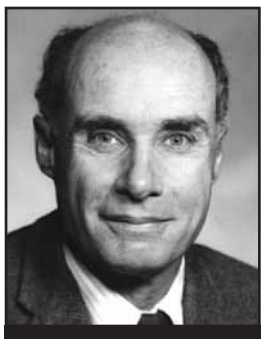
LETTERS FROM MAINE

Missing in Action

"Honey, I heard a heart murmur this morning!" I'm sure that every year hundreds of first-year medical students share this educational revelation with their spouses and significant others, but when a 60-year-old pediatrician is tempted to e-mail the same message to his wife, one has to wonder.



BY WILLIAM G. WILKOFF, M.D.

When I was a medical student, I struggled to hear the bruits that my instructors were waxing so eloquently about. As a house officer, I delighted in hearing murmurs that my peers had missed, and in my first few years of practice, it seemed as though every third or fourth patient had a cardiac sound worthy of comment.

Over the last 20 years, though, heart murmurs have silently crept onto my list of endangered physical findings. Thinking back over the last 2 days, I can't recall recording a single murmur on one of my patient's charts. During a quiet moment I pondered the possible causes for this threatened extinction.

My first thought was that I wasn't discovering as many murmurs because age has clearly taken a heavy toll on my hearing. This may be true to some extent, but my relative deafness doesn't explain why my two younger partners aren't documenting any more murmurs than I am. Furthermore, I think I still continue to hear rales, rhonchi, and diminished breath sounds in the appropriate situations, and my patients haven't suffered from an unusual number of auscultatory oversights.

Could it be that heart murmurs have simply joined nephrotic syndrome, observation hip, epiglottitis, and bacterial meningitis on the list of rarities in my pediatric neighborhood? Since murmurs can be caused by a wide variety of anatomic variations, I find this explanation untenable.

Prenatal diagnosis of congenital heart disease certainly has siphoned off most of the clinically significant murmurs to the cardiologists and surgeons before they get to my office, but the bulk of the murmurs I was noticing a generation ago were benign flow murmurs that, by definition, were insignificant.

Therein, I think, lies the critical clue to the mystery of the missing murmurs. It doesn't take very many years of barking up empty trees before one's definition of normal broadens to the point that physical findings that once appeared as bright blips on the radar screen fade into the background static.

There are also significant disincentives to acknowledging the presence of a benign flow murmur.

In the interest of complete disclosure, I used to compulsively share my observations with parents, but explaining the difference between "slightly out of the ordinary" and abnormal was time consuming and sometimes so unnerving that I would have to do a cardiogram to quell the fires of anxiety I had kindled with my good intentions. There were also the scores of phone calls from dentists' offices wanting to know if our mutual, inadequately informed patient with a benign flow murmur needed antibiotic coverage.

There is one more possible explanation. Like most physicians, I do the chest auscultation at the beginning of my exam, so an insignificant murmur often gets forgotten or pushed off the agenda by other findings or questions by the time I scribble my office notes. As our friends in the risk management business tell us: If it wasn't documented, it didn't exist.

So there you have it. Like the ivory-billed woodpecker, cardiac murmurs have not gone extinct. They still lurk in the dark swampy recesses of our subconscious, occasionally swooping out to surprise us when we decide to pay attention. ■

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PRO & CON

Is it appropriate for a physician to dismiss a family for refusing all vaccinations?

YES

It's appropriate to dismiss a family from your practice when it disrupts the physician-patient/parent relationship. It comes down to a matter of trust.

If the parents don't trust the physician on an issue as important to a child's health as immunization, they are more likely to question the physician's judgment about other important health concerns. This can lead to feelings of mistrust on the physician's part about parental compliance with other prescribed treatment.

I don't generally see a lot of families who refuse vaccinations. However, when it comes up, I discuss it with the family and offer them written materials or Web sites to consider later at home. I try to give them time to think about their decision. In some cases, I've given families a year to consider their options. However, as a matter of office practice, I do require that parents sign a waiver of vaccine refusal for state-required vaccines at each recommended interval.

I try to be flexible about the timing of the immunizations. There are parents who feel the need to delay the first hepatitis B vaccine in the nursery. Some parents have expressed concerns about the connection between the MMR vaccine and autism. I explain to them that the vaccine is safe and that the symptoms of autism often appear around the time that the first MMR vaccine is given. If they have concerns, I will let them delay the vaccine for a year so they can see whether their child shows any signs of autism without the vaccine confusing the issue.

Some families have genuine concerns that can be allayed when I take the time to educate them. But, unfortunately, some parents aren't willing to listen to scientific arguments.

The physician-patient/parent relationship shouldn't be a tug of war over any issue.

When I am unable to feel comfortable treating a family, I try to refer them to another physician who does not feel as strongly as I do about immunizations. In my 10-physician practice, 1 or 2 of my colleagues would be comfortable seeing these families.

I feel passionately about the need to immunize all children. During my residency training and earlier years of practice, *Haemophilus influenzae* type B was the most common cause of invasive bacterial disease in infancy and early childhood. I treated numerous cases of cellulitis, pneumonia, epiglottitis, and meningitis caused by *H. influenzae* B. I saw children suffer permanent neurologic sequelae from the disease or the antibiotic used to treat it, and I have seen death. I am happy that, because of vaccinations, my younger colleagues have never seen this disease and probably never will.

With each vaccine advance, I feel more strongly about my responsibility to protect children from truly preventable diseases. ■

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NO

I will not dismiss a family from my practice simply for refusing immunizations.

While I disagree with that decision, I want them to stay in my practice so I can try to work out a compromise over time. And even if the children are never immunized, they still deserve to receive quality care.

When parents tell me that they don't want their child immunized, I do not denigrate their views.

But I do respectfully ask them to discuss their reasons. I make sure that they aren't doing this because of some false or incomplete information they read on the Internet or got from some other source.

Parents may have put their trust in information they read online because it came from an official-looking Web site. By having an open, nonjudgmental discussion with the family, I can find out the source of their information and their concerns. I always try to steer parents toward reliable scientific information.

In many cases, I am able to convince the parents to go forward with the immunizations. It's not always the complete set, and it may not be on the standard schedule, but I'd rather have the child get some of the vaccinations than none.

For those parents who don't come around on this issue, I do require that they sign a waiver acknowledging that they have refused the immunizations against my advice.

The key here is to be flexible, and that's not an easy task for us as physicians. We need to be open to the parents' concerns and unique views. We should also put this issue in perspective. Is refusing immunizations any more problematic than a parent who refuses to quit smoking when their child has asthma?

In my practice, I see about a half-dozen children whose parents are opposed to immunization. I find that they end up in my practice because the families know that they won't be turned away for refusing immunizations.

Right now, there aren't too many physicians who will agree to care for these families.

If every doctor had that philosophy, these children wouldn't be getting care at all. Or they might go to clinicians with lesser training.

Let's focus on the children. They deserve high-quality care, and we can offer them that, even if we cannot immunize them.

It's also important to remember that the parents have come to this decision not to make our jobs tougher, but because they are trying to look out for the best interests of their child. In many cases, they have done a lot of research and soul searching before coming to their decision.

We need to remember that we are all working toward the same goal of a healthy child. ■

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