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Jeffrey M. Devries

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The Expanding Spectrum of Pediatric Practice

This first pediatric issue of the *Henry Ford Hospital Medical Journal* was written and edited in 1988. That year marked the 100th anniversary of the establishment of the first pediatric professional scientific association—the Ambulatory Pediatric Society. Fittingly, the first article in this volume, written by Dr. Jay Mayefsky from the Chicago Medical School, highlights the development of pediatric practice in the United States. As described by Mayefsky, the medical practices of the first members of the Ambulatory Pediatric Society consisted almost exclusively of treating the major causes of infant mortality at that time—infectious diseases and diarrhea. With the growing recognition near the turn of the century that improved hygiene could reduce the contagion of these illnesses, the Society directed its first organizational activities to initiate and promote public health policies designed to encourage the building of sewage systems and to improve the sanitation of milk and food. Over subsequent decades, steady improvements in public sanitation and, to a lesser extent, the development of more effective antibiotics permitted substantial control of the infectious diseases that had previously constituted the greatest threat to the health of children.

This reduction in the burden of infectious diseases generated a necessary broadening of the scope of pediatric practice from its initially narrow focus to a much more expanded role in improving the health of the nation's children. This more comprehensive range of pediatric concerns can be classified into three major areas. The first of these is the natural evolution of medical technologies and procedures, occurring primarily, but not exclusively, in inpatient intensive care settings. Second, the emergence of these new technologies has appropriately led to critical reappraisals of the efficacy and cost:benefit ratio both of these technological advances and of more commonly employed clinical evaluation methodologies and therapies. Third, pediatricians have adopted a far greater interest in identifying and managing a broad range of previously unaddressed issues that, despite their impact on the overall well-being of children and adolescents, were previously not considered to fall within the scope of pediatricians' concerns. These include psychosocial and behavioral issues, learning disorders, school health, adolescent sexuality, substance abuse, accident prevention, and access to health care. As early as 1959, with growing recognition of the significant impact of these previously underemphasized areas on child health, the editor of *Pediatrics*, Dr. Charles May, wrote an editorial identifying them collectively as the "New Pediatrics" (1). It is the purpose of this pediatric journal issue to provide ex-

amples of articles illustrating each of these areas of increasing emphasis in the emerging spectrum of pediatric practice.

Five articles are presented as examples of the influence of modern technological advances on the practice of pediatrics. First, Forsythe and her colleagues at the Henry Ford Hospital Medical Genetics and Birth Defects Center describe two siblings with phenotypic abnormalities caused by intrachromosomal insertions, which were identified through advanced state-of-the-art karyotype analysis performed at the Center. Second, Raju, Ezhuthachan, and Ma describe a patient with the rare disorder of idiopathic hemochromatosis presenting in the immediate postpartum period. Although this is generally a fatal disorder, the role of the neonatal intensive care unit and its advanced technology in the evaluation and management of these infants is discussed. Third, Goetting reports a fortunately rare complication arising from the common procedure of bladder catheterization in a neonate admitted to the pediatric intensive care unit. Fourth, Andresen, Zegarra, Estrada, and Dumler present results of an epidemiologic study that demonstrated the normal cyclical changes in serum creatinine values occurring during the first three to five days of life in healthy neonates born in Peru. Finally, Caison-Sorey discusses the differential diagnosis and pathophysiology of primary amenorrhea secondary to ovarian failure in an adolescent female—a diagnosis confirmed by the combination of clinical examination and the use of several advanced technological instruments, including serum hormonal assays, karyotype analysis, and ultrasound.

The next set of articles constitutes critical reappraisals of several childhood disorders and procedures that are commonly encountered in pediatric practice. First, John A. Anderson, the Chairman of Pediatrics at Henry Ford Hospital, presents practical suggestions for the evaluation and management of a group of disorders that only recently are even being recognized by pediatricians—food allergies. Second, Preston discusses controversies regarding the evaluation of suspected infantile apnea in regard to the risk for subsequent sudden infant death syndrome. This evaluation consists primarily of pertinent historical information as well as the results of sleep pneumocardiography, which is described in detail. Similarly, in their article on the validation of electronic rectal thermometry, Goetting and Stratton investigate the application of a new technology to what is probably the most common of all pediatric diagnostic assessments—the determination of core temperature. Finally, Spinelli, a medical student from the University of Michigan Medical School, provides a balanced update on the indications

(or lack thereof) and contraindications of perhaps the most ancient, and still most prevalent, pediatric surgical procedure—neonatal circumcision.

The final grouping of articles deals with the very important but previously insufficiently addressed areas termed collectively as the "New Pediatrics." In the first of these presentations, Rasbury provides a comprehensive review of current knowledge regarding the etiology, diagnosis, and management of the frequently misdiagnosed attention deficit disorder. The next six articles deal with the problem of inadequate access to health care. The first of these articles, written by Treloar, Preston, and Lamb, describes the insufficient degree of preparedness of many emergency departments across Michigan in providing emergency care to the state's pediatric population. The remaining five articles concern the provision of health care oriented to meet the needs of specific segments of the pediatric population. Ownby, Logan, and Belfi discuss the high prevalence of respiratory allergies that often remain undiagnosed in multiply handicapped children with multiple respiratory symptoms. Newman, Klingbeil, and Abrams describe an innovative plan to meet the specific short-term needs of a very select pediatric population—the population of hospitalized children. They describe the development of a Child Life Program that is emerging as an appropriately combined effort of the Departments of Pediatrics and Maternal and Child Nursing. This program, still in its infancy, is designed to meet the psychosocial, emotional, recreational, and educational needs of these transiently "institutionalized" children, the precedence of whose medical needs often eclipses attention to these important concerns.

The final three articles discuss the need for health care settings designed to meet the specific needs and preferences of the adolescent population. The first article, by Holloway and Smith, describes the high incidence of multiple sexually transmitted diseases in pregnant adolescents. In the second article, Joiner describes an attempt to improve adolescents' access to preventive and therapeutic medical services by instituting clinics within the school setting. Finally, Stoltz and Blumer describe their experience in developing and implementing a "Teen Clinic" as a separate entity within a larger general pediatric clinic located within one of the suburban satellite clinics affiliated with Henry Ford Hospital. The advisability of establishing separate clinic hours with longer visits designed to address the

multiple health concerns of adolescents was illustrated in a 1979 study, in which 305 routine health maintenance visits to 23 randomly selected pediatricians in the Pittsburgh area were observed to determine the proportion of each visit devoted to various health care activities (2). The average time spent per patient visit was 10.3 minutes, ranging from 8.4 minutes for adolescents to 11.7 minutes for children younger than age 6. An average of only 8.4% of total visit time was spent in anticipatory guidance and counseling about developmental, behavioral, and emotional issues, ranging from only seven seconds in adolescents to a peak of 97 seconds in children younger than age 6. A subsequent editorial by Hoekelman, entitled "Got a Minute?" (3), strongly urged that more time in well visits should be spent in counseling. One of the Teen Clinic's distinguishing characteristics is that additional time is allotted to facilitate counseling about growth and pubertal development, school problems, emotional concerns, sexuality, and substance abuse. Stoltz and Blumer present a guide that they hope will be beneficial to both group practices and private practitioners who may wish to provide a separate adolescent health care setting that will permit focusing greater attention on the concerns of adolescent patients within the context of a general pediatric practice.

Thus, this first pediatric issue presents a collection of articles that illustrate the rapidly broadening spectrum of pediatric practice. It is not now possible to predict the extent of future advances in pediatric knowledge and practice that will be experienced as we enter the next decade or the next century. Nevertheless, it is reasonable to presume that the steadily increasing range of health issues generating concern among pediatricians, as illustrated in this issue, will provide the base from which those advances will certainly arise.

Jeffrey M. Devries, MD, Guest Editor
Department of Pediatrics
Henry Ford Hospital

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