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The Intimidation of British Pediatricians

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SPECIAL ARTICLE

The Intimidation of British Pediatricians

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ABSTRACT

British pediatricians who diagnose and treat child abuse cases have come under attack by the British press and by parents who have been investigated for possible abuse. Now the General Medical Council also is intimidating these pediatricians. The General Medical Council is the licensing authority for physicians in the United Kingdom. This has resulted in fewer pediatricians being willing to care for abused children or to testify in child abuse cases. In the United States, the recent recognition of the pediatric subspecialty of child abuse pediatrics should help set standards for child abuse medical evaluation and testimony.

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Key Words
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Abbreviation
GMC—General Medical Council

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SOME OF THE physicians who diagnose and treat child abuse cases have come under persistent attack in Great Britain. The most notorious example occurred when the General Medical Council (GMC) (the organization that licenses physicians in the United Kingdom) struck a respected child abuse pediatrician, Sir Roy Meadow, "off the register," withdrawing his license to practice medicine. The reason for this extreme action on the part of the GMC was that, while testifying as an expert witness in a criminal trial, Dr Meadow quoted a controversial statistic about the likelihood of sudden infant death syndrome occurring twice in the same family. In the June 2006 issue of *Pediatrics*, Chadwick et al[1] published a defense of Dr Meadow. Dr Meadow appealed the GMC ruling in the High Court of Justice of England and Wales. A court decision in February 2006 reversed the ruling against Dr Meadow and reinstated him on the Registry of Medical Practitioners.[2]

Another distinguished British child abuse pediatrician, Dr David Southall, was brought before the GMC after he contacted the child protection division of the police department about a child abuse case in which he had not been involved professionally. In 2004, the GMC ruled that he could not be involved in any child protection work for 3 years.[3]

Complaints about child abuse pediatricians are not uncommon. In this month's issue of *Pediatrics*, Williams et al[4] quote a disturbing survey of pediatricians involved in child abuse cases, performed by the Royal College of Pediatrics and Child Health in the United Kingdom. In 2004, 14% of those pediatricians had been subject to a formal complaint regarding child protection. Eighty-six of those complaints went to the GMC for review.

The attacks on child abuse pediatricians come in other forms as well. The British press attacks these doctors constantly. When complaints are filed, the physicians are hounded and insulted by the press. Several "theories" of child abuse are attacked. As in the cases of Drs Meadow and Southall, the concept of Munchausen syndrome by proxy (in which children are abused by the medical care system because caretakers report falsely, exaggerate, or even induce illness in their children) is discredited in the press as false and overdiagnosed. This occurs despite the number of well-documented cases in the literature. A Web site maintained by Mothers Against Munchausen Allegations (www.msbp.com) keeps an ongoing record of such press articles.

Many reporters in the British press have attacked the validity of shaken infant syndrome, basing their position on the opinions of a few nonpediatric physicians and convicted perpetrators who question the existence of this entity. I testified before the Court of Appeal in England during a review of abusive head trauma cases in 2005. The newspapers and magazines presented a highly slanted view of the proceedings, publishing stories of evidence presented by the convicted appellants and ignoring evidence presented by the Crown Prosecution Service. The press justifies its antagonism to shaken infant syndrome and abusive head trauma by emphasizing the work of researchers with "novel hypotheses" about how otherwise normal, healthy infants experience subdural hematomas and severe retinal hemorrhage. The most notable example is the "unified hypothesis" of Geddes et al.[5] Geddes et al[5] published an article saying that trauma was not necessarily needed to cause subdural and retinal hemorrhage in infants with no identifiable medical illness. Instead, they proposed that cerebral vessels "leaked" because of hypoxia, brain swelling, and increased central venous pressure. They said this could occur after an apneic or choking episode, despite the absence of any scientific or clinical data linking subdural hematomas or retinal hemorrhage to such events.

Geddes' theory led to the review of many abusive head trauma convictions in England, and 4 cases were sent to the Court of Appeal for review. This received much press attention. During the trials, however, Dr Geddes retracted her theory. In the court transcript, the following exchange occurred.

> Question: "Dr Geddes, cases up and down the country are taking part where Geddes 3 [her article on the unified hypothesis] is cited by the defense time and time again as the reason why the established theory is wrong."
>
> Answer: "That I am very sorry about. It is not fact; it is hypothesis. But, as I have already said, so is the traditional explanation. I have never sought—I would be very unhappy to think that cases were being thrown out on the basis that my theory was fact."[6]

The fact that Dr Geddes and her colleagues no longer endorse this theory was not noted by the London daily newspapers in their reporting of the trial. In addition, little attention was given to the judges' decision in the appeals cases. Lord Justice William Gage stated in the appeals decision, ". . . the unified hypothesis can no longer be regarded as a credible or alternative cause of the triad of injuries" (subdural hemorrhage, retinal hemorrhage, and encephalopathy).[7] Now a new campaign is being waged to discredit metaphyseal fractures as a sign of child abuse. James Le Fanu, a medical columnist for the London newspaper *The Telegraph*, mischaracterizes the work of Boston radiologist Paul Kleinman to suggest that metaphyseal fractures are "normal variants."[8] This is despite the meticulous work of Dr Kleinman and colleagues[9,10] demonstrating the pathologic features of metaphyseal fractures in child abuse cases.

In the article by Williams et al,[4] 53 pediatricians, 1 senior lawyer, and 1 senior social worker report that one third of the child protection posts for physicians in the United Kingdom National Health Service are unfilled.[4] They also quote a survey showing that 62% of pediatric trainees do not want to deal with child protection cases. The authors say that the decisions of the GMC intimidate pediatricians di-

agnosing child abuse. The decisions of the GMC are reported to have had a chilling effect on young physicians, discouraging them from becoming involved in child protection cases and affecting their willingness to testify.

What about child abuse pediatricians in the United States? In some areas, similar pressure is being exerted on pediatricians through lawsuits or press attacks. A 1999 survey documented stressors for pediatricians diagnosing child abuse, especially the stress involved in court appearances.[11] Two factors, however, make our system better. First, all 50 states have "mandated reporting" laws, whereby physicians are required to report child abuse to authorities and are protected from liability if they report in good faith. Mandatory child abuse reporting is not codified in Great Britain. Second, we have formalized training for child abuse pediatricians here, with many successful fellowships producing well-recognized expert physicians.[12,13] Recently, the American Board of Pediatrics approved child abuse pediatrics as a newly recognized subspecialty.[14] This will provide credibility and standards for child protection practice. We must be careful, however, to see that the public and the press are educated responsibly about the realities of the diagnosis of child maltreatment.

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