

Medical Emergencies

Submitted by Sarah Fitz-Claridge on 12 September, 2003 - 22:21

Alice Bachini

A commenter recently wrote:

I found your advice somewhat helpful, but what would you do in an emergency situation? If there were a need for surgery, medicine or physical restraint in a life or death situation how would you maintain respect for the integrity of the child while fulfilling your need to protect?

There is one overwhelming reason, in my view, why the combination of children and medicine often goes so horribly coercively wrong, and it is nothing to do with the inevitabilities of sickness and accidental injury, and everything to do with the fact that our medical services are whopping great institutions more concerned with processing the humans than with helping individuals get the care they want in ways that suit their sensibilities. They're no more set up to help children (or old people, or mothers in labour) humanely than are schools, nursing homes or any other great big inflexible entrenched outdated creaking collectivist institutions. They generally try to save you from death, and often the price is a certain amount of pain and risk of catching a superbug. Tough. It's still better than life in the Plague Years, right?

Well yes, and in some ways, I frankly don't blame them. No-one taught hospitals any better, and if doctors had time to form personal relationships with every single patient, then they'd probably cost a whole lot more than they already do. But on the other hand, what price respect? Sensitivity? Attention to detail? How much does it cost to apply a dab of anaesthetic ointment prior to an injection? How difficult is it to arrange for a parent to sleep on the floor next to her toddler's bed? Can huge gangs of unknown medical students possibly avoid charging into the rooms of unhappy small folk and mothers with their legs in the air, or at least knock politely first, just occasionally? What if there were just a few more TVs in children's wards, that would help, right? (How much do second-hand TVs cost nowadays anyway?) And how about if, instead of routinely testing people in uncomfortable painful ways for things they probably don't have, doctors made an effort to avoid further traumatising those who are already suffering, and looked for different approaches, on occasion?

There are people in medical institutions who try to treat humans as individuals. But the number of TCS doctors out there is still less than vast. Whereas, the number of people deeply prejudiced against young people in horrible vile ways is, of course, rife. Look for a pain-free method of dressing a cut? Why bother, when "We always do it like this!". Is there another way to do it, at all? Well maybe, but that means extra work and creativity... (blankness, silence, reluctant attitude).

So, how can a parent deal with medical emergencies in a child-friendly way? Some tips:

1. It might be very challenging. Don't expect a walkover. If the problems are hard, keep thinking whenever possible.

2. If time is against you, make the best moral choice you can think of at the time. Keep your priorities in order. It's more coercive to die than to have a lifesaving injection.
3. Be there, be kind to your child, be supportive, be affectionate, work as hard as you can to help him and to be the buffer and interpreter between him and the insensitive medical people.
4. Be rationally critical of what medical people tell you, but don't resort to the "all doctors are evil drug-sellers trying to take over the world" conspiracy-theory school of parenting. Aromatherapy and chemotherapy are *not* actually interchangeable.
5. Nobody can be optimally creative under the most appalling pressure in the midst of extremely coercive circumstances. Medical institutions are highly likely to feel coercive to an awful lot of children, and very likely to their parents too, if those parents care about their kids' welfare.
6. There is no automatic self-sacrifice default solution when it comes to solving problems with children. You can't simply help them with their most immediate preference: their most immediate preference may be wrong due to a lack of knowledge, and it may be extremely difficult to communicate the right knowledge to them effectively. This doesn't make coercing them right: but long-term medical disasters *may well be more coercive anyway*. Think about it. Make your best judgement. Keep any risks as low as possible.

Speaking as someone who once spent a straight 24 hours parenting in an oxygen tent, despite being in perfect health myself (it was rather hot, but I had a great nights' sleep),

I feel fairly confident that many of the usual medical problems can be solved, if by unconventional means. The nurses do want your child to get better, and will often go some way towards taking unconventional measures to help with his wellbeing if you talk to them in a friendly way and make it as easy for them as possible to bend the rules. Your TCS child will no doubt help, by voicing his opinions loud and clear and protesting against anything second-rate.

But kids often handle difficult problems better than adults do. They were brought up better than us (hopefully),

and (hopefully) haven't sustained as much damage. When medical disaster strikes, as sometimes it still does, children can show the most amazing courage imaginable. People from the future are like that.

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Comments

Eloquently stated

Submitted by a TCS reader (not verified) on 19 August, 2004 - 02:08

A nice balance between irrational defiance and blind compliance. Parenting a toddler through emergency surgery twice and several routine procedures and the months of home-based care that followed, I was delighted to read your article. (Just wish I had been fortunate enough to read it before my experience began!) The information you provide rings true. I speak from hard-earned experience when I agree with you that it is often the tone, attitude and demeanor of the parent that either 'makes or breaks' an interaction with doctors or other medical staff. Thanks for putting it into words.

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Submitted by kit door (not verified) on 6 May, 2005 - 22:38

I was excited to see this article, because this is the question I have thought about often myself. Unfortunately, this lengthy tirade is empty of any practical advise or examples. Dude, we know that the medical establishment can be unfriendly, uncaring and coersive. We know that most medical professionals do care and will work with you to an extent as long as you treat them with friendly respect. We know that childrent might make wrong decisions because they do not understand all the facts. That was why we were here reading your article in the first place. That's why that original poster asked you about "maintaining respect for the integrity of the child" in such an environment. And you never really answered that question in any useful way.

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Submitted by [Ken Dryden \(not verified\)](http://racenote.org) on 1 December, 2006 - 10:19

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