

IATROGENIC CHILD ABUSE

IATROGENIC CHILD ABUSE is the least known yet probably the most common form of child abuse in the world. It can be defined as **Significant harm, including death, caused to a child by inappropriate or improper medical practices and procedures.**

Every year many thousands of children are being harmed throughout the world by inappropriate or improper medical practices and procedures yet very little attention is given to such harm by Child Protection agencies.

Examples of iatrogenic Child Abuse are numerous throughout the world and evidence of such abuse is not difficult to find. For example, in Bristol U.K. in 1999, the deaths of 33 children were held by the General Medical Council to be directly attributable to the incompetent medical practices of three surgeons.

At North Staffordshire Hospital U.K. in the early 1990's, 28 children died and many others were seriously harmed, including brain damage, during experimental research using untried medical equipment and serious questions were raised as to whether informed parental consent had been given for the children to be included in such experimentation.

In September 2000, in the U.S.A., the Chicago Tribune published the results of a study of the federal and state medical records of over three million people which discovered that 350 people die in the U.S. every year as a direct result of the actions or inactions of nurses and a further 2,000 are caused serious injury. Although details of the number of children involved in the study was not identified it may be reasonable to assume that the number of children involved would be proportionate to the percentage of children in the general population. A typical case was cited in Chicago at Rush-Presbyterian St. Luke's Medical Centre, a 2 year old Miguel Fernandez received a deadly overdose of sedatives from a nurse who had not been properly trained to carry out injections.

The Tribune concluded that, "Lapses in nursing care sometimes have only minor consequences, but many are fatal."

In 1996, the President of the American Hospitals Association Dick Davidson admitted, "Patients suffered, literally, because medications and vital comforting services were delayed, confused, or forgotten."

The Wilson Report in Australia estimated that approximately 16,000 individuals die every year in Australian hospitals from preventable deaths - and an even greater number are caused serious injury. Similar occurrences were reported in England in February 2000, where a report in the British Medical Journal stated that at least 100,000 cases of hospital acquired infections occur every year in England, with an estimated 5,000 deaths at an estimated cost of £1 billion annually. At any one time, 9% of the patients in hospitals are being treated for an infection they acquired in the hospital.

"Hospital infections are a huge problem for the National Health Services", stated Sir John Bourn, Head of the National Audit Office, "they prolong patient's stay in hospital and, in the worst cases, cause permanent disability and even death."

In the U.S.A., children are commonly treated with drugs which have not been approved for paediatric use by national bodies such as the Federal Drugs Agency. Even so, it is estimated that approximately 80% of drugs approved by the F.D.A. contain a labelling disclaimer for use on children.

Although attempts have been made by agencies such as the F.D.A. to introduce a system of approving drugs before use and subject to scientifically based research, such attempts have not been supported by governments, the drugs manufacturers, and medical practitioners. Similarly pharmacology associations have attempted to improve the testing and labelling system of drugs for paediatric use. The FDA permits drug companies to use data from adult studies and apply that to estimate dosage levels for children but the Department of Health and Human Services has stated that proper paediatric dosing cannot be extrapolated from adult data.

In the U.K. less than 40% of drugs administered to children are licensed before use and concern has recently been expressed that over 70% of the physician members of the body which approves drug use for children in the U.K. have substantial shareholdings in drug companies or receive consultancy fees or research grants from drug companies.

These are the broader aspects of iatrogenic Child Abuse but of course there are many instances which affect individual children or small groups of children.

Examples of such direct iatrogenic Child Abuse, but which are not exhaustive, are :-

1. **Congenital Disorders** - where children are malformed due to the administration of prescribed drugs to the mother during pregnancy and which have an adverse effect on the foetus;
2. **Birth Injuries** - where children are caused harm during delivery procedures e.g. forceps deliveries, failure to induce labour when appropriate etc;
3. **Surgical Injury** - children harmed during surgery. The Bristol case involved large numbers of infants but there are many similar occurrences affecting infants and older children;
4. **Prescribed medications** - as has been stated earlier, such medications are not tested by pharmaceutical companies as to whether they are suitable for children and what might be a correct dosage to be given. Nor are interactions tested with other medications which the child may have been prescribed - reactions to cocktails of drugs is fairly common. Even well known medications such as penicillin can have extremely harmful effects, including death, on some children. Most recently the drug Cisapride/Propulsid which has been prescribed for children for many years has been found to have caused at least five known deaths of children in the U.K. in recent years and over 90 serious adverse events. The drug has now been withdrawn from use in the U.S.A. and Australia;
5. **Vaccines** - there is no debate that vaccines can cause serious harm to children, the only debate concerns the proportion of children harmed and the nature of such harm. Vaccine proponents tend to argue that the harm caused to the few is justified by the benefits to the many but this argument has been found to be specious when it has been claimed by researchers that vaccines are causing autism, Crohn's Disease and serious stomach conditions, and serious respiratory problems (e.g. asthma) in many thousands of children throughout the world. Since 1980 the British government have awarded compensation to child victims of vaccine damage providing proof can be provided of 60% disability and since 1986 the U.S.A. has had legislation in place to provide similar compensation. It is reasonably estimated from figures published by the F.D.A. and the Centre for Disease Control that

every year the deaths of over 2,000 children in the U.S.A. are caused by vaccines. The verity and integrity of proponents of vaccines has to be considered against the fact

that in the U.K. and other countries, considerable amounts of money are paid by governments and drug companies to medical practitioners for the administration of vaccines.

6. Medical research - the situation cited above of the deaths of 28 children during medical experimentation in the North Staffordshire Hospital U.K. and the serious harm to many others during such research, is probably only the tip of a very large iceberg. The paediatrician who conducted the experiments at the North Staffordshire Hospital was also engaged in another research project into the causes of Sudden Infant Deaths (Apparent Life Threatening Events - A.L.T.E.) which involved experiments using electrical equipment to monitor children's breathing during sleep and some parents report that their children suffered serious burns from the equipment.

Even in research into child abuse, children have been harmed. Also at North Staffordshire Hospital, Covert Video Surveillance was used to monitor the behaviours of parents when visiting their sick children in the hospital. The paediatrician in charge of the study reports that on one occasion four paediatricians observed a mother for three-and-a-half hours during which time she shouted at the child, picked the child up and shook it violently, and finally broke the child's arms on two occasions whilst the paediatricians observed her behaviour but without intervening. When the paediatrician finally intervened he took no preventive action, and the mother again broke the child's arm in his presence.

Links have been found in many cases between children who have been the subject of iatrogenic Child Abuse and allegations by medical practitioners and nurses, of Munchausen Syndrome By Proxy [MSBP] and Factitious Disorder By Proxy [FDBP], which allegations of course immediately transfer blame for the child's condition from the medical practitioner or nurse and onto the parent (usually the mother).

Cases where the parent has threatened to report the medical practitioner or to sue the medical practitioner in courts for medical malpractice and negligence, are a significant element in such accusations.

In addition to these instances of iatrogenic Child Abuse, it has also to be considered that children are being harmed by harmful and toxic substances to be found in their homes and immediate environments. Careless dumping of toxic waste has occurred in industrialised countries for many years and in some areas the soil, water supplies, rivers, the sea, and the air are constant sources of exposure of children to such substances. In 2000, a report from the U.S.A. (Polluting Our Future : National Environment Trust), stated that "Every year, U.S. industry releases about 24 billion pounds of toxic substances that are believed to cause developmental and neurological harm to children. The amount would fill a string of railroad cars stretching from New York City to Albuquerque, New Mexico, and yet there are no emission standards for these harmful chemicals."

Pesticides are also a major cause of childhood illnesses. In Coff's Harbour, New South Wales, in Australia, pesticides sprayed on bananas caused innumerable birth defects in the surrounding areas for several years. In order to reduce the numbers of such defects, mothers in the area are now encouraged to have abortions if a birth defect is detected by ultrasound examination. In the U.K. there have also been claims that there is a greatly increased incidence of childhood cancers, particularly leukaemia, in children living in the vicinity of nuclear power stations.

In allegations of child abuse, consideration has to be given as to whether the abuse was intentional, accidental, and avoidable. Whilst a medical practitioner may claim by 'good faith' tenets that their actions were not intentional, this should not be a readily accepted assumption as there are cases [e.g. Shipman U.K. 1999] where intentional harm was found.

The major test of child abuse is whether or not the child abuse was 'avoidable' and it would have to be said that in many respects iatrogenic Child Abuse is avoidable. Administering drugs to a child in the knowledge that the drug has not been tested on children and can cause harm to the child, is avoidable harm. Administering a vaccine in the knowledge that vaccines can cause harm to some children, especially where the child has already shown an adverse reaction to vaccines, is avoidable harm.

GUIDANCE FOR CHILD PROTECTION WORKERS AND LEGAL REPRESENTATIVES

As in so many other forms of child abuse, it is sometimes the perpetrator who reports the abuse and this has to be seriously considered therefore when a medical practitioner or nurse makes an allegation of child abuse, particularly where Munchausen Syndrome By Proxy or Factitious Disorder By Proxy form the basis of the allegation.

In the first instance the Child Protection worker should not simply accept the allegation but should thoroughly investigate the child's medical background, using other medical practitioners if necessary to obtain an impartial, objective view.

Legal representatives of parents defending themselves in Care Proceedings, should thoroughly question the MSBP/FDBP accuser under Oath, by seeking to discover if the accuser has thoroughly investigated the possible iatrogenic causes of the child's illness and should seek expert alternative opinion on the child and the family's health records. Where motivation of the accuser includes possible retaliation to a threat by the parent of reporting the practitioner to the medical disciplinary body or to take action through the courts, the medical practitioner should be closely examined in this regard.

MSBP/FDBP should be the last possible consideration by the court as the possible explanation of events and only after the stronger possibility of IATROGENIC CHILD ABUSE has been full explored.

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