make that jump to the next level of asking questions.

They also need the time for that kind of prodding. I'm not opposed to the recent changes in resident work hours, but I think the current busy nature of the pediatric ward service detracts from going that next step in the questions that residents ask. The focus of the inpatient service is getting the patients in and out as quickly as possible—getting the job done and getting the paperwork done. There seems to be less emphasis on getting the patients better. It seems rushed.



BY CAROL D. BERKOWITZ, M.D.

Another change I've noticed on the pediatric ward is that residents increasingly feel imposed upon by admitting patients to the hospital. To me that's a real loss of the humanism we show when we care about the patient.

The core of humanism is caring. I don't mean teaching about it, but showing that you really care. In the 1980s and early 1990s, I saw a lot of children for sexual abuse examinations. A lot of these children believed that they were damaged. I made a certificate of well-being for them. This was in the days before ready access to computer page design programs, so I personally wrote out each certificate with the following: "This is to

certify that [name here] was seen by me and found to be in good health and well." I signed the certificate and presented it to them at the end of the office visit. It meant a lot to these children. I think we advocate for our patients by believing in them and helping them help themselves. It's an enabling phenomenon.

There are many ways to restore humanism in pediatrics and become advocates for our patients. One is to put a little magic back in medicine. By that I mean therapies such as music, imagery, and touch—therapies for which the method of administration does not include a tangible drug or medical device.

In a controlled study of adult cardiac patients, researchers evaluated the effects of music, imagery, touch, and prayer on the rate of major cardiovascular events, 6-month readmission, and 6-month mortality. The intervention included abdominal breathing exercises, visual imagery, music, 21 healing touch hand positions, and prayer (Lancet 2005; 366:211-7).

The researchers found that the 6-month mortality was lower for patients in the intervention group, compared with controls. The patients who received the intervention also had less procedural distress. Prayer did not make a difference. The researchers concluded that it

was "uncertain" whether the effect related to the presence of a compassionate human being at the bedside.

Evidence-based medicine may be the focus of the day, but what's wrong with a little evidence-based magic? Don't forget how powerful you are as a physician and how much your words count to patients.

There are many ways to advocate for your patients, including picking up the phone and calling an insurance company when a procedure or prescription is denied, lobbying for laws that promote the welfare of children, and volunteering for leadership roles in organizations such as the American Academy of Pediatrics on a local or national level.

Think about your personal perspective. What can you do to instill humanism into what you do? How do you link advocacy and professionalism? Isn't there something you've always wanted to fix that you might try now? What's your passion?

Write it down. Put it on the refrigerator. Look at it every day. Motivate yourself. ■

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Acetaminophen Linked To Higher Cost in Asthma

BY KERRI WACHTER

BALTIMORE — Acetaminophen use may contribute to prolonged hospital stay and increased cost during asthma exacerbations in children, according to a retrospective study of 662 patients.

The average length of stay for children who received acetaminophen while in the hospital for an asthma exacerbation was 77 hours, compared with 56 hours for those who did not, Dr. Flory Nkoy and her colleagues reported in a poster at the annual meeting of the Pediatric Academic Societies.

Similarly, the average cost of hospitalization for children who received acetaminophen was \$4,580, compared with \$3,201 for those who did not.

The researchers conducted a retrospective cohort study of children aged 2-17 years who were admitted to a tertiary care children's hospital with a primary diagnosis of asthma between January 2004 and December 2006, according to Dr. Nkoy of the division of pedi-

atric inpatient medicine, University of Utah, Salt Lake City, and her colleagues.

A total of 662 children were admitted to the hospital for asthma during the study period. Of these, 21.5% received acetaminophen during their hospital stay and met the inclusion criteria. Patients with other chronic medical conditions or who received both acetaminophen and ibuprofen were excluded.

The researchers recorded acetaminophen prescription, number of doses, length of stay, and costs. Covariates included age, gender, case-mix severity index, body mass index, and presence of an infection. Multivariate linear and logistic regression analyses were used to determine whether the use of acetaminophen was associated with length of stay, costs, and resource utilization.

The relative resource use for patients who received acetaminophen, compared with those who didn't, was 36.3 vs. 25.5.

Dr. Nkoy did not report whether she had any relevant financial conflicts. ■

Asthma Hospitalization Rate Tied To Number of Allergens in Home

BY HEIDI SPLETE

WASHINGTON — Exposure to environmental asthma triggers at home was significantly associated with an increased risk of asthma-related hospitalizations in children younger than 4 years, compared with older children, based on data from 306 children up to 18 years old.

The percentage of hospitalizations for asthma in younger children also rose significantly with the number of home triggers, said Elizabeth Banda of the University of Illinois at Chicago.

Ms. Banda and her colleagues reviewed data from children with asthma enrolled in an asthma prevention program. The children were divided into three age groups: 0-4 years, 5-11 years, and 12 and older. The researchers collected data on hospitalizations and on the indoor allergens in each child's home via questionnaires.

Compared with older children, asthma hospitalizations in children aged 0-4 years were more than three times as likely to be associated with smoke, molds, or dampness; more

than four times as likely to be associated with basement use and rodents; and more than five times as likely to be associated with roaches and clutter. The results were presented in a poster at the annual meeting of the American Academy of Allergy, Asthma, and Immunology.

Also, in children 0-4 years of age, the risk of asthma hospitalization was 9 times greater if they were exposed to five to six of these home conditions, compared with zero to four, and nearly 16 times greater if they were exposed to more than six.

The results were limited by the small sample size, cross-sectional design, and a lack of information about the degree of exposure to indoor environmental allergens. The findings suggest that younger children may be at greater risk because they spend more time in the home being exposed to indoor environmental triggers, compared with older children, the researchers said.

The study was supported by Merck Childhood Asthma Network Inc. Ms. Banda said she had no financial conflicts to disclose. ■

