MUNCHAUSEN SYNDROME BY PROXY: THE NEED FOR SERVICE INTEGRATION

ROBYN BATTEN, B.S.W., Lecturer in Social Work, Phillip Institute of Technology, Melbourne.

Baron Karl Frederick Van Munchausen was famous throughout Europe in the 18th century for tales of his adventures which were of doubtful authenticity. In 1951 the term Munchausen syndrome was coined to describe adults who fabricated histories of illness, produced false physical signs and laboratory findings to deceive doctors and receive unwarranted medical treatment and operations. Munchausen syndrome by proxy was first described by Dr. Roy Meadow (1977) as a form of child abuse in which an illness is fabricated in a child by a parent.

The fabrication may consist of the parent, giving a false history of illness, creating spurious clinical findings, producing false laboratory reports or actually inducing illness in the child. In all reported cases of Munchausen syndrome by proxy it is the mother who created the fabrications or induced the illness in the child. This is hardly surprising as in our society mothers are usually the primary care givers, especially when children are ill. The children ranged in age from infancy to eight years and many of them were subject to long periods of hospitalisation and invasive medical investigations. (Jones, J.G., Butler, H.L., Hamilton, B., Perdue, J.D., Stern, H.P., Woody, R.C., 1986.)

One of the purposes of this paper is to explore the difficulties involved in identifying the sydndrome within a service delivery system which requires further integration. The second purpose is to discuss approaches to intervention which, if they are to be successful, demand a high level of co-operation between medical, psychiatric, legal and protective services networks.

Two cases involving three children, diagnosed in Melbourne, as having Munchausen syndrome by proxy will be used to demonstrate the need for service integration when identifying and intervening in this complex syndrome.

CASE REPORTS

Case 1

Sandra, aged 10 months when reported to the protective Service, had been taken to several hospitals suffering from apnoea (cessation of breathing) and bradycardia (abnormally slow heart rate). Despite extensive medical investigations by eminent paediatricians including: blood tests, prolonged cardiac monitoring and x-rays no medical explanation for her life threatening episodes had been found. The mother alone had been present at the onset of the life threatening episodes and reported that on several occasions she had administered cardio-pulmonary resuscitation to the child. The mother had some nursing training which is reported by Meadows (1984) to be a feature of nearly one third of identified cases of the syndrome.

This family displayed several of the warning signals which are discussed in the literature Grandolo, V.L. (1985), Rosen, C.L., Frost, J.D., Bricker, S., Sarrow, J.D., Gilette, P.C., Dunalvy, S. (1983), Meadow, R. (1985).

1. Prolonged or recurrent unexplained illness in a child.
2. Symptoms which only occur when the mother is present.
3. A past history of an unexplained sudden infant death.
4. Mothers who are continually with their ill child in hospital and form inappropriately close relationships with staff.
5. Mothers who themselves have had numerous and unexplained illnesses.
6. Fathers who are very minimally involved in their childrens care.
7. Discrepancy between clinical findings and history given by mother.
8. Another child in the family suffering from unexplained seizures.

The diagnosis of Munchausen syndrome by proxy finally occurred in a hospital which had intensive contact with the family over several months and involved medical, psychiatric and social work staff in the family's treatment. The protracted process which led to a diagnosis included; obtaining detailed information from all previous general practitioners and hospitals involved with the family in an attempt to verify the mother's stories, obtaining a full social history from the family and many case conferences at which all professionals involved built up a picture of the bizarre events which had occurred within the family.

The parents reacted with anger and denial when confronted with their causal involvement in their child's illness. At this point the case was reported to protective services and a protection application was issued. The ensuing Childrens Court proceedings were protracted and distressing for the family and all workers involved.

Case II

The second case involved two sisters aged two and a half and four years at the time of notification to the Protective Service. The younger child had spent approximately eighteen months of her short life as a hospital inpatient and the older child a total of fourteen months. Both girls suffered from severe, undiagnosed gastrointestinal disorders which ultimately resulted in them having colostomies.

These children were treated by one specialist hospital throughout their illnesses which is unusual as in most reported cases of Munchausen syndrome by proxy the mother "shops around" to different hospitals.

Both children suffered very invasive and potentially dangerous investigations and treatments including; barium enemas, bowel biopsies, laparoscopies, intravenous feeding and laparotomies. As mentioned earlier, it eventually became necessary for them to have colostomies performed to control their vomiting, diarrhoea and weight loss.

A multi disciplinary hospital team of paediatricians, psychiatrists, psychologists, social workers and community liaison nurses were involved in the family's treatment. As in the previous case the mother spent long periods of time in the hospital assisting in the care of her dangerously ill children and was regarded as a caring mother under enormous stress.

The diagnosis of Munchausen syndrome by proxy was finally made as a result of two significant events. First the mother admitted to giving one of the children laxatives and pulling out the other child's surgically inserted intravenous feeding line. Secondly, the mother was admitted to a psychiatric hospital for tranquilliser addiction and during her three month separation from the children, they quickly became completely well and had their colostomies closed.

Protection applications were issued by Protective Services and as in the previous case the children were admitted to the care of the Community Services Department after an eight day contested court hearing. Throughout this hearing the mother maintained that she had interferred with the children's health on only three occasions but workers involved believe she was responsible for their entire illness.

Discussion

These case examples raise several questions about working with families suffering from Munchausen syndrome by proxy. The major questions appear to be, why is it so difficult to identify the syndrome and how can the many professions involved best work together to successfully intervene in these complex families?

Obstables to Identification

The families involved in these cases were middle class and the parents presented as caring and concerned. The parents co-operated with the professionals involved and formed working relationships with them. The doctors, social workers and psychistrists appeared to identify with the families and feel enormous sympathy for the parents who were distressed about their children's serious illnesses.

Although the parents displayed a high level of co-operation with the hospital staff, the staff did not believe they knew the parents well despite their extensive contact with them. It appears that the very complex nature of these families militates against workers fully understanding or engaging the family. In the cases described workers found the nebulous obstables to them fully engaging the families very stressful.

Children who are very ill over a long period of time and for whom no appropriate treatment can be found engender feelings of impotence and frustration in involved professionals. These feelings may contribute to the escalation of medical investigations and treatments in the absence of a medical diagnosis.

The multidisciplinary hospital teams involved held frequent case conferences and their involvement with the families was highly integrated. Despite their high level of co-operation when a diagnosis of Munchausen syndrome by proxy was first mentioned (by a social worker in the first case and paediatricion in the second) doubt about the diagnosis was created by disbelieving team members. It appears there must be consensus amongst the team about the diagnosis or workers will unconsciously sabotage plans for integrated intervention.

Successful Intervention

Meadows (Meadows 1985) recommends the paediatrician to be the most appropriate person to confront the parents about their involvement in the children's illness. The confrontation will often be met with denial and anger from the parents and be extremely stressful for the paediatrician who has supported the family for a long period of time.

The stage at which the family is reported to Protective Services will vary partly in association with families willingness to co-operate with hospital staff and the seriousness of the risk to the children. It is appropriate to consult with Protective Services as soon as the hospital staff suspect the parents of causal involvement in the child's illness. This will facilitate the Protective Services understanding of the complexities of intervening in families suffering from Munchausen syndrome by proxy. Case conferences are a useful forum for reporting to the Protective Services and enable them to gain valuable information from the range of professionals involved.

Consideration should be given to inviting the police to case conferences. The complex and deceptive nature of these cases militates against the police investigating protection applications in the Childrens Court and in the cases described they believed criminal prosecution to be inappropriate.

To proceed with a protection application the Protective Service will require the full support of all the professionals involved. The complexity of the syndrome and the grave risks to the children must be conveyed to the court. This necessitates all workers presenting the details of information they have in order to build-up a full history of the often bizarre events which have occurred within the family. When all these events are presented a comprehensive picture of the family emerges and the dangers to the children become clear.

The evidence of the mother's actions is often circumstantial and the stress of the court proceedings may cause workers to doubt the diagnosis. This is an extremely stressful time for all involved and workers will need to continually support each other throughout the protracted court process.

In the first case there was a protracted court battle proceeding through three court systems and it was extremely difficult for workers involved to maintain their commitment to the diagnosis during this stressful process. Ultimatly the child was home released by community services despite the fact that two courts expressed grave concerns for the child safety. In the second case the children are in long term foster care and community services have been heavily reliant upon hospital staff for assistance in case planning.

Conclusion

This paper has focused on the difficulties involved in identifying Munchasen syndrome by proxy and stresses the need for a highly integrated approach to intervention. It is a preliminary analysis of the complex issues involved and has relied upon experience of only two cases and the limited available literature.

The majority of available literature is presented from a medical perspective and despite the apparent need for medical intervention in this syndrome clearly it is not a medical problem. Further studies should address; the psychological and emotional effects upon the children, appropriate treatment for the mothers, the father's role in the syndrome and the need for doctors to question their value base.

Little is known about appropriate long term intervention in these families or success of reunification but this requires serious consideration as there is a high infant mortality and morbidity rate amongst these families.

References

Guandolo, V.L. Munchausen Syndrome by Proxy: An Outpatient Challenge. *Paediatrics.* Volume 73, No. 3, 526-630, March 1985.

Jones, J.G., Butler, H.L., Hamilton, B., Perdue, J.D., Stern, H.P., Woody, R.C. Munchausen Syndrome by Proxy. *Child Abuse & Neglect.* Volume 10, 33-40, 1986.

Meadow, R. Munchausen Syndrome by Proxy: The Hinterland of Child Abuse. *Lancet ii:* 343-345, 1977.

Meadow, R. Factitious Illness - The Hinterland of Child Abuse *Recent Advances in Paediatrics* No.7, 217-232, 1984.

Meadow, R. Management of Munchausen Syndrome by Proxy. Archive of Disease in Childhood, 60:385-393, 1985.

Rosen, C.L., Frost, J.D., Bricker, T., Tarnow, J.D., Gilette, P.C., Dunalby, S. Two siblings with Recurrent Cardiorespiratory Arrest: Munchausen Syndrome by Proxy or Child Abuse? Paediatrics 71:715-720 May 1983.

LISTEN TO YOUR CHILD, A parent's guide to children's language
(240 pages).

Author: David Crystal
Publisher: Penguin Books Ltd., 1986 England. $9.95 Aust.

Reviewed by Jan MacKenzie, Speech Pathologist, Lincoln Institute, Abbotsford Speech and Hearing Clinic.

"Listen to your Child" is an informative book for people who want to understand in some detail the course of language acquisition. Crystal shows how this can be done by careful listening to, and recording of, the child's speech. It is not intended as a guide of how to encourage language growth, although he makes many points relevant to this, along the way. The writing style is easy to read and often humerous and full of anecdotal situations, so suitable for the stated target population.

Crystal begins in *Chapter One,* by capturing the imagination with his description of the language learning task that lies ahead of the infant, and the relative speed with which this is achieved. He suggests ways that parents can keep a "language diary" to record their child's language development, just as they do a photographic album in order to record physical development. He indicates clearly the difficulties and the rewards associated with doing this.