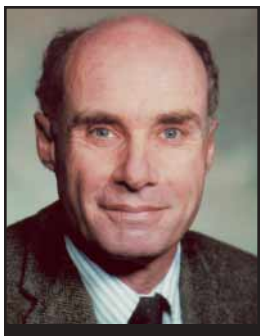

BY WILLIAM G. WILKOFF, M.D.

LETTERS FROM MAINE

Storm Alert

As I sit at the receptionist's desk, watching a heavy wet snow blanket the trees and shrubs in front of the office, I can tell by the unusually deliberate pace of the cars creeping out of the staff parking lot that the roads have gotten dangerously greasy. Those of us who live close enough to walk home are holding down the fort and answering the phones for another hour.

Despite the treacherous traveling conditions that have been worsening since lunchtime, the patients have continued to trickle in. Some have had earaches and sore throats, but some were healthy toddlers returning for their 3-week ear rechecks.

I have always been intrigued by the senseless irony of the psychological forces that keep patients at home when it's raining but drive them out onto snow-covered and ice-slicked highways like lemmings.

Even before SUVs replaced minivans as the suburban chariots of choice, many parents were seduced by the challenge of winter driving. When asked why they would risk life, limb, and vehicular damage to bring their child to the pediatrician for a trivial problem, I suspect that they would offer the traditional mountain climber's response—"Because it's there."

I must admit that as a foolish young man I enjoyed charging out into the teeth of blizzards in my old VW Bug. I had nowhere to go, but doing donuts in vacant parking lots was a hoot. I was cured of this idiocy more than 20 years ago, when I was returning from my old office in a neighboring town and slid through an unplowed intersection at slow speed. The only patient I had seen that day was a healthy 3-year-old with a scheduled ear recheck.

The resulting fender bender only cost me $150 to settle, but that incident was the straw that pushed me to dissolve that partnership and open a solo office within walking distance of my home. If parents were going to persist in making stupid decisions about driving to see me, I could at least minimize the risks to my own health and property.

One must consider whether the trip to the office is more dangerous for the child than the symptoms that his parents have just described to you.

If all of the children's symptoms were trivial, I could solve the problem by closing the office when the first snowflake stuck to the pavement. Serious illness, though, doesn't pay attention to storm alerts, and some of the phone calls that come during a burst of severe weather can tax my decision-making skills to the limit.

In these situations, I follow the same credo as most pediatricians: When in doubt, have the patient come in to be examined. Of course, this means that some days, most of the children I have encouraged to make the trek across town are just a little bit sick, if they are even ill at all.

Discouraging visits risks professional suicide. Even with 30 years of interviewing experience and intuition sharpening, I still encounter children for whom my telephone assessment has significantly underestimated the severity of their illnesses. In an attempt to prevent the disastrous consequences of the "seriously-ill-child-not-seen syndrome," we have an open-door policy. The current buzz words are "open access."

In good weather there is little downside to this approach, but when there are 2 inches of slick, hard-packed snow on the roads, one must consider whether the trip to the office is more dangerous for the child than the symptoms that his parents have just described to you. When I decide to have the child come to the office in a snowstorm, I don't rest comfortably until I'm sure he is safely tucked into a bed, whether it be back in his own bedroom or on the pediatric floor at the hospital. ■

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