

Panorama

Why Should It Be Different From the Other Side? A Parent and Pediatrician's Perspective of a Child With Kawasaki Disease

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As a pediatrician and a mother, which personality traits should predominate? I reflect from both perspectives and ask why it is that, as doctors, we react to parents or family members who are in the medical field differently? Is it that their knowledge and experience equaling ours puts us on edge? Will we be "outsmarted?" Is there fear of litigation? Could it be that we genuinely want to do the best for our colleagues and not having many perks of the jobs we should strive to give our best care under these circumstances? One might argue this should be the case for every parent we come across.

When I was a senior trainee doctor in pediatrics, my second child, who was just 6 months at the time, became unwell with Kawasaki disease. I recognized the early signs and took her to hospital. I thought that being a pediatric doctor would mean my opinions and discussions would carry some weight, but more often than not, I was doubted or dismissed by colleagues of various grades. Frequently, I would be told that it was "time to be a mother and not a pediatrician," only to discover that my child had relapsed with the disease 3 weeks down the line. The relapse resulted in giant- and medium-sized coronary artery aneurysms, and she was prescribed lifelong warfarin. I was full of regret that I had not escalated my fears louder. Why had I not been one of those "pushy parents" who argued and demanded to speak to more senior doctors to voice my concerns? I think in hindsight, I had tried to be an "obedient" parent and not create more grief for my hardworking colleagues. I had also wanted to be wrong under these circumstances. I have complete faith in the health system—a system I have now worked in for so long.

To be a junior doctor is challenging, but having young children and sleepless nights have always been my biggest challenges throughout training. I recall one occasion when my daughter was unwell with sepsis and had to be admitted to hospital at 3 AM. During the morning ward round, the consultant pediatrician

asked me whether she had signs of meningism. As I had chronic insomnia, my response in my tired state was, "Please do not ask me that question. I am a mother first before a pediatrician." I had an insight that they were trying to decide whether she needed a lumbar puncture on account of being on warfarin, and I did not want to contribute to making that decision. I was then asked if she exhibited the symptoms of meningism (headache, neck stiffness, photophobia, etc.), which made me chuckle to myself. Despite being in tertiary centers, every doctor we saw during our stay appeared either careful with their words, on edge, or slightly nervous. I asked my husband, a general practitioner: was it me? Am I too demanding or intimidating? Was it that we were both doctors?

Thinking back, if it were me on the ward round in role reversal, I would certainly want to be thorough and have all the information and results on hand if I knew either parent was a doctor. I would try to be prepared for more in-depth questioning from a parent with any medical background, and yet there would always a slight nervousness about the situation.

The question is, why should it make a difference? Perhaps ignorance is bliss under this circumstance. Recalling my time working at an acquired brain injury unit and discussions with parents whose children had suffered rare encephalopathies or other acquired illnesses, the one take-home message I learned from each and every parent I spoke with was that they "just knew" something was wrong with their child. Despite medical opinions and reassurance that their child "just had a simple virus," they knew deep down something was wrong. It was plain and simple and resonated with me when my daughter was unwell at the start of her illness. I did not need my special pediatric skills to know this. My experience of being a mother of 2 beautiful girls was enough.