

News

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*****Patient, parents make a delicate balance for physician.

DALLAS--A Dallas doctor has been wanting to write a novel about a triangle for years. But it's not your typical romantic two-women-one man or two-men-one-woman variety.

The triangle Dr. Michael Blaw has in mind is one common to all pediatricians: the doctor, the child and the parents.

Blaw, who is a professor of both neurology and pediatrics at The University of Texas Health Science Center here, believes most pediatricians function as "advocates for the child." However, a delicate balance must be maintained with the parents.

The child, says Blaw, is the patient, but the physician cannot treat the child without the cooperation and trust of the parents. On the other hand, the child has to respond to his doctor. The physician needs to become someone in the child's life apart from the parents and establish a separate relationship. If the physician doesn't, the child is less likely to cooperate in his treatment.

"After all, it is the kid who has to take the medicine--and he or she has to realize, also, that it's not the parents' illness. Parents can't help the child to get better. Only the child can do that.

This triangle of physician, patient and parent may be particularly delicate in the area of sophisticated medical testing. Parents want the best for their children.

"The conflict comes with the parents trying to work out their anxieties about the child's illness. They have preconceived notions about what should be happening to the child."

Often they will ask for all kinds of tests to be sure that everything possible is being done for the child. But sometimes these tests are not needed.

"Just coming to the doctor is frightening for the child. Tests are really frightening. Many of them are painful. And some carry significant risk. The physician must be careful not to be led into giving a helpless child who can't speak for himself tests he doesn't need to appease the parents' anxieties."

Blaw sees a large number of patients with epilepsy, the most common neurological problem. These children and adolescents suffering from seizure disorders often have a difficult time in life. "Children with seizure disorders have their own anxieties, as well as the anxieties they absorb from the world around them."

Many of these anxieties are picked up from their own parents. The parents are concerned with the welfare of the child but may be overprotective.

"Some parents have the tendency to treat the child with epilepsy as though he is made of glass--and the child then gets the idea that he is glass. When this is the case, the young patient may end up with problems worse than epilepsy."

This is one area where the doctor must maintain a delicate balance.

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first add blaw

One of the doctor's cases was a teen-age boy who suffered from severe seizures. Since he had finished school, he wanted more independence from his parents who were with him constantly at the family-owned business. He had offered to sweep up the store early in the morning before opening hours, but his mother was terrified for him to be alone. A real family conflict resulted.

The boy wanted the doctor to tell his parents it would be okay for him to sweep out alone. The parents wanted Blaw to tell their son it was too dangerous, and he wouldn't allow it.

Blaw explained the mother's worries to the boy. It was not that his mother did not trust him. She was afraid if her son had a prolonged seizure that needed to be treated in the hospital, there would be no one to call an ambulance.

Blaw then asked the boy what he could do to allay his mother's fears. A compromise was reached. The young man agreed to leave the door unlocked and start the job a little closer to the time his parents began their working day.

"The physician has to be careful not to abuse one side of the triangle at the expense of the other," he says. "Sometimes it's a really tough balancing act."

Blaw, who is also vice-chairman of neurology at the center believes that things are easier for the child with epilepsy today than in the past.

"Other children," he says, "sometimes turn out to be the child's worst enemies. They can be so cruel." However, because of increased understanding of the problem and special educational programs through the schools, the social stigma of having seizures has been greatly reduced.

"I can remember that 20 years ago I would counsel parents not to tell anyone at the school about a child's having seizures. At that time the response, even from the teachers, was less predictable. Because we wanted the child to grow up as openly and freely as possible, we thought it was better not to expose them to possible ridicule or the position of 'being different.'

"But today, through efforts of agencies such as the Dallas Epilepsy Association, physicians who see patients with seizures find schools with more enlightened and understanding attitudes. School personnel want to know what to do about the child's medications and how they can help his or her adjustment."

Blaw himself has served for several years on the medical advisory board to the Dallas Independent School District. He often refers patients to special programs sponsored by the local epilepsy group.

The physician, who definitely considers himself a child advocate, laughingly says that one of his former professors told him many pediatricians are people who don't get along with authority figures. And he admits that growing up in an orphanage made him suspicious of adults' motives as a child. That experience, along with having six children, has made him aware of the child's plight in the world of adults.

Sometimes it's hard switching from doctor to father when he goes home, says Blaw. But he always tries to remember, whichever role he's in, that "children are always at the mercy of adults in this world, whether they're parents, teachers or school administrators. And their rights and feelings should not be abused.

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