

Pitfalls



Children are not little adults. This is a relatively new concept. In some countries it's still not accepted and children are expected to behave like adults. When they don't, they are often unjustly punished.

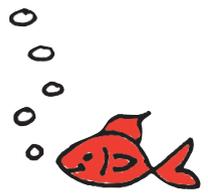
There are many differences between children and adults. Difference in size is the most obvious external difference, but difference in head size is really more remarkable. At birth, the head of a child is one quarter the length or height of the body. An adult's head is one eighth the body height. If you look closely at very old paintings of adults and children, you can see where the ancients painted children with very small heads, on top of adult proportioned bodies, making them look like "small adults with tiny heads".

It's only after the Renaissance that children begin looking like real children in paintings. And it's only been in the last 150 years that the concept of "childhood" became accepted in most societies. In fact, it was not until 1932 that the American Academy of Pediatrics split off from the American Medical Association in response to its inability to speak up for children. The British did the same 16 years later in 1948. By comparison, the British have had a Society for the Prevention of Cruelty to Animals since 1876.



Children also think differently from adults and this thinking process varies immensely as the child's brain matures over the years. Their bodies handle drugs, including anaesthesia, antibiotics and acetaminophen, differently. Treating a cancer of the kidney in a child is completely different from treating cancer of the kidney in an adult. So it is, for everything and anything concerning a child.





These are some of the reasons why children need special doctors to care for them. They are not little adults!

The first pitfall that most general practitioners usually make when they see a child is to either treat the child like a small adult or to put on a show and pretend to be a “good uncle” type. This doesn’t fool children who are the world’s experts on interpreting body language. Other common problems relating to adult-conceived ideas of how a child should look often refer to the size of the tonsils, lymphatic nodes and the foreskin in boys.

Physicians who daily look into adult throats and routinely see tiny or absent tonsils, often make the mistake of diagnosing “tonsillitis” when they see the large but normal tonsils that children have until they are teenagers. It’s common for paediatricians to hear that the family doctor said that he or she had never seen such huge tonsils in his or her life. Since what doctors say often carries enormous weight and prestige, regardless of whether they are speaking medically or politically, this sort of statement often causes great parental anxiety, which is often difficult for a specialist to ameliorate.

A similar situation applies to lymphatic nodes, or glands as they are commonly called. These are the small lumps that are periodically found in children’s necks or groins. They represent swollen masses of white blood cells that are fighting off armies of germs trying to invade the blood stream and cause infection. They are therefore a good sign of resistance. Since most adults seldom get enlarged glands, people tend to panic when they see so many swellings, and all sorts of unnecessary blood tests are then done on the unfortunate child in the holy name of medical science. In fact, such unnecessary investigations represent a throwback to the days when children and patients were expected to be seen but not heard, also known as “shut up and do as I say, not as I do.”



The same perception applies to foreskins, which in little boys do not retract as they do in adults. Most GPs are guilty of forcibly retracting the foreskin, thus causing needless pain to the boy child and enormous anxiety to the mother who will remain forever convinced that something is wrong with her child’s sexual organ. What effect this has on the budding sexuality of young males is unknown.

