"TO SEE OURSELVES AS OTHERS SEE US"

It would seem most appropriate that if we in American pediatrics were to be given an opportunity, in the words of the immortal Robert Burns, “to see ourselves as others see us” that this be given by a fellow countryman of his! Such is the case in the most interesting article entitled “Pediatrics in America—Impressions of a Visit,” the lead article in the July, 1962, issue of the American Journal of Diseases of Children, by Dr. John O. Forfar, Consultant Pediatrician at the Western General Hospital, Edinburgh, and Senior Lecturer in Child Health at the University of Edinburgh. Dr. Forfar is kind enough to present us with his impressions of a visit lasting 3 months and including some 10 academic centers in 21 hospitals along the East Coast with some few in the Central and Western America, each visit taking from 1 to 14 days.

He starts by making some interesting comparisons between pediatrics in the United States and Great Britain. He notes that although in general there are definitely more physicians per unit of population in the United States than in the British Isles (e.g., USA 1:760, Great Britain 1:900), the percentage of specialists is considerably higher in our country than in his. He also notes that in the United States there are reported to be three general practitioners for five specialists, as compared with three general practitioners for one specialist in England. He further reports that the United States is said to have approximately 9,000 pediatricians, two-thirds of whom are certified, while all of Great Britain has only 250. This results in a ratio of 1 pediatrician per 20,000 population in the U.S.A. as compared with 1 to 200,000, one-tenth as many, in Great Britain. He notes with interest that this ratio is nearly twice that which is true for specialists dealing with adults and that in the United States pediatricians constitute 8.5% of all the specialists, whereas in Great Britain there are only 3%.

As partial explanation for this phenomenon, Dr. Forfar reports that in Great Britain a considerably more prolonged training and extensive experience is required before an individual can be certified as a pediatrician. He further notes that nearly all of the pediatricians in Great Britain are what could be called “consultant pediatricians” for whom hospital assignments are a necessity and who spend all or a large part of their time in a hospital with a very little private practice. Such an individual usually is responsible for some 20 to 30 beds in a Children’s Hospital, with perhaps twice as many newborn. He receives outpatient cases on a referral basis only and, of course, if he is at an academic center, will probably be concerned with some teaching and research. Such an individual is not unlike those in full-time academic positions in the United States. He goes on to state that, in his opinion, the British pediatrician is more involved in patient care than is the American academic pediatrician and notes that there is a rather distinctive difference between the academic pediatrician in the United States and the practicing general pediatrician. Another highly important difference is that since nearly all the hospital patients are under the National Insurance Plan in England, only the pediatricians on the staff of the hospital are permitted to care for patients admitted there. As a result of this, nearly all of the home care is left to the general practitioner who then sends the patient to the hospital for care by the consulting pediatrician. In contrast to this Dr. Forfar notes that in the United States he found the private pediatricians...
were working predominately outside of the hospital and spending most of their time on well-baby care and minor ailments of childhood, which he feels makes it difficult for the American pediatrician "to maintain an experienced facility in the modern methods of diagnosing and treatment" comparable to that of the pediatrician working wholly or predominately in the hospital.

Here it seems to me that Dr. Forfar has been somewhat betrayed by seeing the black and white and missing the vast grey area which may typify the American pediatricians. I know of a great many pediatricians in the United States who, although a major share of their time is spent in home and office practice, are excellently equipped to handle hospital patients and care for these with a measure of skill which seems to me can hardly be surpassed anywhere. It is my feeling that this group represents a major share of pediatricians in the United States and that were the plan adopted, as suggested by some, that we divide our pediatricians into consulting pediatricians who would do a great deal of the hospital work and the general pediatrician who would do the work at home and in the office, we would lose a great deal of the attractiveness which presently brings a young man into the specialty.

Dr. Forfar also went on to decry the lack of "closer and more continuous supervision by those of more experience" in patients in the hospitals. It is true as he states, that we do have in most hospitals, a rotating system, but it is equally true that it has long been the American doctrine that children should be returned to their homes as soon as possible and only those who require prolonged care kept in hospitals. Consequently, it is very unlikely that very many patients would be under the care of the hospital pediatrician for prolonged periods of time. As a matter of fact, the essentials of continuity would seem to be better carried out where it is possible for the pediatrician who is taking care of the child on the outside to continue to maintain supervision in the hospital. He also referred to the increasing tendency to develop what we would call subspecialties within pediatrics in the United States, which has been developed to much higher general standards in America than in Britain. Quite wisely, however, he throws in this thought: "There must, however, be an optimal point of practicability or feasibility in pediatric specialists." Here is a thought that many of us might ponder upon.

Under the general subject of Research, Dr. Forfar, like many other reviewers of American medicine, decries the tendency to place undue emphasis upon laboratory procedures as compared with clinical findings. Many of us would agree, I am sure, that this point is well taken and that it is the obligation of all teaching pediatricians to make certain that their students are well trained in the fundamentals of physical diagnosis and the uses of all their special senses before they turn to the laboratory for assistance. We note, also, that he says "in Britain we tend to be rather suspicious of the laboratory dabbler." Perhaps this suspicion should be generated to a higher degree in the United States than it presently is.

Under the general subject of Administration, Dr. Forfar notes that in Great Britain the consulting pediatrician spends from 70 to 90% of his time in patient care, whereas his counterpart, the American Academic pediatrician spends from 20 to 50% on patient care, the remainder on research, teaching, writing, etc. He also notes with considerable interest that in comparing the house staffs in the United States and in Scotland, we find that there is one member of the house staff to each seven patients in those pediatric centers which we visited in the United States as compared to 1 to 15 in Scotland.

Dr. Forfar then goes on to give his version of the National Health Service and states most wisely: "But what suits and benefits Britain may not suit and benefit America. The medical service of a nation is, I am sure, an individual matter for that
nation and should take account of many factors inherent in the life of the nation.

Another quotation worth remembering is the following: "Inevitably change must come and my concern would be that the profession should guide and control it." All of us have been aware of the many changes in medical care which have taken place over the last 20 years, and many are beginning to be fearful of the lack of the ability of the profession to control these changes.

Although it is generally recognized that the physician is by nature inclined to be a highly conservative individual, it is certainly not true that in pediatric circles the medical profession has been noted for its opposition to change. Space does not permit the reviewing of the many changes which have not only been accepted by but in many cases initiated by the medical profession in pediatric practice over the last 30 years. The single type of change to which there would appear to be universal opposition is any change which would remove the control of patient care from the individual physician and place it in the hands of any governmental agency. The very nature of the radical changes which have taken place in the practice of pediatrics in recent years indicates the readiness with which pediatricians in general accept new thoughts and new methods. Without this, the tremendous progress which has been made would not have been possible.

In reviewing the administration of American hospital medicine, Dr. Forfar seemed particularly impressed by (1) its flexibility, (2) the very large amount of research grants available from the federal government, and (3) the extensive contribution which voluntary effort makes to American hospital medicine. One cannot help wondering whether we in America have always been fully conscious of these advantages.

He next follows with a brief discussion of the relative merits of open and closed hospitals and also of the increasing problem both in America and Britain of restrictive effect which legal decisions may have on medical practice. Under the heading "Teaching," Dr. Forfar presents some interesting comparisons between the type of training required in Britain as compared to that required in America. Once again he quite properly states: "My only reserve would again be in deficiencies in the basic physical examination of the patient. There was a tendency to go straight to the laboratory or to instrumental investigation to obtain information which might be available from physical investigation alone. Furthermore some of the laboratory and instrumental data might have been better interpreted in the light of a more careful physical examination." These sentences could, I believe, be properly brought to the attention of all teachers throughout the country. Dr. Forfar was somewhat surprised by the amount of responsibility which members of our house staffs are permitted and notes that more time is spent in America "in discussion, conference and seminars" and also in ward rounds. His statement, "the presence of such a high proportion of private patients in many hospitals in America also creates teaching difficulties which barely occur in Britain where so few hospital patients are private," hardly holds true in many of our institutions, for the tendency in university centers has been to use private patients just as freely as ward patients in teaching, a tendency which, I believe, will continue until it becomes universal.

Dr. Forfar's final subject is that of Finance. Here it is difficult to make fair comparisons, not only because of the difference in cost of living but because of the fact that here in the United States we have many variations both in hospital costs and in general living costs throughout the country. It is interesting to note, however, that although the salaries paid the full-time people seem to be somewhat lower in comparison with American figures, those paid residents are considerably higher than the American average. Here, again, is room for a change.

One of the points which Dr. Forfar has apparently not had an opportunity to ob-
serve, which many believe is one of the major sphinxes of American pediatrics, lies in the fact that a trained pediatrician is available to a large percentage of children and their parents daily as compared with the English system where they are available only as consultants. It is true that a greater percentage is still and probably will be seen by general practitioners, it is equally true that the pattern of practice set up by the pediatricians in their private practice serves as an invaluable example to all practitioners and tends to raise the level of pediatric care immeasurably.

In conclusion, we should be deeply grateful to Dr. Forfar for his sincere, candid, and searching observations. I believe that he has done American pediatrics a real service in presenting his impressions and that all of us could benefit by this opportunity to "... see ourselves as others see us."

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Note: These impressions of Dr. Forfar’s presentation are entirely personal ones and in no way should be construed as representing the official opinion of the American Academy of Pediatrics.
PRESIDENT'S MESSAGE: "TO SEE OURSELVES AS OTHERS SEE US"
Carl C. Fischer
Pediatrics 1962;30;660

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LETTERS TO THE EDITOR

have an opportunity to help preserve and stabilize the fundamental unit of society—the family.

Few would disagree that the child from 0 to 5 years of age is in one of the most receptive periods in his life. Parental influences in the form of words, actions, and attitudes leave deep and indelible marks on the developing child. No one can bring this fact home to parents better than the physician whom they have selected, the physician in whom they have trust, and whom they respect. His words will be heard and accepted, and what is more important, they will be heeded.

Routine visits for check-ups should be used as occasions to offer parents encouragement, support, and guidance in the handling of their young ones. Parents need to be made to realize that their responsibilities go far beyond the need to feed and clothe and shelter.

A parent's sense of responsibility and faith in his ability to guide and support his offspring has gradually been eroded. Fathers and mothers have been made to feel inadequate and unqualified. On the contrary, I personally believe that the parent-child relationship is such that the majority of parents can be the child's best and most natural teacher, particularly when it comes to imparting attitudes and such basic concepts as honesty, integrity, and decency. It is in helping to restore to the parent a sense of self-confidence and the desire to assume the responsibilities of parenthood that the physician comes in.

I propose that at each opportunity an effort be made to touch upon some basic point without lecturing. When dealing with a receptive parent it takes but a few moments longer to inquire of the emotional atmosphere in the home, of the ease or difficulties encountered in handling and disciplining the child. Very simply, the parent could be asked a leading question, such as, "How does it feel to be a parent?" "How are you enjoying your child?" We should quickly spot the perfectionist mother, the overbearing father, the overly proud parents who feel they have produced a young demi-god. And when we do we should take the time to make some appropriate comments. A pamphlet or a presentation by a nurse or an aide just isn't enough. In this day of increasing pressures to use physicians' assistants these words sound anachronistic. However, I firmly believe that because of that very personal and special relationship between the physician and his patient, no one else can impart encouragement and understanding of responsibility as well as the physician.

It is important to remember that the problems are there and that most often parents are looking for an opening to talk about them, if only briefly.

I submit that this aspect of the physician's service to his patients has been neglected because of the rush of everyday living and crowded schedules, but mainly because we have just not thought about it. If we but remind ourselves each time we enter the examining room, we will feel this responsibility more keenly. A few more minutes spent with each family unit may yield great rewards.

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Malformations and Maternal Nutrition
(Correction of an Error Published Elsewhere)

TO THE EDITOR:

The following erratum will be included in reports of the 60th Ross Conference on Research, "Problems of Nutrition in the Perinatal Period," which are distributed in the future.

Erratum

Page 15, paragraph 4, last line reads, "...there was a high incidence of malformation." This should read, "...there was a slight increase in malformations which was not statistically significant." (Smith, C. A.: Effects of Maternal Nutrition upon the Newborn Infant in Holland (1944-1945), J. Pediat., 30:229-243, 1945).

Because the Report of the 60th Conference was widely distributed before the error was called to my attention (see attached correspondence), I would greatly appreciate your publishing this letter in PEDIATRICS so that earlier recipients of the Report will be aware of this unfortunate error.

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PRESIDENT'S MESSAGE: "TO SEE OURSELVES AS OTHERS SEE US"
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An erratum has been published regarding this article. Please see the attached page for:
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