PEDIATRIC ONCALL
CHILD HEALTH CARE

LETTER TO EDITOR (VIEWERS CHOICE)

PEDIATRICS: THE BRANCH OF MEDICINE WITH UNIQUE CHALLENGES AND INGENIOUS WORKAROUNDS

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The practice of pediatrics offers a unique set of challenges. Pediatricians, however, possess an additional, largely unrecognized subspecialty, the art of Ingenious Workarounds (Jugaad) to overcome such challenges. It is the art of achieving the impossible with whatever is available, it is a survival skill. A pediatrician quickly discovers that children refuse to behave according to medical textbooks, parents rarely describe the illness the way it actually happened, and drug manufacturers seem convinced that children are mythical creatures who do not deserve suitable formulations.

History-taking is the first challenge. In adult medicine, the patient narrates the illness. In pediatrics, the parents narrate what they think the child experienced. A child who is "not eating anything" may have consumed two bananas, three biscuits, a packet of chips, and half a chocolate before arriving at the clinic. The pediatrician's challenge is to gently convert parental perception into clinical reality without offending either the parents or the grandmother, who usually has an entirely different version of events.[1]

Physical examination is equally inventive. Medical textbooks describe a dignified sequence—inspection, palpation, percussion and auscultation. They were clearly written by people who had never attempted to examine a two-year-old. The pediatric examination is less of a sequence and more of a treasure hunt. The heart is auscultated while the child is distracted by a toy. The throat is examined during a strategically timed cry. Gait is assessed while the child attempts to escape from the consultation room. By the end, the pediatrician has assembled enough scattered clues to make a diagnosis that appears almost magical to everyone else.

Nature equipped humans with only two arms, an unfortunate design flaw for pediatric practice. Examining a determined toddler requires at least four arms like Goddess Durga. One hand is needed for the torch, another for the tongue depressor, while the remaining two are required simply to restrain the patient.

Even measuring blood pressure becomes an exercise in logistics. Adults generously cooperate by fitting into one or two cuff sizes. Children insist on growing in inconvenient stages, demanding an entire collection of cuffs ranging from newborn to almost an adult. Choosing the wrong cuff can generate blood pressure readings that are imaginative.

Laboratory reports provide another daily adventure. Adult physicians usually remember one normal range for each investigation. Pediatricians memorize a different range for every age group, from premature newborns to adolescents. A laboratory value such as TSH 20 IU may be perfectly normal in a two days old newborn baby but it is capable of causing panic in a teenager.

Drug prescribing elevates the art of jugaad to its highest level. Adult medicine enjoys the luxury of fixed doses. Pediatrics does not. The same medicine may be prescribed for a 600-gram premature infant in the morning and an 80-kilogram adolescent in the afternoon. Every prescription begins with an arithmetic exercise, followed by mental confirmation that the decimal point is exactly where it ought to be. Unfortunately, pharmaceutical companies do not always share this enthusiasm. Pediatric formulations frequently remain elusive. Consequently, pediatricians become masters of improvisation. Tablets are divided into fractions that would impress mathematicians. Syrups are measured in mysterious decimal quantities.

One of the earliest lessons in pediatric training is that the ward is also an engineering laboratory. Every postgraduate resident soon acquires an impressive collection of connectors, adapters and improvised fittings to persuade adult-sized tubing to cooperate with pediatric-sized patients. Pediatricians also develop an uncanny talent for repurposing equipment. A scalp vein set and disposable needles often become the instrument of choice for lumbar puncture when the ideal spinal needle is nowhere to be found. Necessity, as always, remains the chief architect of pediatric innovation. In pediatric wards, the ability to obtain an IV access is not merely a procedural skill—it is a badge of honor. Administering an intramuscular injection to an unwilling child deserves recognition as an Olympic discipline.[2] Success requires the combined talents of physician, psychologist, diplomat, magician and occasionally a ringmaster.

Pediatric outpatient departments are also home to an astonishing number of "Pseudo-emergencies". Perfectly normal physiological events often arrive disguised as medical catastrophes. A newborn girl's physiological vaginal bleeding, transient breast enlargement or

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harmless newborn rashes can generate anxiety worthy of an intensive care admission. Much of pediatric practice consists of reassuring families that nature occasionally behaves in perfectly normal but thoroughly alarming ways.

Then comes the legendary diagnosis of "Teething". According to popular folklore, teething is responsible for virtually every childhood illness such as loose stools, fever, refusal to eat, cough and what not. If all these accusations were true, teething would qualify as the most dangerous disease in medical history. Every family also possesses at least one expert armed with an impressive collection of remedies ranging from Gripe water and Janam Ghutti to mysterious herbal preparations and the famous "21-number" homeopathic tablets.

Its close relative is the equally popular diagnosis of "Gas." Whenever a young infant cries, abdominal gas is immediately convicted without trial. The poor intestine receives blame for hunger, colic, fatigue, wet diapers, overstimulation, parental anxiety and, one suspects, occasionally even the weather. An extraordinary variety of massages, burping rituals, herbal mixtures and grandmother's secret formulations are then employed in the noble mission of eliminating this mythical reservoir of gas.

No pediatric consultation is complete without the request for an "Appetite tonic". Parents dream of children who eat enthusiastically, resemble baby-food advertisements and gain weight with industrial efficiency.[3] A perfectly healthy, energetic child who prefers playing to eating often worries parents far more than an overweight one. The mythical appetite stimulant occupies a place in pediatrics rather like the philosopher's stone in alchemy, universally sought, enthusiastically marketed and perpetually elusive.

Perhaps that is why pediatrics remains such an irresistible specialty. It demands science certainly, but also diplomacy, psychology, mathematics and improvisation. In a healthcare system largely designed for adults, pediatricians quietly practise the fine art of medical jugaad every single day, rarely acknowledged, frequently improvised and almost always successful. It may never appear in the postgraduate curriculum, but every experienced pediatrician knows that Jugaad is, without question, the most useful skill of them all.

Compliance with Ethical Standards

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