

Telephonic Consultations in Pediatrics

Telephonic consultations or clarifications or simple advices are part and parcel of pediatric practice in India. A non-essential call or a call received at an inappropriate time or the one with sole agenda to save the cost of consultation may be sufficient to blow the valve of patience for the pediatrician. But, the narration of such encounters often offers a good reason to laugh about loud.

“Doctor Sahib, my daughter has turned 6 months, can I feed her porridge?” This might seem a perfectly natural and justified query from a first time mother, made to her pediatrician until it is told that the call was made at 3.20 AM! What reaction would anyone expect from the astonished pediatrician having being woken up in the middle of night for such a query, which could have waited for the sunrise at least? He could be yelling, screaming, laughing aloud or would simply disconnect and go back to sleep without bothering to respond. But, what if he keeps his calm and simply asks the overanxious mother what made her take the extra trouble to call at that hour and gets a reply that makes him pull his hair: *“Doctor, my daughter was born at 3.15 AM and has just turned 6 months and you had advised starting some food when she is 6 months... so I thought I might just ask you if she could be fed porridge as the first food.”*

The list of such telephonic encounters with anxious, smart (and often over-smart) parents is endless. While one mother may call you at 11 pm asking the difference between the painful and painless DPT vaccine, other may just call at 5 AM, enquiring time you shall reach the out-patient clinic. Still smarter one may call you in the wee hours, first asking for your consultation fee, clinic timings, and then coming to the actual query about dose of paracetamol to be given to her crying baby whom she got vaccinated a day before – at a government dispensary.

Do they only call to trouble unnecessarily at night? No, many actually wish the baby to be seen at that hour only – may it be a crying baby, a baby with bad cough or high purge rate. Many of us would oblige with useful advice like an antispasmodic or a nebulizer obviating need for the visit. However, some, especially in early years of practice, wouldn't mind waiting for the patient while keeping lights on, completing some reading or writing work in the interim. They often double up as a Google map to guide the parents to their residences through all the roads and turns, on mobile. Many

times though, no one turns up and the poor doctor goes back to sleep. The heavens do fall when an hour later, the sleep cycle is again interrupted by the ring of the phone with the same parent on the other side, gracefully informing that the crying child had gone to sleep while on the way, and he/she thought it appropriate to inform so that the doctor could also peacefully go to sleep.

Notwithstanding the seemingly unintended provocations by justified overanxious parental concerns, there are at times some queries that make us feel morons in front of the parents. *“Doctor, my baby is having loose stools for 5 days, I am outstation and cannot come to you for consultation, tell me some medication please.* When you ask to give ORS, more fluids, cut down on milk, your preaching is breached suddenly: *“Doctor, please tell me some medicine, my baby is really unwell.”* Okay, start Zinc and abc (a prebiotic). *“Doctor, please tell me some antibiotic, I know the diarrhea is really bad and these will not help.”* Okay, Okay, start syrup a1b1c1 (antibiotic) and consult nearest doctor. *“Doctor, this I have already been giving for past 3 days. I called you only when the same antibiotic which you prescribed last year had failed to control. Please tell me something stronger.”* You as a pediatrician suddenly start feeling the snail pace of medical research, which has failed to provide new antibiotic every month and led to so much trouble to the helpless mothers.

If the questions of the mothers over phone seem to demand physical consultation, invent of whatsapp has provided the solution to parents. *“Doctor, please see the perineal rash in the photo I have sent you, would you mind prescribing some ointment? This is the picture of the stool of the baby, please tell some medicine. This is the photo of medicines I have with me, please let me know for what purpose are they used for? I have this old prescription of yours, I have forgotten what was this meant to treat, could you kindly tell me if it was for bronchitis or diarrhea?”*

The day is not far when we shall have a breed of selfless superspecialist pediatricians, who would be taught tolerance, meditation and remote sensing besides winning over sleep cycle and be called consultants in telephonic pediatrics. Hope, the day comes soon and I refer all my telephone savvy parents to him/her with thanks at 11 pm, as the idea of writing this came to me at that hour only!

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