MUNCHAUSEN SYNDROME BY PROXY IN PEDIATRIC DENTISTRY: MYTH OR REALITY?

Veronica PINTILICIUC-ŞERBAN¹, Ana PETCU¹, Gheorghe G. BĂLAN², Adriana BĂLAN³

¹Assist. Prof. PhD, „Grigore T. Popa” University of Medicine and Pharmacy of Iaşi, Romania
²Univ. Assistant, PhD. Student, „Grigore T. Popa” University of Medicine and Pharmacy of Iaşi, Romania
³Prof. PhD, „Grigore T. Popa” University of Medicine and Pharmacy of Iaşi, Romania
Corresponding author: Gheorghe G. Bălan; e-mail: balan.gheo@yahoo.com

Abstract

Background and aims: Munchausen syndrome by proxy is a condition traditionally comprising physical and mental abuse and medical neglect as a form of psychogenic maltreatment of the child, secondary to fabrication of a pediatric illness by the parent or guardian. The aim of our paper is to assess whether such condition occurs in current pediatric dental practice and to evidence certain situations in which the pediatric dentist should suspect this form of child abuse. Problem statement: Munchausen syndrome by proxy in pediatric dentistry may lead to serious chronic disabilities of the abused or neglected child, being one of the causes of treatment failure. Discussion: Prompt detection of such condition should be regarded as one of the duties of the practitioner who should be trained to report the suspected cases to the governmental child protective agencies. This should be regarded as a form of child abuse and neglect, and the responsible caregiver could be held liable when such wrongful actions cause harm or endanger child’s welfare. Conclusion: Munchausen syndrome by proxy should be regarded as a reality in current pediatric dental practice and dental teams should be trained to properly recognize, assess and manage such complex situations.

Keywords: child abuse, dental neglect, child welfare.

1. INTRODUCTION

Child abuse and neglect have for long been recognized as an important public health issue. Violence on children includes acts or omissions leading to physical, sexual, emotional or moral damage coming from an adult, a caregiver included [1]. One particular type of abuse is neglect, represented by the omissive conduct of the caregiver, thus harming or endangering child’s health and welfare. Neglect is nowadays the most frequently encountered form of abuse, with high prevalence in many countries worldwide [2]. Both abuse and neglect involve long term consequences, including lower quality of life, physical, psychological and social disabilities [3].

Historically, Munchausen syndrome was used by physicians to describe a group of patients whose complaints are fabricated but convincing for the medical professional corpus, so that such patients are involved in unnecessary medical management and even therapy. It is described by the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) as a factitious disorder [4], scarce information being held on the causes of such behavior. In 1977, Meadow has first published a series of cases in whom the classical symptoms of Munchausen syndrome were not self-projected but driven towards a dependent child, the caregiver fabricating symptoms or even signs of a non-existing medical condition [5].

As the involvement of a dependent individual as preservation of deception is related to a child, it has been stated that the traditionally described Munchausen condition was experienced by the child by proxy, therefore such clinical situation has been referred to as Munchausen syndrome by proxy. To date, even DSM IV recognizes this group of disorders as factitious disorders by proxy [4] whenever a caretaker attempts at bringing medical attention upon himself by injuring or inducing illness in children.

2. DEFINITION

The use of the term Munchausen syndrome by proxy has led to much confusion in the literature, as there is yet no clear definition of this
condition. Much debate has been triggered by the motivation of the caregiver, and whether it should be seen as a specific cause for this disorder; while some authors consider that the motivation of the adult is not important [6], others consider necessary the identification of a personal constraint of the adult to seek medical attention [7,8]. Nevertheless, experiencing such condition has also been extended even to cases of neglect, noncompliance or educational interference [9-11].

In order to prevent any confusion in terminology, the American Professional Society on the Abuse of Children stated that such cases should be referred to as two different conditions: a pediatric one – the abuse secondary to disease falsification, and a psychiatric one – the factitious disorder by proxy [5]. Stress should be laid on the fact that, whenever a caregiver exaggerates or fabricates signs or symptoms of some medical condition, the child experiences an abusive conduct in a medical setting, which requires specific intervention, whichever the cause that lies beneath such abuse [12]. Therefore, it is mandatory to identify three circumstances that define Munchausen syndrome by proxy:

1. Harm, potential harm or neglect of the child;
2. A caregiver causing this situation;
3. A medical setting which may be abusive in itself.

The motivation for the perpetrator is not a diagnostic feature of the abuse, but of caregiver’s medical potential mental disorder causing the abuse, involving the need for social, legal and medical measures. [12]

3. DIAGNOSIS

Diagnosis of Munchausen syndrome by proxy should be delinated first by other forms of child abuse and, secondly, by the different situations in which the child receives excessive medical care. Thus, diagnosis of Munchausen syndrome by proxy is strictly correlated to unnecesary medical care because of misinterpreted sings, symptoms or even of laboratory tests purposefully manipulated by the parent or other caregiver. An important aspect in this regard is that the very medical or laboratory tests may be potentially injurious in this setting. Consequently, whenever pursuing a possible case, the practitioner faces an ethical dilemma on whether thorough invasive tests should be used in medical diagnostic management of the patient or not [12].

After the suspicion of a Munchausen syndrome by proxy case, the first diagnostic feature to be determined is that of child abuse or neglect. Such diagnosis is never an exclusion diagnosis, and the practitioner should always be in search of signs or symptoms of abuse, such as: unduly afraid, irritable or passive child, evidence of prolonged confinement, BMI consistent for either under- or overnourishment, multiple skin injuries, dental and facial (especially cheek and upper lip) injuries, genital or inner thigh injuries, neck injuries and circumferential injuries of ankles and wrists. Injuries may take the form of human hand marks, strap marks, lash marks, loop marks, tie marks or gag makrs. Such injuries may be either falsified or intentfully inflicted in order to seek for medical care. Deliniation of these two circumstances is part of the diagnostic algorithm.

Not the least, the third step in diagnosis of Munchausen syndrome by proxy is the suspicion of the non-existence of a true disease or accidental harm of the child or the identification of situations involving a subsequent potential harm that would lead to unnesarry medical care; this third step, being frequently most difficult to prove, requires the use of covert measures – like video surveillance - in order to monitor the daily activity of both child and family [12-15]. Proof on parent’s misbehavior may come either from objective surveillance measures or from witnesses from child’s environment. In all cases, the professional duty of the pediatric medical practitioner is not to follow such lead, which should be managed by state authorities with or without the involvement of a psychiatric medical team. The pediatric practitioner should at least suspect such condition in order to follow the diagnostic pattern of Munchausen by proxy.

Briefly, the diagnostic pattern of Munchausen by proxy should include:

1. Detection of non-credible or inconsistent history, signs and symptoms of abuse or neglect;
2. Identification of harmful or potentially harmful and unnecessary medical management;
3. Suspicion on the role of the parent or caregiver in the infliction of such medical care.

4. MANAGEMENT AND CLINICAL ADVICE IN PEDIATRIC DENTISTRY

The vast majority of the published papers to date do not refer to various pediatric fields prone to encountering more frequently cases of Munchausen syndrome by proxy. Generally, such medical condition is primarily diagnosable by the primary care pediatrician, who has the first contact with the abused or neglected child. Nevertheless, our opinion is that pediatric dental practitioners are highly prone to facing such condition because of: (i) the high incidence of dental and facial trauma as a primary site of abuse; (ii) the fact that the pediatric dentist is statistically the practitioner in closest contact with children during all phases of childhood; (iii) the availability within ‘easy reach’ of the dentist, making him a near by target for the abusive parent in seek for medical care.

This is why the dental practitioner should in all cases first consider the general history and examination of the child, prior to oral and dental assessment. Especially when identifying a repeated pattern of injury, the pediatric dentist should:

1. Be fully aware of the legal responsibilities of disclosure to the authorities;
2. Constantly follow the ethical and medical duties for the general welfare of the child;
3. Keep accurate records (written and images) in the presence of patient and parents;
4. Use thoroughly and minimally invasive diagnostic tools, always following the risk/benefit ratio;
5. Consult a legal or a medico-legal expert qualified to further assess injuries, deliniate insurance matters and manage potential medical liability issues.

Whenever a case of Munchausen syndrome by proxy is suspected, the pediatric dental practitioner should be aware that child abuse in a medical setting is imminent and action is needed to achieve a proper management of the case. Involvement of a pediatrician with high experience and expertise in the field is always a proper measure, for reducing false positive misdiagnosis and for better providing for the immediate welfare of the child. Secondly, evaluation of the degree of intervention is mandatory. Continuous behavioral management techniques should be used to change child’s disfunctional behaviors and to minimize the overall negative impact of the situation. Otherwise, measures vary from family therapy and advice to continuous monitoring and issuing alerts to insurance companies and school physicians, or to more severe cases of hospitalization and involvement of child protective services, to obtain protective intervention inside the family, and household prosecution of the abusive caregiver by the authorities. Whatever the circumstance, the dental practitioner should always report the case to the state child protection agencies, being protected in such situations against abusive and illegal disclosure.

5. CONCLUSIONS

Pediatric dental practitioners should always be aware that they themselves can cause harm to their patients in circumstances like Munchausen syndrome by proxy. Identification of patterns of abuse should prevail constantly at all contacts with the patient. A proper management of a fabricated disease requires precise and continuous evaluation, strict record keeping, multidisciplinary evaluation and - when needed - state authority intervention. Nevertheless, specific management of the caregiver is in many cases needed, but under no circumstance should it prolongue the intervention towards child’s welfare.

References


