MEDICAL NEGLECT
SPECIALIST SERIES
INTRODUCTION AND
OVERVIEW

Randell Alexander MD PhD
Statewide CPT Medical Director
As a result of viewing this session, you will be able to:

• State the recent changes in Florida law regarding medical neglect.
• Identify the information needed in these cases.
• Recognize the importance of engagement with the family and child.
• Identify various community partners necessary in handling cases of medical neglect.
Medical Neglect
Consequences

- Deaths
- Frequent Hospitalizations
- Physical Suffering
- Emotional Suffering
- Poor Quality of Life
- Long-term Adverse Effects
Medical neglect: ...failure to provide or the failure to allow needed care...
COMMON TYPES OF MEDICAL NEGLECT

• Diabetes
• Asthma
• Malnutrition (failure to thrive, massive obesity)
• Dental
• HIV medications
• Dermatology conditions (e.g. severe eczema)
MEDICAL NEGLECT

Florida definition comes directly from the American Academy of Pediatrics

• Read and keep a copy of the following: “Recognizing and Responding to Medical Neglect” Carole Jenny and the Committee on Child Abuse and Neglect Pediatrics 2007; 120:6 1385-1389; doi:10.1542/peds.2007-2903
FLORIDA DEFINITION COMES FROM THE AMERICAN ACADEMY OF PEDIATRICS

• “Medical neglect” means the failure to provide or the failure to allow needed care as recommended by a health care practitioner for a physical injury, illness, medical condition, or impairment,

• or the failure to seek timely and appropriate medical care for a serious health problem that a reasonable person would have recognized as requiring professional medical attention.
FLORIDA DEFINITION COMES FROM THE AMERICAN ACADEMY OF PEDIATRICS

Medical neglect does not occur if the parent or legal guardian of the child has made reasonable attempts to obtain necessary health care services or the immediate health condition giving rise to the allegation of neglect is a known and expected complication of the child’s diagnosis or treatment and:
FLORIDA DEFINITION COMES FROM THE AMERICAN ACADEMY OF PEDIATRICS

(a) The recommended care offers limited net benefit to the child and the morbidity or other side effects of the treatment may be considered to be greater than the anticipated benefit; or

(b) The parent or legal guardian received conflicting medical recommendations for treatment from multiple practitioners and did not follow all recommendations.
FLORIDA DEFINITION COMES FROM THE AMERICAN ACADEMY OF PEDIATRICS

- “Medical neglect” is a medical diagnosis
- How to interpret the meaning of these definitions is a medical decision
- Decisions should be made by CPT
- If there is a conflict, use the DCF-CPT 2nd opinion system for resolution
- Medical neglect is a mandatory referral for CPT
Child Protection Team
Children's Medical Services

promptly contact provide information
WHO COLLECTS THE INFORMATION?

• CPT has access to hospital records related to the alleged abuse/neglect
• CPT can access any child in a hospital
• CPI assists by:
  – Obtaining other medical records (e.g. office records)
  – Other records
Health Records
CPI MUST CONVENE A CASE STAFFING UPON RECEIPT OF THE CPT REPORT

Mandated participants for this staffing:
• CPI
• CLS
• CPT member who evaluated the child
• Children’s Medical Services
• Agency for Health Care Administration
• Community-base care lead agency
• And providers associated with the child
Engaging the Family

- Build rapport and trust with the family
- All medical neglect must be referred to your local CPT
- Not an option for the family
- If family refuses, contact your CLS attorney for consideration of a motion to compel
Partnering
PATIENT AND PARENT FACTORS

- Poverty or Economic Hardship
- Lack of Access to Care
- Family Chaos and Disorganization
- Lack of Awareness, Knowledge, or Skills
PATIENT AND PARENT FACTORS

• Lack of Trust in Health Care Professionals
• Impairment of Caregivers
• Caregiver’s Belief Systems
• The Child’s Attitudes and Behavior
INFORMATION GATHERING

• Speak to collaterals-school, neighbors, other family members, reporter, PCP
• Why did parents not seek care or are noncompliant?-what contributors to neglect are present
• Parent’s expectations of outcome without quality medical care
INFORMATION GATHERING

• Pattern of neglect- chronic, multiple priors, were services provided, did family make any changes
• Family strengths-willing to accept services, insight into child’s medical issues, willing to compromise
• How is child functioning-school, peers, social, behavioral
INFORMATION GATHERING

• How are the parents/caregivers doing?
• Parent bonding to child?
• Caregiver-guilt, depression, fatigue
• Watch for vulnerable child syndrome- parent anxious, overprotective, limit child’s contact, fearful of child getting sick, injured
• Secondary behavioral problems
INFORMATION GATHERING

• Can the parents read? How do you know?
• How did they do in school/IQ?
• What other neglect issues might be in play?
• Do they seem to have the capacity and willingness to change?
REMEMBER – IT IS THE CHILD WHO IS THE POTENTIAL VICTIM

• What is the plan for medical services?
• What is the plan for potential mental health rehabilitative services for the child?
• How do we prevent a future death?
Information Gathering

- maltreatment
- circumstances surrounding maltreatment
- child functioning
- adult functioning
- general parenting
- parental discipline
What’s Next?

• Training needs assessment

• List of summer reading and field visits with partners

• Summit workshop