Emergency Room Procedure

DAVID DRAPER, M.D., Professor of Pediatrics, Medical College of Virginia, Health Sciences
Division of Virginia Commonwealth University, Richmond, Virginia

After having sat here and listened to the panel and particularly to Sue Rowdon describe her experience with her child's death, I think it has been amply explained what emergency room procedure ought to be. Obviously, there has to be someone to take responsibility for evaluating the infant, and generally that person is going to be a physician. At the same time there has to be someone who can be attentive and compassionate to the family. The physician needs to recognize and explain some of the thoughts that must be going through the parents' minds, such as, What's wrong? What's happened to our baby? What are you doing? Will he be okay? The physician is not going to have all the answers, and in these instances, it is best to say, "I don't know." At least he or she shouldn't turn away and escape behind the desk.

The physician must attempt to be as supportive as possible and explain to the family that as soon as there is more information they will be told exactly what is going on, what the doctors are trying to do as far as evaluating the baby, and if they can do anything. Finally, the physician must be able to sit down with the parents and tell them in simple terms that their baby is gone, understanding that they may not accept or totally comprehend everything. The physician should point out that the death is not anyone's fault and explain what Sudden Infant Death is to the parents. They should be encouraged to get in touch with the Central Virginia Guild for Infant Survival to find out more about Sudden Infant Death. Again, the parents are really not going to totally comprehend everything said to them; they may only hear one out of every ten words or something of that nature. It is going to be difficult for them, but at least the process has been initiated properly.

It is important to notify the family physician as soon as possible so that he or she can be supportive of the family and quickly available to them. It shouldn't be assumed that the family physician doesn't want to hear the news. I certainly hope that I was always notified, and I hope that if it should happen again, I will be notified as soon as possible.

The people in the emergency room ought to be aware of Sudden Infant Death. In certain hospitals the infant might be taken to an emergency room that is not a pediatric emergency room. The infant may be examined by a physician who is not a pediatrician. Perhaps the only one who is available to examine the infant is a surgeon who may have no real awareness of Sudden Infant Death. Therefore, it is incumbent upon all of us who are aware of Sudden Infant Death to make everybody who might be coming in contact with it aware of the problem and how it should be handled.

Finally, I think that it is most important to be cautious of what you say to the family. You must choose your words carefully because, although the parents may only be hearing one or two words of what you say, you want to be sure they are not going to remember something that is going to have a perpetually depressing effect upon them.