

Cultural Competency

I AM A SINGLE MOTHER. NOT SO UNUSUAL AMONG MY PATIENTS in the Yale-New Haven pediatric primary care center, but less common on this side of the stethoscope.

I started out parenting in a two-parent household. The day my husband, Amal, and I brought our first daughter, Maya, home from the hospital, we were greeted by four grandparents. Our second daughter, Elina, had similar beginnings. But a few weeks later, when my husband died in a car crash, I found myself suddenly a single parent to a 7-week-old and a 2½-year-old.

Amal and I had started our lives as parents soon after we completed our respective pediatric residencies; he was a pediatric ICU fellow and I worked at a community hospital. We understood enough about children's health to know the right things to tell each other in the middle of the night about our precious Maya. "She's only yellow to her chest." "She's breathing fast but still taking good PO." And even on Amal's call nights in the PICU—when I foolishly referred to myself as a PICU widow—I knew that I could call the ICU and find someone else who cared as deeply as I did about Maya.

We joked then that we were co-parenting with preceptors from our respective residencies. "What would Janet do with a baby who ate nothing but Cheerios and olives?" "How long would Trude let that tantrum go?" We joked about how hard parenting was (what did we used to do with all that free time?). We appreciated how lucky we were to be two committed, healthy parents taking care of healthy children (and with the daily deluge of illness from the PICU roster, we constantly noted how lucky we were). And we stood in awe of those who did not have what we did (our wealth of educational, material, and emotional resources) and managed to parent successfully.

Parenting made me more empathetic with my patients. Right after my first maternity leave I cried when I told a family that there might be some benefit in letting their baby cry on her way to sleep. Through my tears I told the parents, "And then you have to leave the room while your baby is still crying." Prior to that I had explained it without tears. As the family and I discussed their plans for their child's sleep, I could not help but recall the emotional drain I felt when Amal and I decided what to do about Maya's sleep patterns.

After Amal died I faced all parenting dilemmas alone. I still had my imaginary co-parents—Trude and Janet. I still had whatever I could extrapolate from what Amal and I had decided while we were co-parenting. And I had an immense amount of support from family, friends, and the good people of Chapel Hill. But while facing my crying baby

in the middle of the night and then crawling back into a cold bed, I felt very alone. What if what I was doing was a bad idea?

Parenting alone sometimes feels like my labor with Elina—when I realized we got to the hospital too late for pain medication I turned to Amal and said, "I can't do this." He dutifully replied, "Yes, you can." And neither one of us spoke of the subtext: "You have to do it. You're the only one who can." And at many times of the day, that is how single parenting feels.

And although parenting pediatricians generally believe that they are better pediatricians than they would be were they not parents,^{1,2} my sense is that many of us do not take the next step in empathizing with our patients: trying to walk in the shoes of those who parent alone or with limited resources. As pediatricians define "culturally effective pediatric health care,"³ and work to deliver it, we need to consider *all* the aspects of a person's life that determine parenting.

I am clearly not unusual in being a single parent (32% of US families are headed by a single parent)⁴ or being a parenting pediatrician (67%-80% of pediatricians are parents⁵). And I am not unique in being both a single parent and a pediatrician; but sometimes I sit in academic meetings or the precepting room and I wonder if I am the only one.

At the first pediatric research meeting I attended after Amal's death, I was struck by the number of times I felt people were making recommendations that just seemed impossible for a single parent. One speaker said, "Families should eat dinner together every night. And I don't mean just the children eating together and the parents eating later. Parents should *eat* with their children." This man and a parade of speakers after him argued that eating dinner together will reduce obesity, drug use, teenage pregnancy, and school problems. The obesity argument was couched within the role-model argument: children need to see their parents eat well. Well, I wondered, what if you eat a little with your children and have to keep getting up and down to get them things? Does that count? Well, what if you keep getting up and down to get them things and don't have time to eat yourself, but you did put healthy food on your plate and do plan to eat it at some point? And what if you had good intentions but by the time the kids are sleeping and you get back to it, it doesn't look so healthy but that ice cream in the freezer seems more tempting?

Perhaps, I thought naively, that meeting was unusual. I assumed pediatricians understood how hard parenting is in

A Piece of My Mind Section Editor: Roxanne K. Young, Associate Editor.

traditional models. And I assumed they understood how hard it is outside the traditional model. My experience of otherness raised my awareness of how culturally determined the discourse in medicine is. The judgments work only in a very narrow range in which very few of our patients (and surprisingly few of us) fit: the assumption that everyone has two parents, ample financial, educational, and emotional resources, and no concerns other than raising their children.

At the next academic meeting six months later, however, I was again struck by my colleagues' seeming lack of understanding. In the middle of a talk about childhood obesity, the author explained that the parents they interviewed, generally immigrants and poor, understood what foods were healthy and what were not. They understood that fast food was generally not healthy, but they brought their children to fast-food restaurants because of the playground equipment. *Big gasp from everyone around me.* Of course they did, I thought. These parents were living in unsafe environments and probably thought the playtime and exercise were worth the trade-off. Those in the fast-food industry know this. Parents are just trying to do the best for their kids. And many of the choices they make are not out of ignorance but lack of choice.

And it's not just how we talk at meetings. While precepting pediatric residents I am often struck by what we expect our patients' parents to do. "Grandma insists the child not be allowed to cry at night." *Tsk, tsk, from the preceptor.* What if the grandmother is the only source of emotional support for the mother? And if the grandmother disagrees with us on a subject with equivocal evidence but strong cultural norms, at what point do we advocate that the mother create controversy within that, her most dependable relationship? What if it's the mother who doesn't want to have the baby cry at night because, truly, it's easier to let

a baby cry in the wee hours when someone else is there—Trude or otherwise—to let you know that what you are doing is not a bad thing? Shouldn't that question at least be asked?

I am not trying to insist that all single parents feel as I do. I know how lucky I am. And I know how that makes me different from many parents of my patients whose poverty or experiences of racism or language barriers far outweigh the relative importance of whether or not they are co-parenting.

I am arguing that parenting, while joyful and awe-inspiring, is hard. And I am arguing that parenting outside the traditional two-parent, well-resourced model has its own challenges that we, as pediatric health care professionals, may not be recognizing. Those of us who practice pediatrics need to work to change those assumptions. We want our patients' parents to think of us as helpful co-parents, in the light of day and in the middle of the night. And, perhaps more importantly, for those of us who teach pediatrics, we need to find intelligent and encouraging ways to impart this sensitivity to our future coworkers.

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