Wisdom: What is it?

James C Haworth MD FRCPC FRCP(Lond)

The request to write an essay on 'wisdom' that could be passed on from an old and retired paediatrician, such as myself, to a young and aspiring trainee in paediatrics just starting out, led me to ask myself what wisdom really is. The dictionary defines the word as "knowledge and experience", "accumulated learning" and "good sense". If 'knowledge' (as the dictionary adds) is "understanding gained by experience", what then is "experience"? This is a definition I came across many years ago: "Experience is the ability to make the same mistake with increasing confidence". All of which didn't get me very far. Instead, I prefer to write briefly on a few topics that sometimes cause difficulties in the practice of paediatrics and particularly about their management, which seems to have worked reasonably well for me.

Dr James C Haworth

Difficult parents

Parents are all different. Most that I had contact with were nice people, devoted to their children, who understood that I would give them good advice about how to manage the problems of their sick children. A few were different. Some were demanding, downright rude and inconsiderate. These parents, I felt, often had some underlying problems themselves, such as guilt or a broken marriage. I spent no more time with them than was necessary and avoided a quarrel whenever possible. If conversation in the clinic or office began to get heated, I always left the room for a short time on some pretext or other to let them cool off. Then there were the silent parents, those who could not be persuaded to talk and only answered questions with monosyllables. One mother I remember sat silent and grim on her chair for 10 or 15 minutes until I accidentally dropped my stethoscope on the floor while examining her daughter. This resulted in gales of laughter from both mother and child, and from that time on they chatted away happily. What wisdom can I offer for dealing with difficult parents? Above all, I believe one should never withhold information from them, however upsetting they might find it, and give them every piece of new information as it becomes available. Only in this way can trust between doctor and parents be built. All information, naturally, should not be given initially in the presence of a young patient.

Difficult patients

Teenagers aside, I have always felt that children who cry and scream, throw themselves around and have tantrums in the office do so because of poor technique on the physician's part. I used to teach students that when dealing with a small child (aged, say, between nine and 36 months), I would appear to ignore the child at first, and just speak to the parent who I had seated by my side with the child on his or her knee, while watching the patient out of the corner of my eye the whole time. These students had often just come off their internal medicine rotation where they had been taught to conduct the physical examination of a patient undressed on the table, starting at the head and working down to the feet. To perform an examination this way with a small child always ends in disaster and the patient is labelled 'difficult and uncooperative' by the student. I showed them that the entire examination could be performed with the child on the parent's knee, using slow, gentle movements and warm hands. There was minimal undressing; examination of the ears and throat was left to the end. At the first signs of unhappiness, I would break off, replace any removed clothing and begin again a few minutes later. With many small children, a lot of smiling and tickling and a voice pitched low don't come amiss. For older children, the same techniques can be used and modified depending on patient reaction.

Difficult colleagues

A fellow paediatrician once or twice said to me in private something like: "I don't like Dr. So and So. I can't work well with him". The first question to ask is what does he mean by "like"? Does he mean that he doesn't like the way he dresses, or does his hair, or the way he speaks, or he doesn't use enough soap and water? Yet any of these, or a dozen or so other variables, really do not matter. One should be able to work with a colleague despite any difference in tastes or manner. You may not wish to join a difficult colleague for a social function, but you can still work perfectly well with him or her. However, if your dislike has anything to do with your colleague's skills as a paediatrician, then there is indeed a problem, discussion of which goes far beyond the scope of the present essay.

So is there any wisdom in the above? You, the reader, shall be the judge!

BIOGRAPHICAL NOTE: DR JAMES C HAWORTH

Born in England in 1923, Dr James C Haworth studied medicine at the University of Birmingham (Birmingham, United Kingdom) and held postgraduate posts in internal medicine and paediatrics at the General and Children's Hospitals in that city. After two years serving in the Royal Navy, he underwent further paediatric training in Cincinnati (USA), London, Liverpool and Sheffield (United Kingdom).

Dr Haworth emigrated to Canada with his family in 1957 and pursued private paediatric practice at the Winnipeg Clinic (Winnipeg, Manitoba) for eight years. He was appointed to the full-time faculty at the University of Manitoba and the Children's Hospital of Winnipeg in 1965, and served as department head of paediatrics for both from 1979 to 1985. Dr Haworth specialized in metabolic and nutritional disorders, and spent several months in South Africa and Uganda studying malnutrition in children. He became chair of the Canadian Paediatric Society's Nutrition Committee in 1970.

He has written or collaborated on numerous professional papers, review articles and book chapters, and retired from active practice in 1992.

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