Allegations of Medical Neglect in the context of high conflict divorce/custody

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Half of all marriages (US) result in divorce
There has been a recent increase in the proportion of divorces between couples with young children
Unmarried couples with children also dissolve their relationships
Most marriage/relationship dissolutions with children do not involve disputes over child custody and visitation, but many do.

Scope of the concern

Pediatricians and child health care providers certainly encounter families who are in relationships that are disrupted by separation and divorce.
The effects on the children have been studied imperfectly and form the basis of systems of child custody recommendations in the civil dependency system.
In many cases, child maltreatment and intimate partner abuse is alleged. The pediatrician may or may not be aware of these phenomena whilst caring for the patient.

Clinicians involvement in divorce

Parental education in the form of various programs: “Cooperative Co-Parenting”, etc. are encouraged and required for divorce in many places.
Unfortunately, separations that do not involve divorce are not required to participate in these programs.
Often in contentious divorces, these programs are only utilized after much fighting and waste of family resources in the legal divorce dispute.

Efforts to minimize harm to children

Children with chronic health conditions frequently are over or under treated by one of the custodial parents.
Parents may
- disagree as to the diagnosis and treatment for many conditions,
- enlist different medical providers,
- provide exaggerated, false, or inaccurate symptom history,
- be unaware of the history and current or prior treatment,
- fail to communicate or share medical information with the other caretaker
- Varies in ability and resources to provide care.

Medical care impacts

AAP: Divorce and Children
AAP: Single Parenting
Medical Provider should function with the premise that there is 50/50 shared responsibility for medical care and decision making unless there is documentation to the contrary.
A policy of formal, documented, communication with the absent parent should be considered.

Resources for the Practice

1. AAP: Divorce and Children
2. AAP: Single Parenting
3. Medical Provider should function with the premise that there is 50/50 shared responsibility for medical care and decision making unless there is documentation to the contrary.
4. A policy of formal, documented, communication with the absent parent should be considered.
AAP advise

• Never force your child to take sides
• Don’t involve your child in arguments
• Don’t Criticize each other in front of the child
• Discuss your concerns and feelings with your child’s other parent
• Don’t fight in front of the children
• Try to keep in mind the grand trajectory and this child’s experience. The anger and discord between the parents should be temporary and the child should be shielded from it.

Features of parental alienation: Alienating behaviors

• Denigrating the other parent
• Limiting the child’s contact with the other parent
• Interfering with communication between the child and other parent
• Limiting mention and photographs of the other parent
• Withdrawing love if the child indicates positive feeling for the other parent
• Telling the child that the other parent doesn’t love him/her
• Allowing the child to choose between his/her parents

Features of parental alienation: Alienating behaviors (cont.)

• Creating the impression that the other parent is dangerous
• Forcing the child to reject the other parent
• Asking the child to keep secrets from the other parent
• Referring to the other parent by his or her first name
• Referring to a stepparent as “Mom” or “Dad” and encouraging the child to do the same
• Withholding medical, social, or academic information from the other parent and keeping the other parents name off of such records

Features of parental alienation: Alienating behaviors (cont.)

• Changing the child’s name to remove association with the other parent
• Confiding in the child about personal and adult matters related to the other parent and the divorce
• Cultivating dependency and undermining the other parent’s authority

Points of Concern in Pediatric Care

• Consent or informed permission
  • A physician is required to obtain consent from a legally authorized representative before performing a medical or surgical test, procedure, or treatment of a minor.
  • Designated LAR in the marital settlement agreement.
  • The presumption is that the LAR is the custodial parent.
  • When the LAR is not the financially responsible party... friction.
  • What happens when parents disagree on treatment?
  • Consent by proxy forms.

Immunizations

• Some people are strongly opposed to immunization and are resistant to information from scientifically valid sources.
• Pediatricians have responded in a number of ways including dismissing “antivaxers” from their practice.
• Often the parent that is not present is blamed for the refusal and can’t be reached by phone.
• When parents disagree, the judge can decide.
ADHD

• The diagnosis and need for treatment is often not agreed to by both parents
• Recommend that both fill out the Vanderbuilt or Connor scales and compare observations.
• It is impractical for the child to be treated only by one parent.
• I have never started a child on stimulant medication without consent by both parents.

Medically necessary care

• Care for diseases that are a threat to life or will cause disability if untreated
  • IDDM, Hypothyroidism, Cardiovascular disease, seizure disorder, asthma
• Reasonable work-up for an unknown condition
  • Prolonged high fever, loss of function, a mass
• Reasonable response to a known condition potentially affecting health:
  • Fracture, burn, head trauma, bleeding

The path toward parental Estrangement

• Contact Refusal by the child: differential diagnosis
  • Pathologic: Purposeful
    • Child Abuse
    • Parental substance abuse
    • Parental alienation
  • Nonpathologic: Accidental
    • Not motivated by malice, accidental, unintended
    • Access to child: Anxiety
    • Environmental: Statements made about the other parent
    • Missing favorite things in environment A
    • Differential discipline methods/tolerances.

APSAC

• Position paper on allegations of child maltreatment and IPV in Divorce/Parental relationship dissolution:
  • Professionals need guidance regarding:
    • Case assessment
    • Case management
    • Standards for assisting agencies and courts
  • Best practice for intervention

• Comprehensive family evaluations may conclude with the following dispositions:
  • 1. Interpersonal violence likely
  • 2. Interpersonal violence unlikely
  • 3. Interpersonal violence uncertain
• IPV likely: except in unusual circumstances
  • The non-violent parent should receive custody with regular review.
  • IPV likely: screen for severity, frequency, patterns of violence and coercive control, primary perpetrator

• Child safety must take precedence
  • The parental rights of access to offspring should not take precedence over child safety. The “friendly parent” standard, which is found in child custody statutes in the majority of states should not be invoked when child or parental safety is a significant concern.
  • Professionals need to differentiate interpersonal violence investigation/assessment from child custody evaluations.
• IPV determined unlikely
  • The best interest of the child and case specific factors should determine
    custody and visitation
  • One possible explanation for false allegation may be an attempt to alienate
    the child from a parent.
  • Significant evidence of intentional indoctrination by a parent should be
    considered
  • Such indoctrination is a form of child psychological maltreatment.

• Provide a stable, nurturing environment for education regarding
  optimization of health, both physical and mental.
• Provide appropriate support and referrals to specific providers to
  assist the evolving family.
• Encourage open communication and support to all parties to
  optimize health of the child
• Anticipate conflict regarding medical advise, with default reliance
  on an evidence based practice.

• How is the process going?
• Support system?
• Is there an ongoing custody dispute or a firm agreement as to the
  parenting plan?
• How do you feel about the parenting plan?
• Any concerns?
• Screen for IPV, Drug abuse, Mental Illness
• Overall agreement as to parenting style?

Best practice

Divorce/Separation: taking the history

How is the process going?
Support system?
Is there an ongoing custody dispute or a firm agreement as to the parenting plan?
How do you feel about the parenting plan?
Any concerns?
Screen for IPV, Drug abuse, Mental Illness
Overall agreement as to parenting style?

Final thoughts, Role of the pediatrician/health care provider

• How is the process going?
• Support system?
• Is there an ongoing custody dispute or a firm agreement as to the parenting plan?
• How do you feel about the parenting plan?
• Any concerns?
• Screen for IPV, Drug abuse, Mental Illness
• Overall agreement as to parenting style?
Referring to the other parent by his or her first name to the child.

Saying to the child, “Tell Joan she needs to pay me for the medications I have to buy.”

Referring to a new significant other as “Mom” or “Dad

When speaking with the child or in front of the child, calling someone other than the actual parents of the child as a parent such as introducing the stepparent as the parent.

Referring to the child with a new name

If the mother starts to refer to the child with her maiden name as the child's last name or the father refers to the child with a different name than is on the records.

Withholding information

Encouraging the doctor and medical staff to not share information with the other parent and/or not sharing that information him or herself such that the other parent is out of the loop on the care and needs of the child.

Undermining the authority of the other parent

Conveying to the child that the other parent's rule and regulation are not relevant or necessary such as “I don’t care what your father says, you don’t need to wear glasses.”

Divorce, separation, and dissolution of marriage and relationships have short and long term effects on children’s health

These common phenomena may impact on the health care delivery process to children resulting in over and undertreatment.

Clear communication and expectations should be directed toward families in the throws of divorce to facilitate optimal pediatric care, and child safety as first priorities.