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The art of cheating medical staff - Munchausen Syndrome by Proxy

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Abstract

Background: Munchausen syndrome by proxy (MSBP) is a behavioral disorder in adults, that affects children. This phenomenon is also called a Medical Child Abuse or Caregiver-fabricated illness. A child becomes a victim of many unnecessary medical procedures without commensurate disease. A mild form of this disorder is falsification of medical records and fabrication of medical evidences. Adults can also exaggerate existing symptoms of illness. The most harmful behavior is an intentional child abusing in order to cause symptoms of a disease. There are many difficulties in diagnosing this disorder and the following consequences for victims are devastating. For that reason MSBP is becoming a very dangerous medical problem.

Material and methods: The analysis concerned publications in English and Polish language published in years 2013-2018, which were collected in the PubMed, Google Scholar

and Medycyna Praktyczna. Particular attention was paid to articles presenting the problem of MSBP and to the role of medical staff in diagnosing this disorder.

Results: Available data suggests that caregiver with MSBP is usually victim's mother. Most commonly these women have others mental disorders. MSBP is a very dangerous form of violence and it is proven that the mortality associated with this disorder reaches about 6-33%. It should be noted that, in addition to the obvious child's physical injuries, abnormal relationships with caregiver cause long-term developmental damages.

Conclusion: The role of medical staff in diagnosing MSBP is difficult, but also very important. Caregivers with MSBP seem to be solicitous and responsible. Their attitude can mislead the doctor. Pediatricians, while trying to diagnose a child, order many diagnostic tests. It may increase caregiver's pathological behavior. Due to this fact, medical staff can unconsciously expose a child to an unnecessary medical procedures. Effective communication between health sectors and staff education can be a crucial element in MSBP diagnosing.

Key words: Munchausen syndrome by proxy, medical child abuse, caregiver-fabricated-illness

Introduction

Munchausen syndrome by proxy (MSBP) belongs to „factitious" disorders. This term gathers diseases in which patient's role is intentionally initiated. MSBP affects child's caregiver, who induces illness in juvenile. However, some authors propose different names to pay attention on child being a victim. Flathery and Macmillan define MSBP as Caregiver-fabricated illness(CFI) [1]. MSBP is also more and more commonly named as Medical Child Abuse (MCA) [3].

The most often victims of MSBP are infants or small babies. The age range of abused children is related to their inability to report a maltreatment. Usually, victims are diagnosed between fourteen months and 2.7 years [13]. The most frequently notified medical symptoms are apnoea, convulsion, bloody stools and vomiting [2].

Available data shows that approximately in 85% of cases of MSBP the role of abusive caregiver is played by a mother. Furthermore, in 80% of cases, these women have other mental disorders like borderline and antisocial behaviors [1]. The research carried out on 796 cases showed following results in reference to 479 people examined regarding to

psychopathology: depression was reported in 14,2% of cases (N=68/479), personality disorders in 18,6% (N=89/479), substance/alcohol abuse in 14,2% (N=68/479), self-harm/suicidality in 8,6% (N=41/479) and Factitious Disorder Imposed on Self (FDIOS) in 30,9% (N=148/479). Among personality disorders, the most common was abovementioned borderline [8]. Other data obtains similar information about mothers with Munchausen Syndrome in their earlier life [1].

Abusive adults often have connections with healthcare. They work in medical professions, mainly as nurses or medial secretaries [4]. In one of many studies about MSBP, it was found that among 215 cases, abusers were married in 75.8% (N=163/215) [8]. However, in MSBP, fathers are mostly passive members of family life. They can be defined as a "breadwinner", because they pay medical bills instead of spending time with a child in hospital. They usually don't know about their family problem [2]. MSBP is associated with high mortality rate. According to severe available studies it achieves the rate from 6 to 33% [1]. The majority of deaths was caused by overdosing of sedating agents, usually antihistamines and opioids [13].

It should be pointed out, that MSBP is probably more common problem than it is reported. A study from the Massachusetts General Hospital in Boston shows frightening data. It reports that one-third of 155 cases of infants with repeated life-threatening situations were victims of medical abuse [2].

The forms of MSBP

According to the current knowledge, MSBP can be presented by various forms of behavior. To organize this broad array of possible symptoms, this disorder is divided into three categories: (1) secretive child abuse to induce the symptoms; (2) fabrication of clinical symptoms; (3)the exaggeration of existing illness [5].

In the literature, there are mentioned many methods of harming a child. To present the range of cruelty, there are quoted some of this manners: suffocation, damage of the eardrum, poisoning or abuse of the chemical substances (the administration of large amounts of table salt leading to hypernatremic dehydration [13]), drug intoxication (most commonly laxatives and benzodiazepines [13]), manipulation of medical equipment (intravenous injection of contaminous water), restricted diet without iron to induce the anemia, wound contamination, placing foreign body in the child's body (insertion of the needle through the fontanelle) [4].

The falsification or fabrication of clinical symptoms is difficult to detect. Technically, every biological material for laboratory test can be falsified by the caregiver. For example,

adult can simulate hematuria by adding blood to baby's urine sample [4]. If there are some signs of tampering with biological samples and other suspicious evidences, staff should carry out close observation of a child [7]. In every situation when medical history does not correspond to an objective psychical state, medical staff should be alarmed. Likewise, if proper diagnostic procedures does not bring the expected results, medicians should re-evaluate collected information [5].

The exaggeration of symptoms can be a huge challenge to discover for medical staff. Patient's history usually starts with real medical problem, but as time goes by, there are new symptoms which seem to evolve unduly. Doctors can order more and more medical tests and unconsciously cause harmful consequences for child [5].

Further sign of illness falsification can be a language used by child. If it is more advanced than child's age suggests, child uses similar expressions like the caregiver to describe the symptoms, it may also points to MSBP [7].

The following consequences

It is obvious that abovementioned activities cannot remain without consequences. Victims of MSBP are more exposed to development of depression and fear than general population. They may suffer from developmental delays and delayed growth. It connects with worse social functioning and deficiencies in school or academic progression. In future, these children may also struggle with Post-Traumatic Stress disorder and anxiety [6,7]. Two scientists, Conway and Pond have a hypothesis that victims of MSBP may have a tendency to develop Munchausen Syndrome in future [8]. On the other hand, there is also a possibility that abused child will be reluctant to every form of medical intervention, even in case of acute illness. Victims may also have problem with recognizing real symptoms of disease. It indicates a disturbed perception of self-body [6].

Most victims of MSBP are deeply convinced about their illness. In case of attending a psychological counseling by the victim, therapists should balance between respecting child's belief and its right to know the truth. It is necessary to achieve the optimization of health and social functioning. Solving the problem of child's attachment to the abuser could be a milestone in the therapy. With regard to serious victim's psychological problems, trauma-focused and attachment-focused therapies seem to be very helpful and promising [9] Moreover, victim's entering the adult life without specialist help increases the possibility of victim becoming an offender [2].

The difficulties in diagnosis

As already mentioned, MSBP is probably more common problem than it is officially reported and difficult diagnosis may be the reason of this phenomenon. There are several factors of these difficulties. First of all, it is abuser's self-presentation. Typically the mother is deeply involved in treatment process and very cooperative. She seems to feel comfortable and serene during a stay at the hospital [10]. In opposition to other forms of child maltreatment, mother with MSBP presents as loving and admirable parent [1]. This behavior arises from constant pressure of being unmasked. Mother with MSBP is mainly concerned about how she is perceived by the doctors and other parents at the hospital. She treats her child as a means to an end. The preconceived imagine of loving mother may be a reason of resistance toward careful analysis and investigation [2].

Secondly, in the case of caregiver's concerns about being unmasked and fears about confrontation with medical staff, the parent may transfer child to a new hospital. New place gives a possibility to start tedious treatment process from the beginning [4].

Thirdly, apart from abuser's attitude, insufficient knowledge about MSBP and lack of differential diagnosis are impeding factors in making a diagnosis. That is what makes doctors believing about presented medical history without a second thought. Therefore, medical staff should be educated and alert to warning signs of MSBP. Sometimes, simple re-evaluation of medical history with open mind may prevent child from unnecessary treatment [11].

Last but not least, defense mechanisms and confirmation bias are regarded as important elements of low traceability of MSBP. Fixation on seeking a somatic background of an illness can make medical staff blind to even obvious pathological situation. Moreover, resistance of admission to misdiagnosis and responsibility for harmful effects of ordered medical procedures may be a reason for intentional MSBP overlooking [4].

Ethical issues

The fundamental healthcare duty is to respect patient's right to autonomy. In pediatric practice, this duty is as important as obligation to provide the sense of security for the child. Furthermore, child's right to autonomy may be received as protecting from harm and abuse. The grounds of parental authority are based on assumption that parents are the most appropriate people for making decisions about their children. However, in suspected cases it must be taken into consideration that decisions taken by parents may be harmful for the child and even life-threatening. According to Baines, parents' authority does not have the same

moral scale as respect for child's autonomy. It may be concluded that in the cases of MSBP child's development and prosperity prevail over parents' authority. Performing diagnostic tests without informing parents may be justified by "therapeutic privilege". This decision may be taken without judicial intervention but it is obvious that the doctor's duty is to report a case of child abuse to the appropriate authorities[1]. The child-centered care approach seems to be proper behavior when there are suspicions about MSBP. The minimizing parent's role is an useful factor in revealing the evidences of the abuse. It is actually very difficult to balance between child's best interest and its psychological wellbeing. Child's significant attachment to the parent is responsible for this problem.

Other important issue is to decide whether parents should be informed about suspicions about MSBP [1]. One of the conclusions from the research carried out on 348 forum users connected with program about MSBP ("Dr.Phil") was that the mother can escalate her behavior in the case of being accused [2].

The risk of enhancing parent's brutal behavior is also an issue associeted with decision about conducting medical tests to explain unclear symptoms. These tests may be a milestone in revealing the truth about MCA but also may be perceived as unnecessary prolongation of child's abuse. Moreover, by the performing diagnostic tests and demostrating an attention, medical staff may encourage the abusive parent to the pathological behavior [1].

Medical staff as an innocent guilty

As arise from the mentioned ethical issues, practitioners should be in order to not becoming guilty of child abuse in unconscious way. In MSBP, the caregiver is using a medical staff as the instrument of harm [3]. The major problem of the doctors in MSBP cases is taking child's medical history for granted. Inherently in our society, parents are believed to be people caring about their child's wellbeing. Therefore, practitioners may give in to instigation of parents and perform unnecessary medical tests [2]. This phenomenon may start a vicious circle. It is easy to fall into the trap of seeking a somatic background of the disease. Unfortunately, it may lead to the child's disability. For example, there are reports about unnecessary insertion of a gastric tube for gastro-resistant feeding [13].

Furthermore, medical staff have to be careful about suggesting MSBP during the confrontation with parents. The behavior of abusive adult is difficult to predict. There is possibility that abuser will enhance behavior to "prove" the illness. In such a situation child's life is threatended [2]. Backwards, practictioners should also be prepared for minimizing the symptoms. That behavior is intended to calm down the medical staff. Occupational

connections with healthcare make abusers adept at staying alert and ready for that kind of situations. Parents may also make decision about transfering their child to other hospital. This choice results in begininng diagnostic process anew [1]. A caregiver who resists to face the truth about child's good health should be treated like possible perpetrator [13]. It is difficult to find a golden mean in MSBP cases and every situation should be considered separately. Being aware of these ethical issues is the first and probably the most important factor of an appropriate care for victims[1].

How to improve the traceability

There is a need for well-educated multidisciplinary teams for diagnosing and planning a treatment carefully[12]. MSBP is very difficult to discover and practitioners should stay alert to possible signs of this disorder. Amongst theme, there are mentioned for example unexpected symptoms reported by only one caregiver, atypical response to standard treatment, medical history that does not correspond with observed state of health [3]. If medical staff have some suspicious observations, assessment procedures should be implemented. These include a supervision of a child during the use of the same treatment and then controlled discontinuation of medications. Other obvious procedure is medical record summary with re-evaluation of every single information. It is necessary to determine whether some tests could be altered by the parent [7]. The thorough medical history obtained from a mother is a crucial element of MSBP diagnosis. Practitioners should pay particular attention to mothers with FDIOS, depression, substance abuse, self-harm and other disorders. Moreover, in mentioned research carried out on 796 prepetrators, 391 cases were examinated regarding to history of obstetric complications and it was found in 23.5% of women (N=92/391). History of childhood maltreatment was found in 30% of examined cases (N=176/586) [8]. Getting the information about mother's medical history may be a clue to MSBP diagnosis.

In case of medical staff's suspicions, periodic checking caregiver's attitude by encouraging to articulate thoughts in own words can be very helpful. There are some questions that may be used in the confrontation: "How do you understand your child's symptoms?" or "Can you tell me how and why do you give this medication to your child?" [3].

Finally, some authors suggest using a covert video surveillance (CVS) in hospitals as an assistant assessment tool. The legal regulation of video monitoring is not really clear and that is why it should be used as a last resort [3]. Opinions about CVS are divided. It has been saving many lives, there are proven situations of detecting poison administering or suffocating

infants. On the other hand, the voices against claim that it is encroachment on human right to privacy. If CVS is considered to be implemented, there should be prepared some protocols of its use [13].

Conclusion

Munchausen Syndrome by Proxy is very difficult to diagnose and dangerous disorder. Medical staff during conversations with the caregiver have to be alert and careful not to expose a child to further harm. Every effort should be made to improve MSBP traceability. It seems that effective communication between health sectors and the creation of an appropriate multidisciplinary teams for pediatric patient is a promising idea to tackle this problem. The ideal model of care team consists of at least two doctors and also psychotherapists, because it is essential to remember about long-term psycho-social consequences of child abuse. Publicising the problem of MSBP is very needed nowadays and may be an important step against Medical Child Abuse.

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