

# AMERICAN ACADEMY OF PEDIATRICS

## PRESIDENT'S MESSAGE

### ADOLESCENTS

ONE OF THE IMPORTANT AREAS of child health which pediatrics has tended to overlook is the medical care of the adolescent. Here is a group of the population in the age group 15-19 numbering in the United States 12,847,000 as of July 1, 1959 exclusive of the Armed Forces, and in Canada 1,375,700 as of June 1, 1960. Except for a few outstanding school health services and adolescent clinics, their health needs have received relatively little study by any medical group.

This is not a new thought. I can recall hearing the care of the adolescent discussed at Academy meetings for many years, usually in the corridors. At some luncheon, probably the School Health Committee's, perhaps 15 years ago, a resolution was passed which declared the pediatrician's responsibility for child health extended to about age 20. Periodically pediatric authorities have called attention to the need to work with this age group. The latest mention of this is in the Presidential address of Dr. Samuel Levine of the American Pediatric Society, who called for "a special effort to understand the puzzling problems and potential of adolescents."<sup>\*</sup>

Several years ago at the request of the Executive Board, I tried to discover the attitude of pediatricians toward the care of the adolescent. It was not a scientific study, but correspondence with perhaps 50 well-known practitioners and teachers. The replies were on the whole enthusiastic, and recommended Academy action to give more recognition to this age group in our program. They gave suggestions and descriptions of ways in which individual physicians were serving this age group. This exploration eventually led to the recommendation

that an Academy committee on child growth be created, which would include adolescents within its frame of reference. Under the chairmanship of Julius Richmond, this committee became the organizing group which has become the Section on Development. They had their first sessions at the last Annual Meeting of the Academy and included this age group in their discussions.

It seems pointless for pediatricians who devote so much attention to health supervision of young children to discontinue this service before the teen years. Many of the problems of the adolescent are the outgrowth of difficulties of the earlier years, especially those associated with growth. These do not terminate at age 12 or 13 but have a natural history which carry them upward to about age 21. Not every pediatrician is ready, of course, to include the health care of this age group in practice. Younger practitioners tend to have a younger age of patients. On the other hand, the natural history of pediatric practice, assuming a reasonable stability in the community, is to grow up, so to speak, with one's patients. There are a good many pediatricians who take care of teen-agers. Some pediatricians have special hours for these patients. Others report that teen-agers appear to enjoy the opportunity to see babies and young children in the office. This is a detail which can be handled by good judgment. The important point is that these children should be encouraged to visit pediatricians, and more pediatricians should be equipping themselves to understand and cope with teen-age health problems.

Other aspects of this general situation are the need to foster more education in adolescent medicine and to make better provision for hospital care, both in- and outpatient, for the adolescent. The Academy's booklet

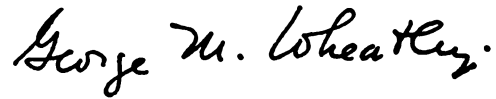
\* Amer. J. Dis. Child., 100, 651, 1960.

on *The Care of Children in Hospitals* has a good chapter on understanding the personality of the adolescent patient and should be required reading for nurses and the house staff. We should be giving more consideration to the medical problems of the adolescent at our various meetings, including post-graduate seminars and courses. Residencies should be developed for the needs and problems of this age group. Such emphasis would at the same time upgrade hospital services for the adolescent.

A pioneer in the medical care of the adolescent is Ros Gallagher. The Adolescent Unit which he heads at the Children's Medical Center in Boston is helping greatly to focus attention on this age group. In his annual report which recently came to my attention there is evidence that this program is attracting physicians for training from other

parts of the United States and abroad. It is encouraging to note that other localities are beginning to plan for the medical care of these children.

This is a twilight zone in medical practice upon which more light needs to be shed. I hope that pediatricians will take the initiative to study the needs of this group and to encourage the development of facilities, programs and training, which might lead to an improvement in adolescents' medical care and in the prevention of some of their disorders.



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George M. Wheatley  
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