

The ‘New’ Pediatrician

On many occasions, I’ve been woken up in the middle of the night by terrified parents. It’s usually a high fever or a very irritable child that makes them worried. Conveniently but understandably, their fear and worry is transferred to us pediatricians. So I would usually have to put my dream (sometimes, of sailing the Pacific, or romancing a beautiful woman) on hold, to patiently give these frantic parents a solution (pun intended) to their child’s problem.

But lately, these nighttime awakenings are becoming less and less frequent. So I decided to determine the cause for the sudden decline in these late night disturbances. Were my old patients now consulting a new pediatrician? Or have they found a new remedy to an old problem? Both turned out to be true or so it seemed. “Doctor, my child was crying with stomach ache. So I gave him my mobile phone to play with and in a few minutes all the pain was gone!” I could only reply with a grin. “The medicines that you used to prescribe earlier never had such a quick effect doctor,” she went on. “See, he is alright now!” His parents were overjoyed as if they had just discovered a new vaccine!

The ‘new’ pediatrician is becoming even more popular these days, especially with the middle- and upper-class families. It takes on various forms. The television, the laptop, the mobile phone and the tablet are just some of them. Electronic gadgets are the ‘in-thing’ these days. Gone are the days where teddy bears and toy cars were used to keep children occupied. This modern-day form of ‘distraction therapy’ is becoming increasingly convenient for the ever-busy parent. Why should they take their child to the doctor, wait for their turn in a busy clinic, and then pay a hefty (in their opinion) consultation fee, when all this can be solved by a readily available household gadget? “It’s so easy doctor... Increase his screen time and he’ll remain quiet.”

But from the child’s perspective, is this all just a means to an end? A child finds comfort in all forms of visual and auditory stimulation. The modern day gadget is the most advanced form of that. So although this kind of ‘therapy’ may work as a form of distraction for the toddler and younger child, the much older intelligent child, may in fact use the ruse of an ailment to get his/her hands on these fancy gadgets. This may be one of the reasons why all those ‘aches’ magically seem to disappear when the ‘new pediatrician’ takes over. Parents are sometimes so oblivious to the obvious. “My child seems to be getting these aches much more frequently than before, doctor. But they respond

immediately to this new gadget that I give them.” “Of course they do!,” I think to myself. “It’s because those aren’t even real aches in the first place!”

For the rural parent, the ‘new’ pediatrician is still a distant dream. And that’s a good thing. The age-old and time-tested remedy of a mother’s caress is still the first drug of choice. And it works wonders! The ‘new pediatrician’ may also appear to work wonders. But it all comes at a cost. Lack of social interaction, a sedentary lifestyle and a disturbed sleep are just some of the expenses. But parents seem to overlook these-side effects. They tend to prefer short-term gains over better long-term outcomes.

For parents, the new pediatrician takes on the form of the internet. “Doctor, could my child have Crohn’s disease? He passes stools very frequently.” Such unusual questions are becoming ever so common these days. Parents think that the information they’ve gained browsing the internet in the past couple of hours, might be equivalent to the knowledge their pediatrician took over ten years to achieve. And therein lies their folly.

Grandma’s remedies seem to be a thing of the past. Grandpa Google seems to have all the answers these days. Whether one needs to know how to treat a cold or fight cancer, everything is just a click away. Switch on your monitor and you have not only the world, but even your doctor at your fingertips. Or that’s what some parents would like to believe.

However, we, the ‘old’ pediatricians, needn’t be alarmed at this new development. In fact, I think we should warmly welcome this new form of therapy. It is only a passing phase and sooner or later, parents are going to recognize that we, doctors, are the real pediatricians whom they should consult. They will soon realize that the ‘new’ pediatrician has too many short-comings and is only a stop-gap measure to their child’s problems. In the meantime, we, the old-school practitioners, should kick up our heels, relax and dream peacefully into the night, and let the ‘new’ pediatrician keep the child occupied and the parents busy.

Funding: Not from any manufacturer of the ‘new’ pediatrician.
Competing interest: I myself own several of these ‘new’ pediatricians.

RICHARD MARIO LURSHAY

*Department of Pediatrics, St. Philomena’s Hospital,
 Bangalore, Karnataka, India.
 dr.richardlurshay@gmail.com*