

Medical Neglect

J. Anne S. Smith
Paediatrician,
Royal Children's Hospital



- Latin *neglectus*, the 'fact of taking no notice'
- In colonial Australia, a child was 'boarded out' if his or her parents were seen to be inadequate or if the child was lapsing into crime (*State Children Relief Act 1881*, Tomison 2001¹).
- Neglect was used in legislation drawn along racial lines that resulted in the forced removal of Aboriginal children from their parents - the 'stolen generation' (Human Rights and Equal Opportunity Commission [HREOC] 1997)



World Health Organisation

Neglect is the failure to provide for the development of the child in all spheres: health, education, emotional development, nutrition, shelter and safe living conditions, in the context of resources reasonably available to the family or caretakers and causes or has a high probability of causing harm to the child's health or physical, mental, spiritual, moral or social development. This includes the failure to properly supervise and protect children from harm as much as is feasible.




Spectrum of Parental Care

Ignoring,
cold,
unresponsive,
dismissive,
unavailable
parenting.
Parents
regard own
needs well
ahead of
child's needs



Attentive,
responsive,
warm,
nurturing,
guiding,
respectful
parenting.
Parents display
fiduciary duty
to meet child's
needs

Spectrum of Neglect

- **Deprivation**
 - Food
 - Nurture
 - Stimulation.....
 - **Inadequate supervision**
 - Unsafe equipment, dangerous behaviour
 - “accidents” burns, scalds, falls, ingestions, drowning, housefires
- 
- “Good enough parenting”

3 subtypes of Neglect

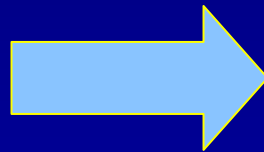
- Physical neglect (lack of physical necessities)
- Psychological neglect (lack of warmth, nurture, support, encouragement)
- Environmental neglect (lack of safety, opportunity, resources)

- General neglect (all of the above)

Key to diagnosis of child abuse

1

- what have the caregivers done or failed to do?
- (Clear description of actions or failure to act.)



2

- What harm or potential harm has this caused?
- (Clear description of the harm or potential harm)

Neglect: The focus

- Child Centred
- Harm
- Potential harm
- Physical evidence
- Psychological and developmental effects
- Parent Centred
- Care-giver behaviour
- Culturally determined developmentally appropriate
- Regardless of consequences


Effects of Neglect

- Weatherburn and Lind (2001) - juvenile delinquency in NSW could in part be explained by the level of child neglect.
- The consequences of neglect for the child include attachment and self-esteem problems, impaired cognitive development and impaired academic achievement (US Department of Health and Human Services 2003).
- Several large-scale longitudinal studies have shown that parental rejection of children, lack of a close emotional bond, lack of monitoring and inconsistent erratic discipline greatly increase the risk of later juvenile and adult involvement in crime
 - (Henry et al. 1993; Loeber and Southamer-Loeber 1986).

Infants, toddlers and preschoolers

More severe developmental lags than physically abused or non-maltreated children, with the decline showing between 9 months and 24 months.

At 24 months lacked enthusiasm in problem-solving tasks, more angry, frustrated and noncompliant.



At 42 months

Poor impulse control, less flexibility and creativity in problem-solving, low self-esteem, withdrew.

Rated by nursery as poor in social, emotional and academic functioning.

More likely to show insecure attachment, especially disorganised attachment

Worst delays in expressive and receptive language.

Poor psychological care or physical care associated with lower IQ and less ability to engage in age-appropriate play.

Passive and withdrawn alternating with aggression.

Demonstrate less affection and initiate less play with mothers.

Causes highest rate of fatality due to maltreatment children 0-5.

Effects on brain development

Experience expectant

synapses grow and there is an evolutionary expectation of regular human interaction and attachment behaviour that shape the connections.

Experience dependent

shape of connections shaped by experiences, such as specific affective interactions (good or bad).

Stress also has a negative effect on the developing brain.



Older school age

Cognitive and academic deficits that are worse and more enduring than for other maltreatment.

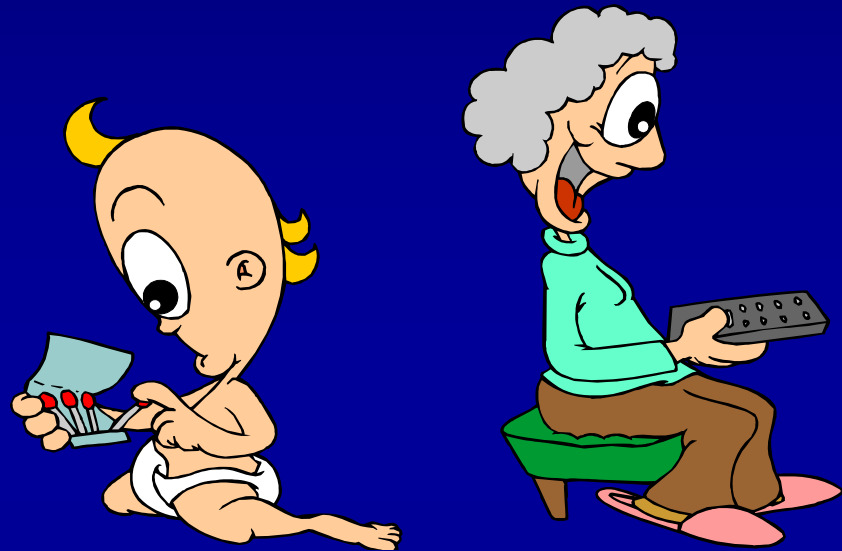
Lower IQ, especially for lack of psychological care.

More school absence and rated more poorly by teachers.



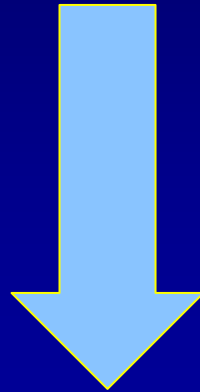
Classification of Neglect

- Environmental
- Medical
- Educational
- Dental
- Emotional



Medical Neglect

- Failure to provide for child's medical needs



HARM or
POTENTIAL HARM

Definition

MEDICAL NEGLIGENCE

- Failure on the part of the caregiver to provide for the child's health, growth, development and emotional needs and to provide for the child's medical investigation and treatment
- Act of Omission = Child Abuse

Definition of Medical Neglect

Dubowitz 1999

- Actual and potential harm to a child due to lack of health care, whatever the reason

Illness misinterpreted

- Not recognised
- Recognised but thought - no treatment
- Recognised but response inadequate
- Recognised but thought would get better

Dubowitz 1999



Refusal of medical treatment

- Mistrust, adversarial attitude
- Disbelief re illness severity
- Religious expectation of miraculous healing

Dubowitz 1999



Nonadherence to medical recommendations

- Only if actual or probable harm
- Only if significant benefit from treatment is probable
- Even if a single or rare event
- Even if an excuse exists

Dubowitz 1999



Nonorganic failure to thrive

- Inadequate growth where the primary contributors are psychosocial not medical or genetic

Dubowitz 1999



Medical Neglect

- Blends into other forms of neglect?
- Inadequate nutrition and stimulation
- Inadequate preventative health care
- Exposure to noxious/ harmful toxins that damage the child's health and growth (failure to prevent exposure to toxins)
- Inadequate medical investigation and treatment

Epidemiology of Medical Neglect

- Incidence?
- Prevalence?
 - Not separated from “neglect” total
 - USA child abuse fatalities (total) in 2001
 - 36% = neglect (+22% = PA + neglect)
 - 41% < 1 year old, 44% 1- 4 years
- ? notifications ↑
- no agreed definition of medical neglect


Possible “Causes” of Medical Neglect

- Care-giver
 - values, temperament
 - ignorance
 - ill will towards child
 - mental illness, depression
 - drug use, ill health
 - lack of resources
- Child has additional needs
- Societal factors

“Causes” of Medical Neglect

- 1. Care-giver's Values
- Parents do not have high regard for conventional medicine
 - Conscientious objection (eg vaccination)
- Parents have higher regard for alternatives
 - Belief in alternative therapies
 - power of prayer
- Parents wary of harm from medical care
 - Jehovah's Witnesses

“Causes” of Medical Neglect

- 2. Care-giver ignorance
 - lack of knowledge of child development
 - lack of knowledge of normal child behaviour
 - lack of knowledge of safe equipment and standards of care to prevent accidental childhood trauma
 - lack of knowledge of community resources
 - (NB intellectually disabled parents)
- 

“Causes” of Medical Neglect

- 3. Care-giver’s ill-will towards child
 - child rejected, scapegoated, despised
 - child intentionally deprived of basic needs
 - child = too costly, not worth it
 - “depraved indifference” to child’s suffering
 - sadistic
 - **NB POOR PROGNOSIS**

“Causes” of Medical Neglect

- 4. Care-giver’s mental illness (Depression)
 - parent less capable of empathy
 - less energy to attend to child’s physical and emotional needs
 - parent feels detached from child (and world)
 - “black” view of the future, including the child’s future “why bother?”

“Causes” of Medical Neglect

- 5. Drug-use or care-giver’s ill health
- parent rendered less able to respond to child’s needs
 - less empathy with child, own needs = priority
 - less energy to meet child’s needs
 - less time
 - less money?



“Causes” of Medical Neglect

- 6. Lack of Resources
- personality of parents = less capable
 - lack empathy
 - self centred
 - isolated from family and friends
- financial (poverty)
- social isolation (lack support)
- lack of community support and assistance



“Causes” of Medical Neglect

- 7. Child has additional needs
 - physical disability (cerebral palsy)
 - intellectual disability
 - attentional difficulty (ADD)
 - behavioural difficulty (ODD)
 - attachment / social difficulty (autism)
 - child's ill health
 - unattractive appearance / other factors
- 

“Causes” of Medical Neglect

- 8. NOT the care-giver’s fault?
- Lack of access to medical services
 - geography (transport)
 - language
 - culture
- Dr unclear re advice, talks “medicalese”
- Costs for medical services prohibit access to the poor (part payment / co-payments)



Why bother seeking the “cause”?

- All forms of medical neglect are NOT equally harmful.
- The process helps identify risk of potential serious harm
- In identifying the contributing factors, we are starting to develop a (targeted) plan for intervention.
- All interventions are NOT equally successful



Types of medical neglect

- Failure to prevent illness
- Failure of health surveillance
- Dental neglect
- Failure to treat psychological illness
- Failure to seek medical care
- Failure to investigate illness
- Failure to treat illness

Failure to Prevent Ill Health

- No antenatal care
- No vaccination - prevents some infections
- No surveillance of child's development
 - minimise developmental delay
- No surveillance of health and growth
- No early intervention re behavioural problems
- Failure to avoid toxins and dangerous behaviours



Failure to Immunize

- Conscientious objection
 - Aware of pros and cons
- Alternative beliefs
 - Homeopathic “immunisation”
 - Religious beliefs – the power of prayer
- Ignorance
- Not a priority
 - Didn't get around to it



Failure to attend for developmental surveillance

- Squint / Vision
 - Not evaluated (could be retinoblastoma)
 - Not treated (could lead to amblyopia)
 - Glasses not worn (child not seeing well)
- Hearing
 - Not evaluated (sensorineural deafness)
 - Not treated (cholesteatoma, meningitis)
 - Aid not worn (hearing deteriorate?)

Failure to attend for developmental surveillance


- Developmental screening
 - MCHN
- Not evaluated by paediatrician
 - Familial factors not identified, sibs born
- Not investigated
 - Hypothyroidism not treated
- No early intervention
 - Delay increased?

Dental Neglect

- Incidence - 49% of USA 4 year olds had caries
- Fluoride significantly reduces incidence of dental caries
- “Milk bottle caries” or “fruit juice caries” seen in toddlers put to bed with a bottle.
- Decay spreads
- Dental caries can be PAINFUL!

Failure to attend to child's psychological needs = "psychological neglect"

- IDEALLY

- Child feels valued
 - Child feels heard
 - Child is connected to others, has sense of belonging
 - Child has +ve self worth, self esteem
 - Child is capable of coping when things go wrong, displays self control
 - Child has strategies to "fix problems"
- 

Failure to treat psychological or psychiatric illness = medical neglect

- Severe anxiety - school refusal
 - fears and phobias
- Depression
- Somatisation syndrome
 - Pseudoseizures, conversion reaction
- Psychosis
- Severe behavioural disturbance?
- ODD, ADHD?

Failure to seek advice for ill child

- Minor illnesses
 - Most get better regardless of medical intervention
 - Little justification for notification
- Moderate illnesses
 - Prolonged suffering? Complications?
- Serious illnesses
 - Consequences = significant?

Failure to Investigate

- Recommended investigations not performed
 - blood tests and pathology tests
 - radiology
 - developmental assessments
 - referrals to other specialists or therapists
 - hearing, vision and IQ tests



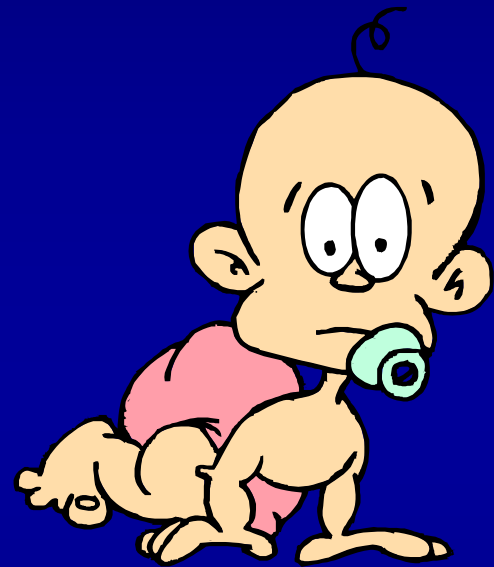
Failure to treat

- INFESTATIONS and INFECTIONS
 - Lice
 - Worms
 - Fungal infections
 - Infected eczema
 - Severe cradle cap

Failure to Treat

MINOR ILLNESSES

- Mild infections
 - Earache, sore throat
 - bronchitis
- Minor injuries
 - Lacerations, grazes
 - Burns and scalds



Failure to Treat

• MODERATE ILLNESS

- Asthma
- Arthritis
- Chronic illness
- Chronic disability
- Developmental delay
- Psychological / psychiatric illness

Failure to Treat

SEVERE ILLNESS

- Malignancy
- Diabetes
- Life threatening medical illness
 - Meningitis
- Life threatening surgical illness
 - Bowel obstruction

Threshold for Intervention



Degree of Harm

X

Likelihood of Harm



Degree of Harm

- Actual > Potential
 - failure to treat a known medical condition
 - VS
 - failure to prevent a potential illness
- severe > moderate > mild
 - death
 - disability
 - temporary suffering



LIKELIHOOD of harm

(Prediction of adverse outcome)

- Low risk
 - failure to treat ear infection, eczema
- Moderate risk
 - failure to treat pneumonia, devel delay
- High risk
 - failure to treat leukemia, renal failure

Also,

- Doctors can assist protective workers and police document physical evidence of neglect
- Doctors raise the alarm
 - nonorganic FTT
 - PSS



Forensic Paediatric Medical Evidence

- 1. Physical evidence of neglect
 - documentation and photographs
- 2. Case history review
 - using information from multiple sources
- 3. Prepare written report / court statement
 - medical opinion clearly stated

Physical Evidence of Neglect

- Clothing
 - dirty, smelly
 - ill-fitting, especially shoes
 - inappropriate for the weather
- Skin
- Hair
- Nails
- Infestations



Physical Evidence of Neglect

- Weight
 - failure to thrive
 - psychosocial dwarfism
 - obesity
- Pattern of growth failure with catch up growth in alternative care (FTT)
- Some instances of microcephaly

Physical Evidence of Neglect

- Dental caries
 - generalised
 - milk bottle caries
- Untreated dental injuries
 - tooth pushed into gum
 - avulsion injury
 - fractured tooth, exposed nerve
- Torn frenulum (physical abuse)



Developmental Delay associated with neglect

- May affect all areas of development
- May have good gross motor skills but poor FM, language and personal-social skills
- less adept at activities requiring practice
 - scissors
 - writing

Intervention

Effective intervention to remedy child neglect must be based on a comprehensive assessment of the neglectful family, with attention to the type of neglect and to the contributing causes at the individual, family, neighbourhood, and community level..

Gaudin 1993

Direct intervention with children can be the most effective form of intervention...

Therapeutic day care services proved to be the most effective service for both the neglected and physically abused children....

Strategies for intervention

- Evaluate risks, needs, strengths
- Increase social networks and supports
- Individual work with parents
- Child focussed interventions
- Monitoring and reappraisal
- Modify interventions according to need
- Tolerate dependency



Treatment – systematic review

- Few evidence-based treatments are available. There is some support for the effectiveness of resilient peer treatment and imaginative play training, for multisystemic therapy, and for a specific therapeutic day treatment program to increase neglected children's self-concept.
- Interventions that focus either on reducing the recurrence of child neglect or on treating the impairment associated with exposure to neglect require evaluation.
- Clinicians need to address a broad range of factors when working with children exposed to neglect. Taking into account the family system and contextual issues is important in implementing treatment programs.

Treatment of Child Neglect: A Systematic Review

Heather Allin, BSc¹, C Nadine Wathen, PhD², Harriet MacMillan, MD, MSc, FRCPC³
(Can J Psychiatry 2005;50:497–504)

Example of Medical Neglect?

- Neglect of the foetus
- lack of antenatal care
 - risk of complications, late treatment
- alcohol - FAS
- cigarettes - IUGR, VSD, lower IQ
- narcotics - neonatal withdrawal, cognitive
- poor nutrition, exposure to toxins, DV

Case 1

- handicapped newborn baby
- with-holding of medical treatment
- aim = allow baby to die
- food, warmth, affection provided
- no cardiac surgery
- doctors and parents in agreement
- Diagnosis? Management?

Case 2

- deceased 16 mo old girl
- emaciated, malnourished, poor growth
- “starved to death”
- + evidence of nonaccidental injury
- mother depressed, isolated


- Diagnosis? Management?

Case 3

- 7 year old boy - diabetes
- arrived at hospital unconscious, v ill
- parents used unorthodox treatment - buried him in manure, only water X 3 days
- religious expectation - miraculous healing?
- medical care sought (eventually)

- Diagnosis? Management?

Case 4

- 14 year old girl, “uncontrollable”
 - risk taking behaviours ++
 - sexually active, no condoms/contraception
 - truant
 - chronic asthma, daily symptoms
 - won't adhere to recommended medical treatment. Needs psychological Rx?
 - Diagnosis? Management?
- 

Case 5

- 2 1/2 year old girl
- scurvy, rickets, iron deficiency
- growth = falling away from centiles
- developmental delay
- emotional effects = frozen, depressed
- intervention → catch up weight gain, well
- Diagnosis? Management?