




# Medical Neglect: How to Identify and Intervene

Participants will be able to define medical neglect, identify appropriate strategies to address different types of medical neglect, understand VT laws pertaining to medical neglect and make an effective report to the Department for Children and Families



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*"We live in a world in which we need to share responsibility. It's easy to say, 'It's not my child, not my community, not my world, not my problem.' Then there are those who see the need and respond."*

*-- Fred Rogers*



# Medical Neglect: How to Identify & Intervene

- **What** is medical neglect & how does it fit in to the world of child maltreatment?
- **Identifying** medical neglect & how do we contextualize it?
- Making a **case** for medical neglect and knowing **when** to make a report
- **How** to report medical neglect



# The scope of medical neglect

**Ophthalmology** - Parent adherence with eye care → VISION LOSS

**Oncology** - Competency in monitoring for signs of infection post chemotherapy

**Nephrology** – Concern for lack of refrigeration of transplant medication → TRANSPLANT FAILURE

**Endocrinology** – Alternative therapy for type 1 diabetes

**Pulmonology** – Failure to provide adequate nutrition for child with cystic fibrosis → Shortened lifespan

**Primary Care** – Failure to thrive

**Adolescent Medicine** – Failure to access recommended level of care (residential) for anorexia → death

# Question 1 – ZOOM POLL

What are factors considered **necessary** for diagnosis of medical neglect?

- A. Homelessness
- B. A child has been harmed or is at risk of harm because of a lack of health care
- C. Poor hygiene leading to diaper rash
- D. The recommended health care offers significant benefit to the child
- E. B & D

# Answer 1 – ZOOM POLL

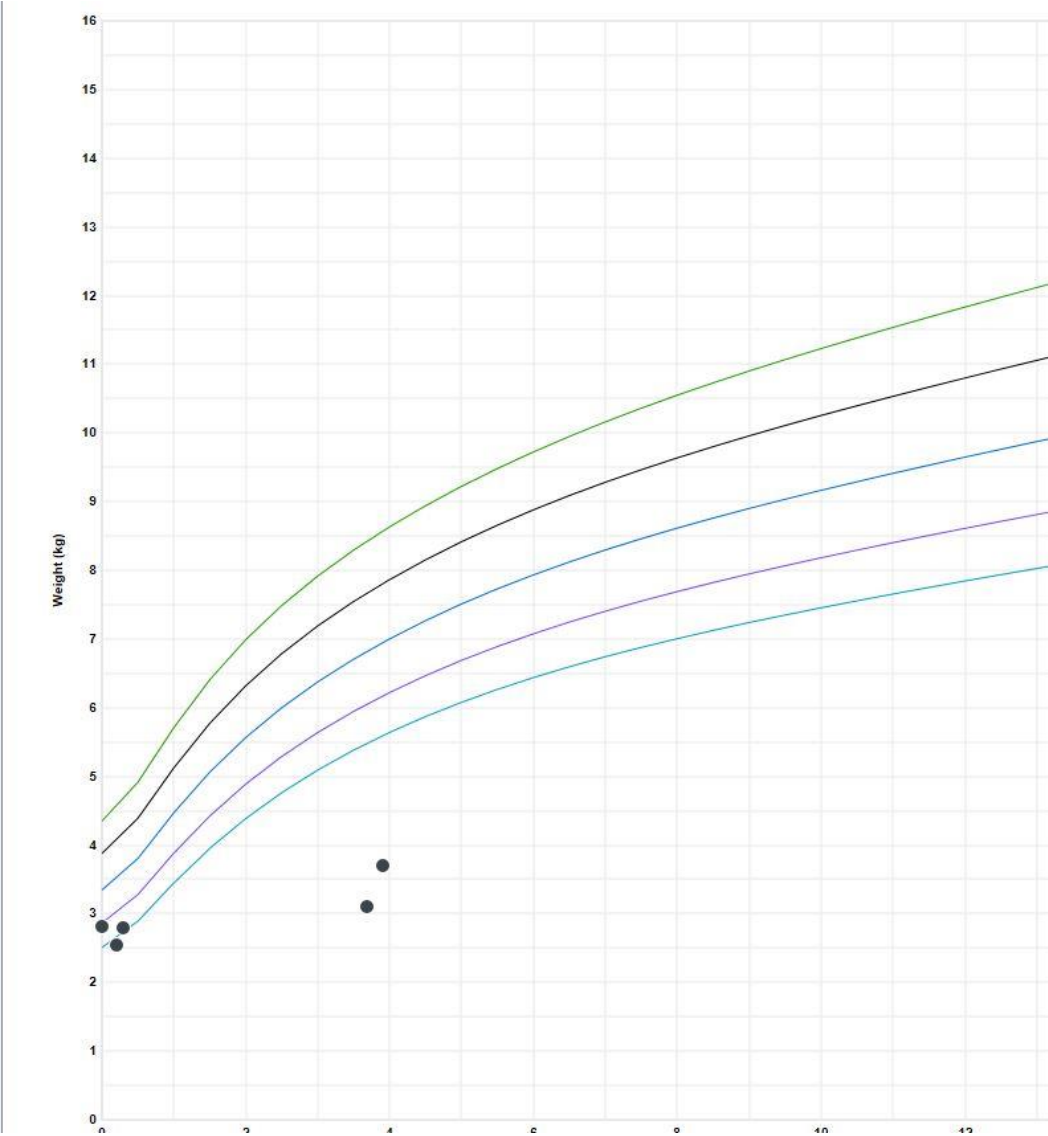
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- E. **B & D**

# Case 1 - narrative

- “Scully” is a 4 month old baby sent by his PCP to the ED after is was discovered that he was only 30 grams over his birth weight, appeared frail and lethargic.
- Scully was born at an average weight of 6lb 3.1oz
- Scully lives at home with his parents, 2 half sisters (ages 9 and 7) and older brother (age 2), as well as, several pets.
- Mother is primary caretaker, Scully does not attend childcare.

# Case 1 - Growth chart





# Case 1 - photos



## Question 2 – ZOOM POLL

Would you make a DCF report?

- A. Yes
- B. No
- C. Maybe

# Case 1: Failure to Thrive Questions

- What makes you uncomfortable with this case?
- What are your specific worries for short-term impact on the child? Long-term impact?
- How would you monitor your concerns about neglect and/or parents compliance with recommendations?
- HAVE “YOU” EXHAUSTED YOUR RESOURCES FOR HELPING THIS FAMILY?

# Neglect

Table 3–9 Maltreatment Type Combinations, 2016		
MALTREATMENT TYPE COMBINATIONS	Maltreatment Type	Maltreatment Type Percent
SINGLE TYPE	-	-
Neglect includes Medical Neglect	423,007	63.0
Other/Unknown	20,258	3.0
Physical Abuse	74,548	11.1
Psychological or Emotional Maltreatment	15,504	2.3
Sexual Abuse	44,468	6.6

**What constitutes neglect?**

**How do your personal values influence your definition of neglect?**

# Types of Neglect

- ***Medical Neglect***: A type of maltreatment caused by failure of the caregiver to provide for the appropriate health care of the child although financially able to do so, or offered financial or other resources to do so.
- *Educational* - (eg. failure to educate child or attend to educational needs)
- *Emotional* - (eg. inattention to child's emotional needs)
- Supervisory – (eg. child unattended in the road)

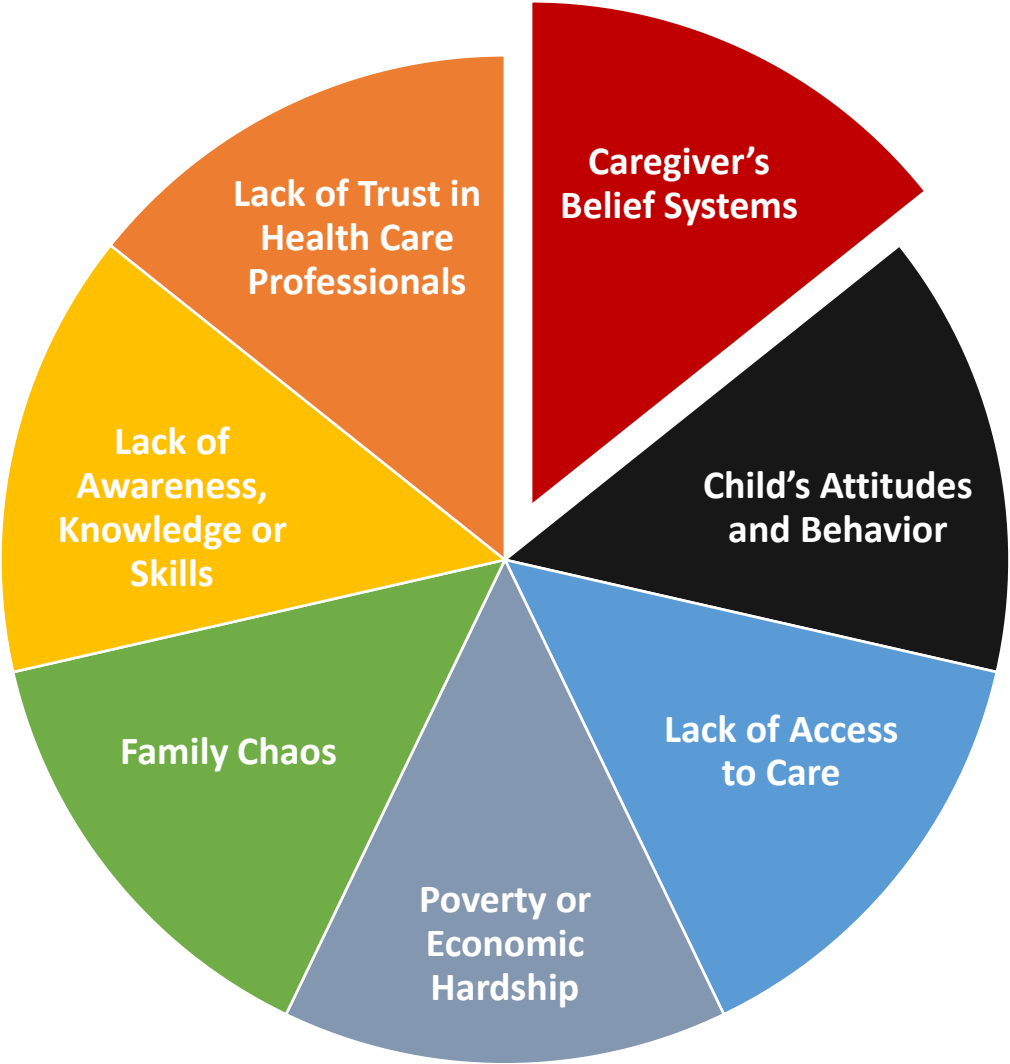
# AAP Guidelines – Medical Neglect

## Factors necessary for the diagnosis of medical neglect

- A child is harmed or is at risk of harm because of *lack* of health care
- The recommended health care offers *significant* net benefit to the child
- The anticipated benefit of the treatment is *significantly greater* than its morbidity, so that *reasonable* caregivers would choose treatment over nontreatment
- It can be demonstrated that *access to health care is available* and not used
- The caregiver *understands* the medical advice given



# Patient & parent factors



# Health Care Provider Factors

Misconception that obvious medical neglect is accepted in the family's cultural or ethnic group

Lack of knowledge of parental health literacy

Lack of communication in the medical setting

Poor understanding of cultural beliefs/practices of family

# Parental Autonomy vs Child Safety

Immunizations?

Vitamin K refusal?

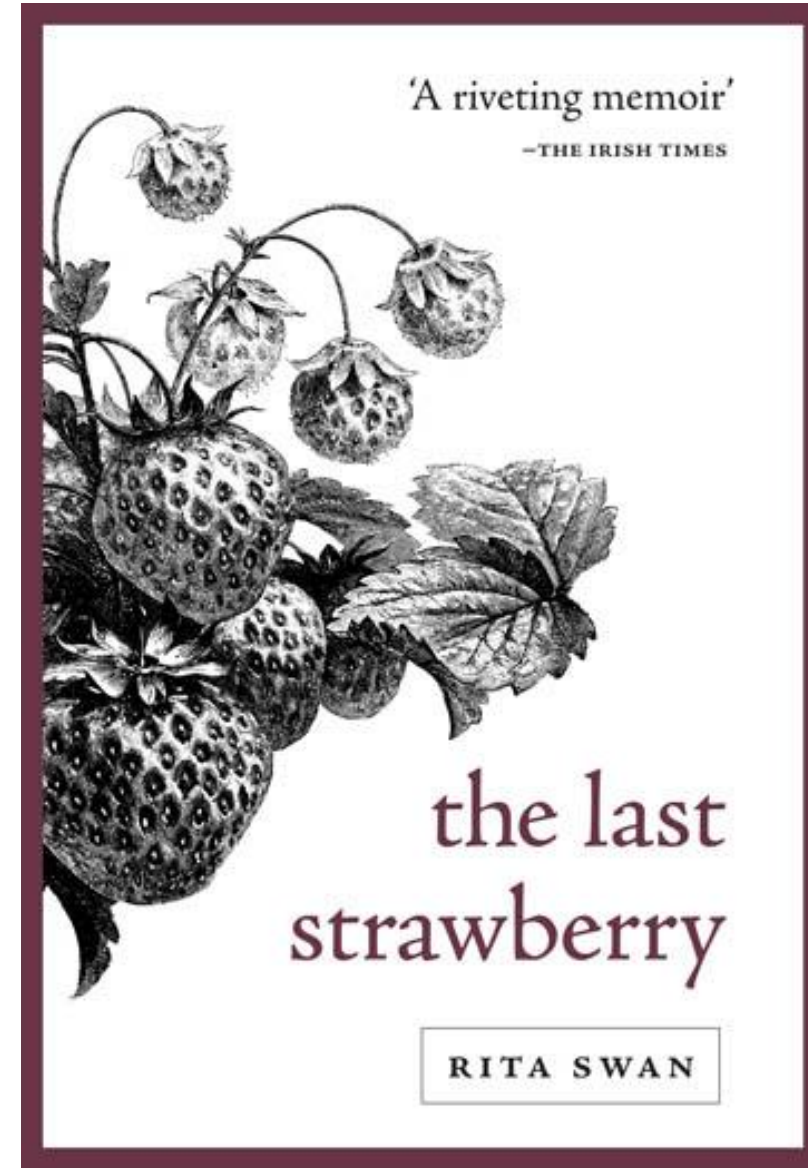
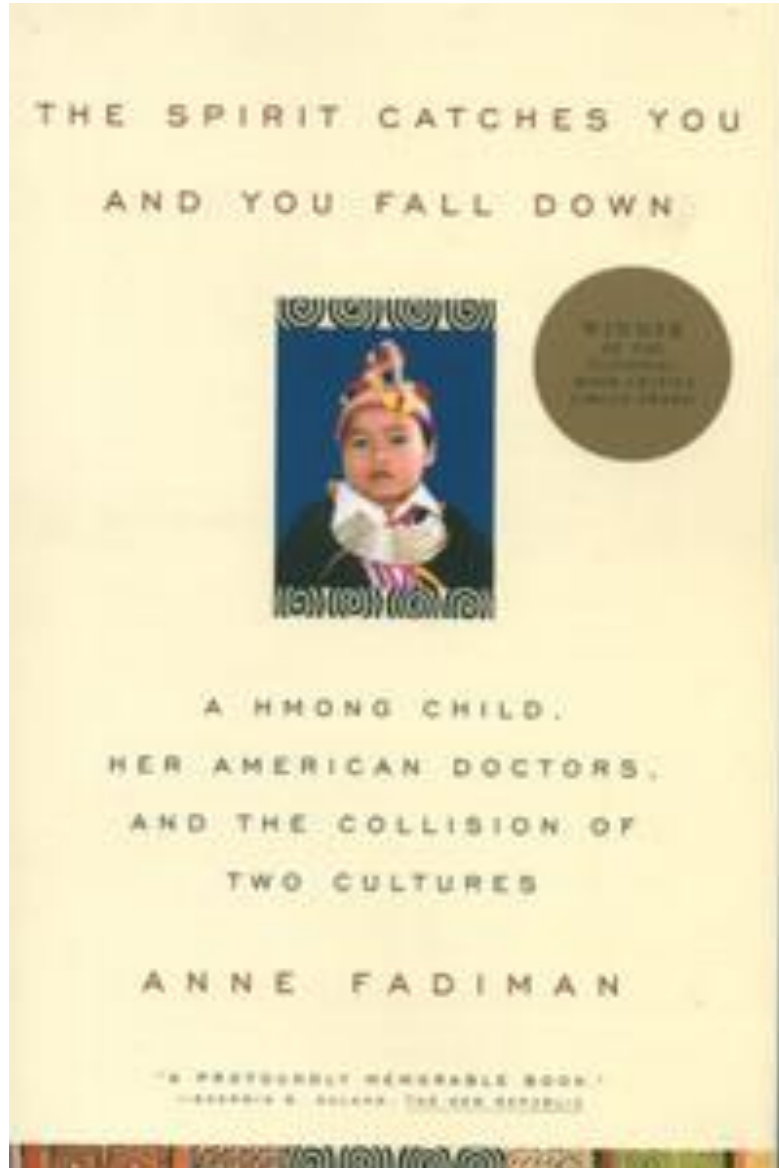
CBD oils instead of anti-epileptic medication?

Blood Transfusions?

Parents not intervening with anorexia? Obesity?

Parents deciding against ADHD medication?

# A case study in the challenges of medical neglect




# Title 33 : Human Services - Chapter 049 : Child Welfare Services

- Subchapter 002 : Reporting Abuse Of Children

(1) “Abused or neglected child” means a child whose physical health, psychological growth and development, or welfare is harmed or is at substantial risk of harm by the acts or omissions of his or her parent or other person responsible for the child’s welfare.

A. Failure to supply the child with adequate food, clothing, shelter, or health care. As used in this subchapter, “adequate health care” includes any medical or nonmedical remedial health care permitted or authorized under State law. Notwithstanding that a child might be found to be without proper parental care under chapters 51 and 53 of this title, a parent or other person responsible for a child’s care legitimately practicing his or her religious beliefs who thereby does not provide specified medical treatment for a child shall not be considered neglectful for that reason alone.

# Translating to VT DCF policy

 <b>VERMONT</b> DEPARTMENT FOR CHILDREN AND FAMILIES <b>Family Services Policy Manual</b>		<b>50</b>
Chapter:	Child Safety Interventions	
Subject:	Child Abuse and Neglect Definitions	Page 5 of 12

Neglect: The failure to supply a child with adequate food, clothing, shelter or health care, including medical or non-medical remedial health care permitted or authorized under state law (33 VSA § 4912(6)(B)).









## Question 3 – ZOOM POLL

When reporting concerns of medical neglect the information that is important to convey:

- A. The interaction between parents while in the hospital
- B. Previous DCF history
- C. What the harm, or potential harm to the child is from the caregiver(s) not receiving the recommended treatment
- D. That the child has dirt under his fingernails

## Answer 3 – ZOOM POLL

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## Case 2: Ingestion

- “Elena” is an 18 month old who presents to the ED after her older siblings (ages 4 and 6) told their parents she was acting sleepy and they couldn’t wake her up.
- Upon arrival to the ED parents are worried that Elena may have had a seizure
- Elena’s UA comes back positive for THC
- Elena’s parents say that the only marijuana in the house is in a secure jar in their bedroom that Elena cannot access. They tell providers that there are no THC edibles in the house and exposure to second hand smoke is the only explanation they can think of that would cause the positive UA.

## Question 4 – ZOOM POLL

Would you make a DCF report?

- A. Yes
- B. No
- C. Maybe

## Case 2: Ingestion Questions

- Was it neglect that led to Elena's ingestion?
- Would it make a difference if parents waited 3 hours to bring her to medical care? What about if they waited until symptoms got worse?
- Would your level of concern be different if it was another substance? Suboxone? Blood pressure medication? Fentanyl?
- HAVE "YOU" EXHAUSTED YOUR RESOURCES FOR HELPING THIS FAMILY?



# Ingestions

Type

Context

Supervision

Explanation

Delay

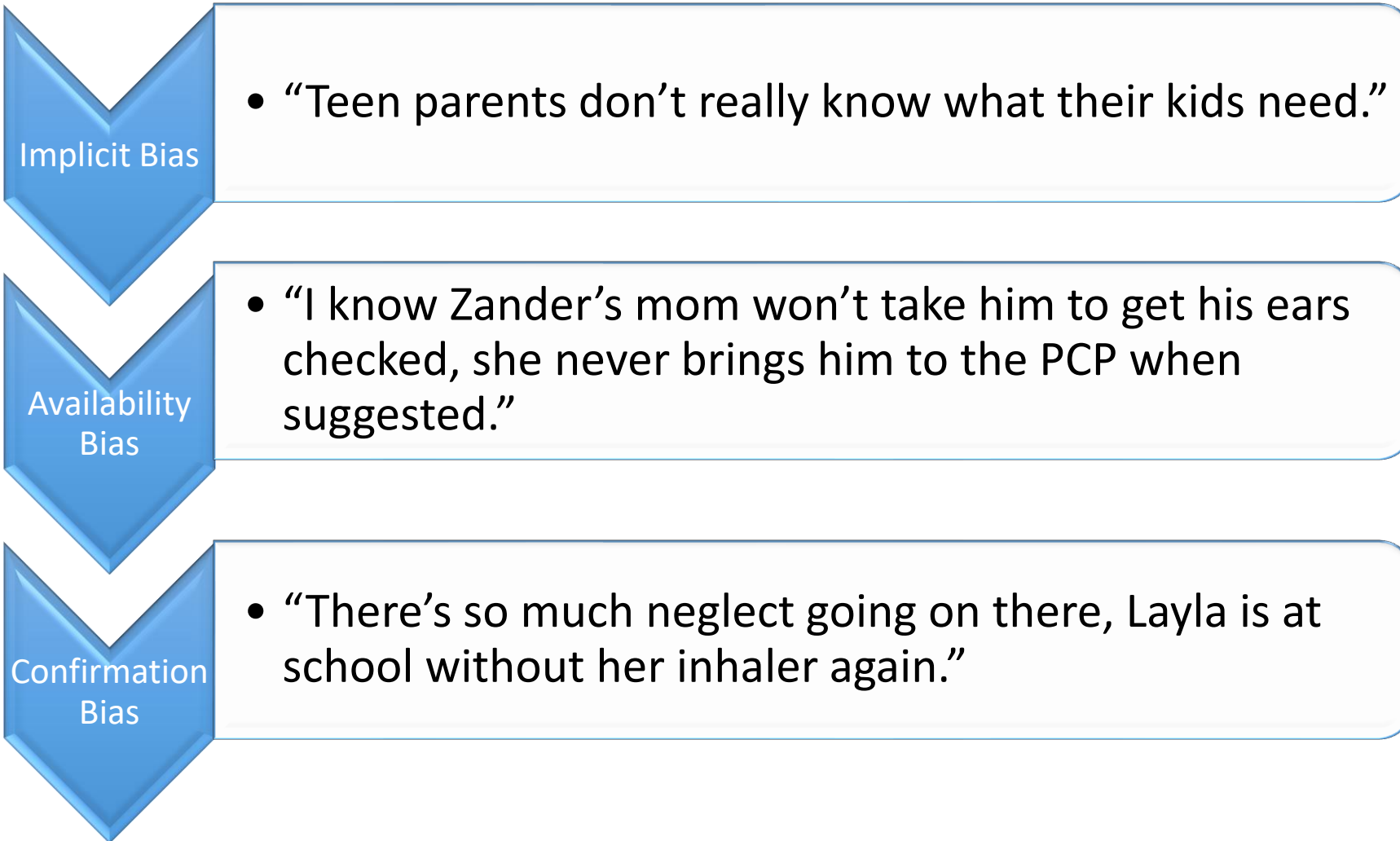
# Ingestions

Intentional  
Poisoning

Accidental Ingestion

Negligence Resulting  
in Ingestion

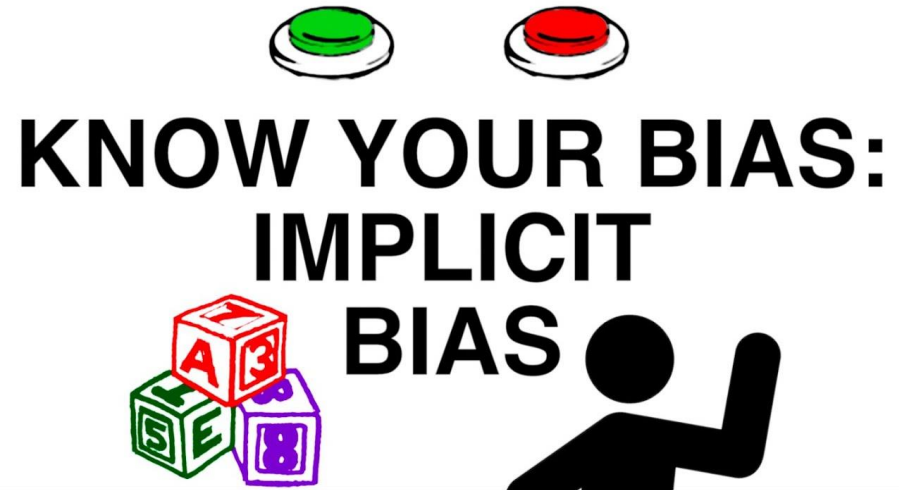
# Biases in Child Welfare



# Biases in Child Welfare - What can we do?



# Take Homes









## Question 5 – ZOOM POLL

Parents who choose to deviate from recommended immunizations **or** treatment due to religious beliefs would warrant a report to DCF?

- A. True
- B. False

## Answer 5 – ZOOM POLL

Parents who choose to deviate from recommended immunizations **or** treatment due to religious beliefs would warrant a report to DCF?

- A. True
- B. False**

Answer: B – in cases where religion leads to disagreement with treatment, there must be a very compelling reason for a report to be made and state intervention, such as something that would lead to significant impairment or mortality in a child

# Case 3: Alternative medicine for diabetes?

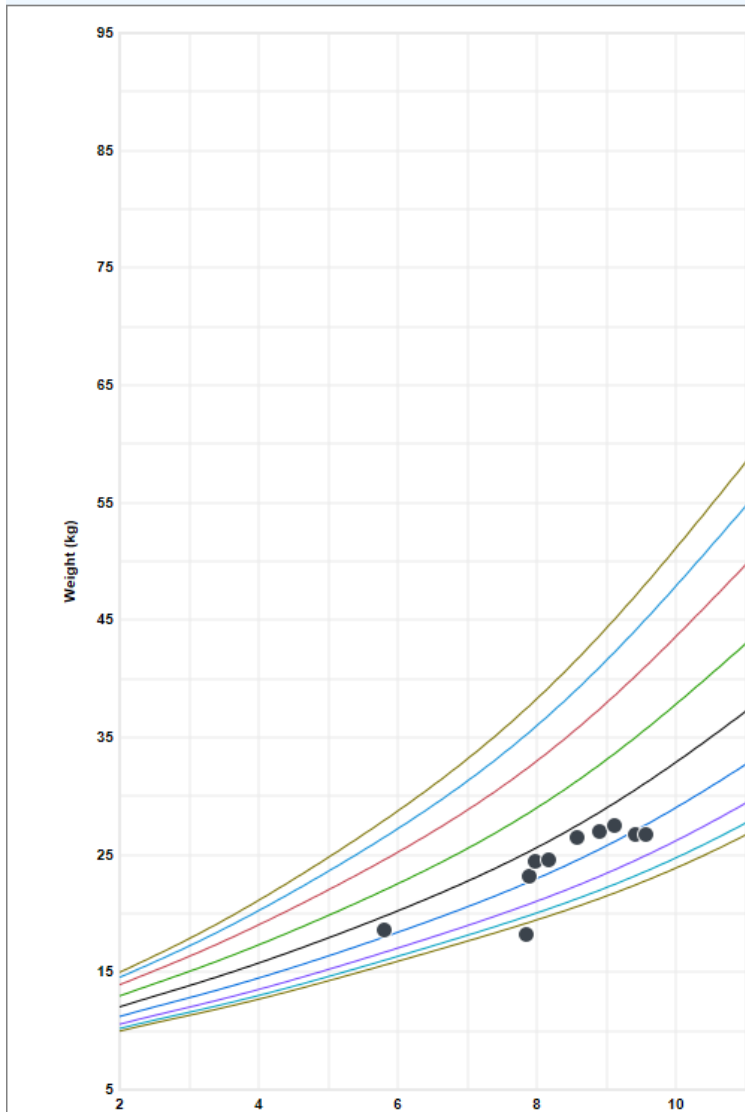
- Child diagnosed with type 1 diabetes at 7.5 years
- Diabetes Team concerned about mother's coping with T1D diagnosis
  - Mother wanting "homeopathic or natural" treatment of diabetes
  - Mother firm that child's diabetes diagnosis must be a secret from classmates, otherwise she would be bullied
- 1.5 years after diagnosis, mother announces she has started a "virtual treatment regimen" via intn'l diabetes expert:
  - No mealtime insulin, continue with long-acting insulin only
  - Strict diet: no dairy, grains, or animal products
- MD expresses concern that new regimen is inappropriate for T1D
  - ~0.7 kg weight loss, HbA1c 11.4%
- At 1 month follow-up:
  - HbA1c 11.6%, no weight gain
  - Mother reports child is "transformed", no longer anxious about insulin injections or low blood sugars, hearty appetite
  - Mother expresses faith in new program and that it will lead to beta cell regeneration; wants to continue trial for 6 months
  - MD expressed disagreement with current plan and role as mandated reporter if child's life/health in danger

# Case 3: HbA1c

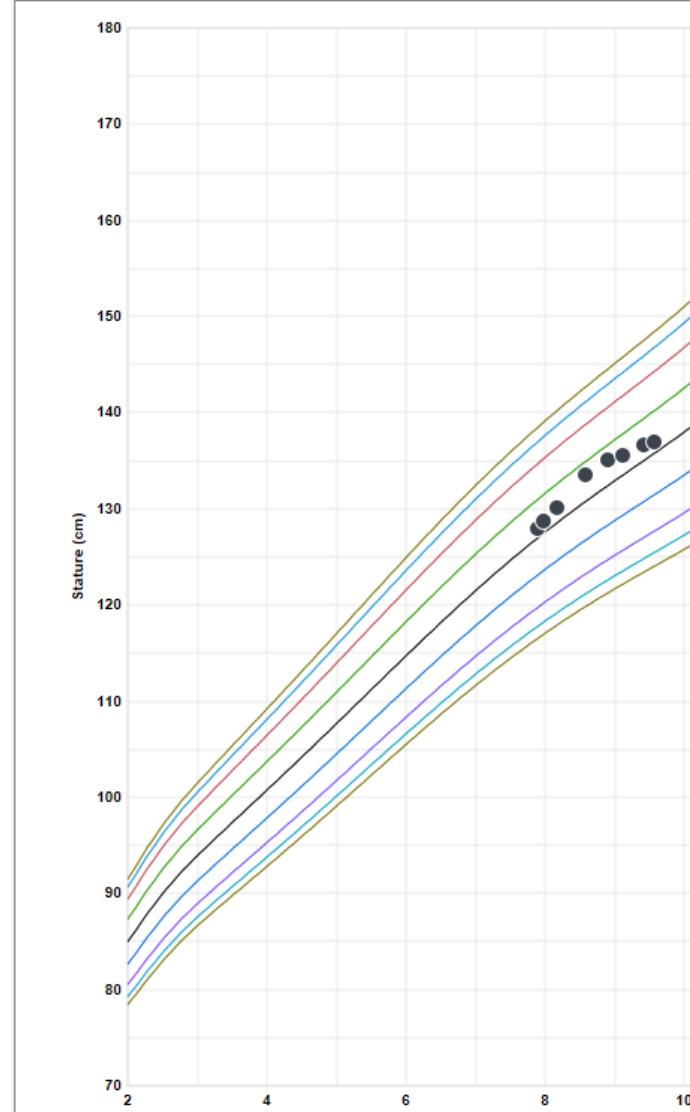


# Case 2: Growth charts

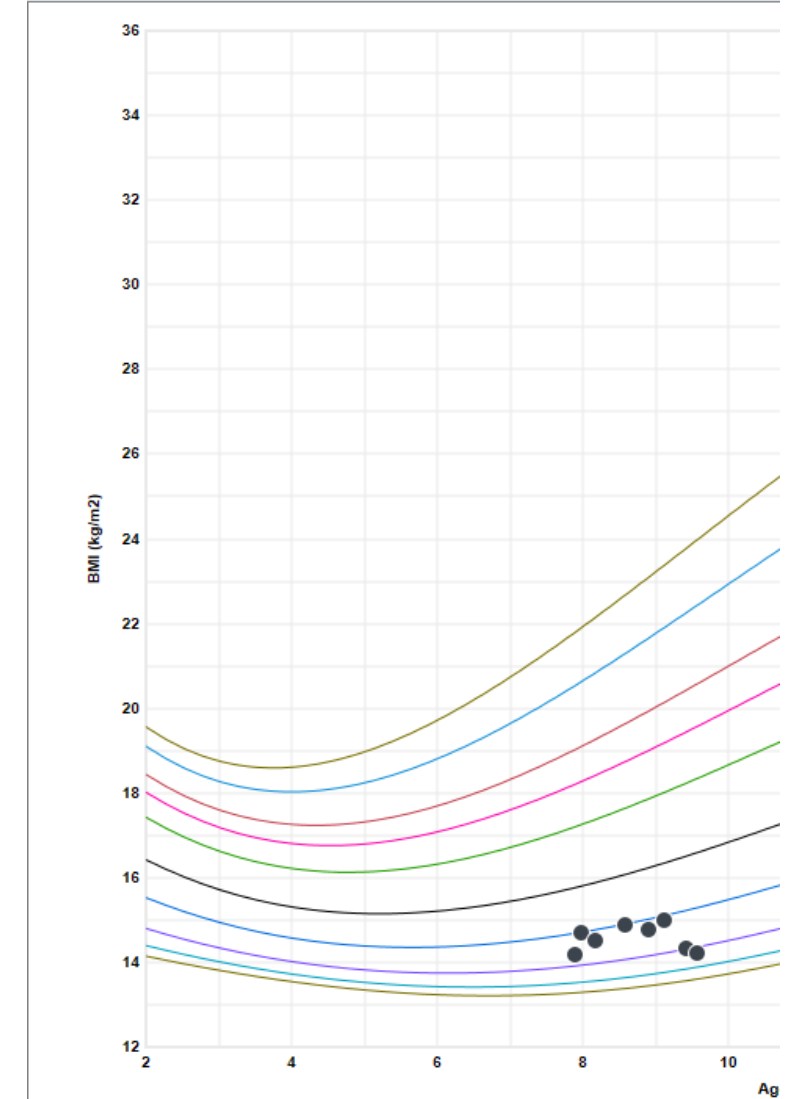
Weight-for-age Percentiles (Girls, 2 to 20 years)



Stature-for-age Percentiles (Girls, 2 to 20 years)



BMI-for-age Percentiles (Girls, 2 to 20 years)



## Question 6 – ZOOM POLL

Would you make a DCF report?

- A. Yes
- B. No
- C. Maybe







## Case 3 - Alternative medicine for diabetes? Questions

- What are the risks and harms for the child? Short-term and long-term?
- At what point (if any) does DCF intervention seem appropriate to you?
- How would you monitor your concerns about neglect and/or mother's adherence with recommendations?
- HAVE "YOU" EXHAUSTED YOUR RESOURCES FOR HELPING THIS FAMILY?

# Translating concerns into a meaningful report

- Identify concerns/risk factors?
- What is the harm(s) to the child? (be specific and don't sugar coat)
  - Short-term and long-term?
- What are the recommendations from the medical team?

Concern/Risk	Harm		Recommendation
	Short Term	Long Term	
Persistently elevated HgA1c	DKA→ hospitalization→PICU/ cerebral edema → death	Retinopathy, neuropathy, heart disease, depression	Start taking insulin per the recommended guidelines, close follow-up with endocrinologist
Weight Loss	Delayed menses, poor nutrition→ impaired physical/mental health	Osteoporosis, loss of educational potential	Liberalize diet and meet with nutritionist
Stigmatizing	Isolation, confusion	Sick identity	Individual support for child

# When is the “right” time to make a report?

Understand  
the reasons

Use a  
translator

Family's Views

Increased  
Social Support

Family  
Involvement

Community  
Resources

Coordinated  
Response

Strong  
Medical Home

# Reporting To DCF



# Basics Needed for Reporting





# Making a case for medical neglect

- Speak honestly with the family
- Document clearly all conversations and concerns
- Discuss concerns with your team
- Enumerate the harms (short & long term) Consider alternatives to reporting





Consult with Child  
Safe Clinic

Thank  
you!!