



*“One colleague of mine was set a quiz on children’s TV show characters of the time ... Other colleagues have had lectures from clown doctors sharing techniques of examining teddy bears ...”*

### Child health

Doctors and children agree on at least one thing: the consulting room is a fabulous playground. Where they might disagree is on what is the most desirable toy. Many of the children I see ignore the box of children’s toys in the corner, and make a beeline for those really tempting yellow sharps bins. After being directed away from that, the next most interesting toy in the room is the taps on the sink, then the adjustable bed, which goes entertainingly high. It only takes a few near misses with these adventure park rides to find toys of our own.

In consultation rooms across the country, children are drawing pictures, sticking and stamping walls and cupboards, building towers of urine jars, decorating tongue depressors, and playing glove-balloon tennis. While the doctor gets to release their inner child, blowing bubbles and singing nursery rhymes, children are auscultating hearts for murmurs and looking in mum’s ear for otitis media. No wonder the box of toys in the corner is ignored.

I did a paediatric term just before the arrival of my own firstborn, and the main thing I learnt was how to hold a baby. The rest of my paediatrics was learnt from parenting rather than doctoring. I learnt the anxieties that come with being a dad, and the emotional rollercoasters in moments like the first smile, and the first day at school.

I still learn paediatrics from my children. This week I wondered out loud in front of them and some of their friends what advice they would have for doctors seeing children. It ranged from the wise — *‘always make sure you give a teenager time to talk to you without their parents there’* — to the sensible — *‘don’t inject them with a syringe full of air’* — to the surreal — *‘don’t strap potatoes to their heads’*. Although that’s not a scientific poll, I’ve certainly been putting that last one into practice.

I am constantly reminded that my knowledge of children’s music, TV, and films goes out of date faster than my medical knowledge. Efforts to use my children’s language — *‘LOL!’* — get a dismissive *‘Just don’t’* from my eldest.

These entries into the world of children used to be knowledge passed on in secret through the apprenticeship model. I am told that courses in child health now include lectures on these tricks of the trade. One colleague of mine was set a quiz on children’s TV show characters of the time. (She scored full marks, having children of her own.) Other colleagues have had lectures from clown doctors sharing techniques of examining teddy bears, making balloon giraffes, and increasing our repertoire of songs, jokes, and funny dances.

Perhaps this is the true nature of generalism. Not only can we recognise an acutely sick child, perform immunisation, and carry out child health surveillance, but we can also make both lightsabers and puppets from tongue depressors. These skills could be assessed at the OSCE station everyone looks forward to.

Seeing children can result in a sense of play entering our consulting room, and it seems a shame that this might only happen when there are children present. If the marker of success in seeing children is the sound of a surprised child leaving the room saying *‘That was fun. Can we come here again?’* we should get bonus points when the adults are skipping down the corridor with them.

#### Tim Senior,

GP, Tharawal Aboriginal Corporation, Airds.

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#### ADDRESS FOR CORRESPONDENCE

##### Tim Senior

Tharawal Aboriginal Corporation, Airds,  
PO Box 290, 187 Riverside Drive, Airds, NSW 2560,  
Australia.

E-mail: [drtimsenior@tacams.com.au](mailto:drtimsenior@tacams.com.au)  
[@timsenior](https://www.facebook.com/timsenior)