What Shall We Call Them?

We are not surprised. We pretty much knew how the evidence would unfold. Authors of the article “The USA National Longitudinal Lesbian Family Study: Psychological Adjustment of the 17-Year-Old Adolescents” report that late-adolescent girls and boys who are children of lesbians are doing just fine.

When last discussed in Pediatrics in 2002, the American Academy of Pediatrics (AAP) Committee on Psychosocial Aspects of Child and Family Health statement “Coparent or Second-Parent Adoption by Same-Sex Parents” (reaffirmed February 2010) and the accompanying technical report written by Ellen Perrin, MD, FAAP, drew much attention and engendered controversy both within the AAP and outside of it. The AAP noted that there were large numbers of children being parented by gays and lesbians and that lesbian and gay couples were serving as coparents. It was important that pediatricians caring for these children understood these nontraditional relationships, and it still is. After a careful review of the literature gave no indication of harm to children, the AAP took the appropriate, although we have since learned bold, step of suggesting how these children and their parents might be best served. Gartrell and Bos cite Perrin’s technical report when they state, “In young children, adjustment is largely determined by family functioning: regardless of their parents’ gender or sexual orientation, children fare better when their parents are compatible, share responsibilities, provide financial stability, and have healthy interpersonal connections.” We now have data for older offspring, and the findings are the same.

Can these data reassure those who fear that homosexual relationships with or without children will herald the end of family life as we know it? It should. Divorce brings ends to heterosexual families, but those families live on in the new arrangement of 2 separate parents in 2 separate homes. The presence of children in the marital relationship, now ended, defines a family that endures in some form or another, to greater or lesser success for the children. Our experience tells of the resilience of children who are loved and know that love. Our learning tells us of the boundless ability of children to respond to that love despite the absence of a traditional parenting relationship.

But, unease is reflected in our language. What do we call these parents and their children? Daniel Jones, editor of the weekly Modern Love column in the Sunday New York Times, recently wrote on the naming of spouses in gay and lesbian marriages. Are both partners “wives” or both “husbands?” He concluded that, “perhaps like Dr Seuss’s famous Star-Belly Sneetches, who finally learn that no one kind of Sneetch is the best on the beach, we’ll see that marriage is marriage, meant for devotion that thrives, and not just for unions of straight husbands and wives.”

It’s easier for kids. Our patients call their parents “Mommy” and “Mom” or “Dada” and “Dad.” It is no big surprise that these names need not apply to just 1 person. And when we see these moms or dads with their kids in our practice, we call them families.
Cancer and the Canine Genome: Just as we have sequenced the human genome, the canine genome has also been sequenced with the hope that it may yield insight into why some species of dogs are more predisposed to specific cancers than others. According to an article in The Wall Street Journal, (Beck M, May 4, 2010), about 1 in 3 dogs die of cancer, but some breeds do so more than others. For example, 60% of golden retrievers die of cancer (most commonly lymphomas, osteosarcomas, and/or hemangiosarcomas) more than twice that of any other breed. Along with golden retrievers, high cancer risk is also found in boxers, rottweilers, and Bernese mountain dogs. The lowest cancer risk is in beagles, poodles, collies and dachshunds. How might genes be playing a role in the high risk species? Since all purebred dogs are essentially inbred, and breeders select only those dogs with the most desirable traits, not only do the desirable traits get concentrated, but possibly the undesirable ones like those predisposing to cancer which may map near some of those desirable traits. According to Rhonda Hovan, research facilitator for the Golden Retriever Club of America, “We have no breeding tools at this time that seem to make any difference in the rate of cancer in goldens.” Hopefully such tools will evolve in the years ahead as researchers continue to retrieve information that help us better determine cancer risks in dogs (and in humans).
What Shall We Call Them?
Joseph F. Hagan, Jr
Pediatrics 2010;126;175; originally published online June 7, 2010;
DOI: 10.1542/peds.2010-1225

The online version of this article, along with updated information and services, is located on the World Wide Web at:
/content/126/1/175.full.html