

When I Accepted the Denial

As a first year pediatric resident—sleepless, tired, and hungry—I distinctly remember a late night admission of an infant with severe dehydration, referred for securing an intravenous line. On examination, he appeared acidotic, and had evidence of the many veins that had already been punctured for cannulation. After trying to put-in an intravenous cannula with full dedication, I reported my failure to the registrar. “You cannot use an excuse of inability”, was the curt response. “We are dealing with lives and ‘not being able to’ in any situation is simply not acceptable. Secure an intraosseous line and start fluids without wasting any time.” I learnt a valuable lesson that our profession has no option of ‘cannot’, whatever the circumstances. Since we deal with living beings, there is a very high threshold for being unable to perform.

With each passing day of my years of training, we were continuously taught to evolve professionally; become more rational, more scientific, practice evidence-based medicine and follow guidelines. When I began my medical practice, I considered it my moral duty to treat all my patients with dedication and updated knowledge, win the trust of their parents, and educate them about the nature of the concerned illnesses and treatment. Then reality struck and I found all the knowledge and skills that I had learnt being put to test as I encountered people belonging to varied backgrounds, levels of education and diverse upbringing, and harboring their own traditions and beliefs.

Lots of children referred to my clinic present with speech delay, and turn out to have Autism. Parents are oblivious of the other symptoms of this disorder, besides the only too apparent speech issues. They are unable to recognize the social and non-verbal communication deficits in their child, and completely ignore the stereotypies and tantrums. I used to spend hours with parents explaining to them the nature of the illness, the importance of early intervention, and teaching them strategies to decrease the problem behaviors. However patiently I explained, disbelief was evident in their eyes, posture and expression, loudly proclaiming their reluctance to accept the diagnosis without saying a word. Their brains immediately started looking for some reason; however innocuous, that they could blame the problems on.

There is no dearth of reasons that materialize while parents attempt to rationalize; “My mother told me, I started to speak when I was 4 years old, he is only 2 years and 9 months. We have come only because our pediatrician insisted. We are not really concerned.” During the third follow-up visit of the same boy, when I greeted him with his name, his father quickly interrupted, “Ma’am, please call him with a different name. Our *punditji* believes that his issues are due to the incorrect spelling of his name and has advised to add a “U” at the end. He has assured us that he will start improving now” (Incidentally, the child’s father is a software engineer consultant and mother, lecturer of mathematics, in an premier university). One mother said, “He spoke perfectly well before he received a vaccine at fifteen months. I read on the internet that vaccination can cause speech regression. Now that I have decided to stop vaccinating my child, I think he will get better.” Another explanation that was offered to me was; “I think the speech problems are because he has been exposed to a lot of television. Once I stop that, he will start talking normally.” My efforts to demonstrate the absence of response to being called by a particular child’s name, was met with a retort packaged in false pride, “Doctor, he is concentrating on his work so he won’t respond.”

I was; however, programmed to apply evidence-based medicine to my practice. I found the ignorance displayed by the non-medical population exasperating and blamed their denial on their lack of scientific knowledge. My theory was subjected to a harsh reality-check when I encountered a colleague, whose son had red flags of autism. Being a pediatrician, she was aware of Illingworth’s developmental cognizance. On sharing my concerns with her, she scoffed and said, “Like father, like son. My husband has no friends either and is also very shy. He is lost in his own world and hardly speaks with me. After his clinic, he will come home and just sit in front of the television. I have to call him four or five times before he listens. I don’t see any abnormal behavior in him. I think the cause of my son’s speech delay is because we speak in Bengali at home, and at school they use Hindi or English.”

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