

## Medical Neglect in Childhood



Barbara Knox, MD



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### Objectives

- Review the diagnostic criteria for medical neglect in childhood
- Learn appropriate medical documentation for cases of medical neglect
- Address appropriate medical and social responses for medical neglect intervention

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### Medical Neglect

- Accounts for 2.2% of all substantiated cases of child maltreatment\*
- Likely underreported

\*Child Maltreatment 2015

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## What Does The Literature Say?

### Medical Neglect

Stephen C. Boos, MD, FAAP; and Kristine Fortin, MD, MPH

#### Abstract

Medical neglect occurs when children are harmed or placed at significant risk of harm by gaps in their medical care. This is most likely to occur and to be recognized when families lack resources, commonly due to poverty, and when medical demands are high, such as with complex, severe, and chronic illness. A systematic evaluation of the probabilities for harm from gaps in care versus benefits from improved care will define medical neglect. A broad consideration of child, family, community, and medical system contributions to identified gaps will guide management. Special circumstances, such as lapsed immunizations, unremitting obesity, and medically motivated alterations in care, are often challenging for medical providers. Guidance for these specific situations is available from the American Academy of Pediatrics, and from the medical literature. [*Pediatr Ann.* 2014;43(11):e253-e259.]

Boos, SC, and Fortin, K. Medical Neglect. *Pediatric Annals* 2014;43(11):e253-e259

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## What Does The Literature Say?

### PEDIATRICS<sup>®</sup>

OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

Recognizing and Responding to Medical Neglect  
Carole Jenny  
*Pediatrics* 2007;120:1385  
DOI: 10.1542/peds.2007-2903

Jenny, C, and the Committee on Child Abuse and Neglect. Recognizing and Responding to Medical Neglect. *Pediatrics* 2007; 120:1385

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### Medical Neglect

- Failure to receive necessary care
  - Obvious signs of serious illness are ignored
- Failure to provide necessary care
  - Failure to follow medical instructions once medical advice has been sought

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### **Medical Neglect**

- **Delay in seeking medical attention**
- **Lack of acute medical care**
- **Failure to attend appointments**
- **Noncompliance with treatment recommendations**
- **Lack of well-child care**
- **Lack of vaccinations**

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### **The Medical Provider's Role in Assessing Medical Neglect**

- **Caregiver may fail to recognize or respond to a child's needs for many reasons**
- **Effective response by health care professional requires:**
  - **Comprehensive assessment of child's needs**
  - **Evaluation of parent(s) resources**
  - **Parent(s) efforts to provide for the child's needs**
  - **Options for ensuring optimal health**

Jenny, C, and the Committee on Child Abuse and Neglect. Recognizing and Responding to Medical Neglect. Pediatrics 2007; 120:1385

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### **The Medical Provider's Role in Assessing Medical Neglect**

- **Consider the least intrusive options for managing cases**
- **Ensure health and safety of the child**

Jenny, C, and the Committee on Child Abuse and Neglect. Recognizing and Responding to Medical Neglect. Pediatrics 2007; 120:1385

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### **Diagnosing Medical Neglect: What Factors are Necessary?**

- A child is harmed or is at risk of harm because of lack of health care
- Recommended health care offers significant net benefit to child
- Anticipated benefit of treatment is significantly greater than its morbidity, so reasonable caregivers would choose treatment over non-treatment
- Can be demonstrated that access to health care is available and not used
- Caregiver understands the medical advice given

Jenny, C, and the Committee on Child Abuse and Neglect. Recognizing and Responding to Medical Neglect. Pediatrics 2007; 120:1385

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### **Reasons Families Fail to Seek Care Appropriately**

- Patient and Parent Factors
  - Poverty or economic hardship
  - Lack of access to care
  - Family chaos and disorganization
  - Lack of awareness, knowledge or skill
  - Lack of trust in health care professional
  - Impairment of caregivers
  - Caregiver's belief systems
  - Child's attitudes and behavior

Jenny, C, and the Committee on Child Abuse and Neglect. Recognizing and Responding to Medical Neglect. Pediatrics 2007; 120:1385

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### **Reasons Families Fail to Seek Care Appropriately**

- Medical Provider Factors
  - Misunderstanding of different cultures
    - May be acceptable parenting practices in other cultures
    - American Indian/Alaska Native cultures encourage adolescent medical care autonomy
  - Lack of parent health literacy
    - Parents often misunderstand complicated medical instructions for treatment justification
  - Lack of communication in the medical setting

Jenny, C, and the Committee on Child Abuse and Neglect. Recognizing and Responding to Medical Neglect. Pediatrics 2007; 120:1385

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## Failure to Thrive Definitions

- CDC: Weight for Age < 5<sup>th</sup> percentile or
- WHO: Weight for age < 2 SD (< 2.3%) or
- Down-crossing of 2 major growth percentiles (3<sup>rd</sup>, 5<sup>th</sup>, 10<sup>th</sup>, 25<sup>th</sup>, 50<sup>th</sup>, 75<sup>th</sup>, 90<sup>th</sup>, 95<sup>th</sup>, and 97<sup>th</sup>)

Harper, NS. Neglect: failure to thrive and obesity. Pediatric Clinics of North America 61(2014) 937-957

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## Malnutrition/Wasting Definitions

- Acute malnutrition: inadequate growth for < 3 months
- Chronic malnutrition: inadequate growth for ≥ 3 mo includes deficit in height velocity or stunting

### Degree of wasting by Z-score (WHO)

- Moderate: weight for age - 2 to -3 SD
- Severe: weight for age ≤ -3 SD

### Degree of stunting by Z-score (WHO)

- Moderate: height for age - 2 to -3 SD
- Severe: height for age ≤ -3 SD

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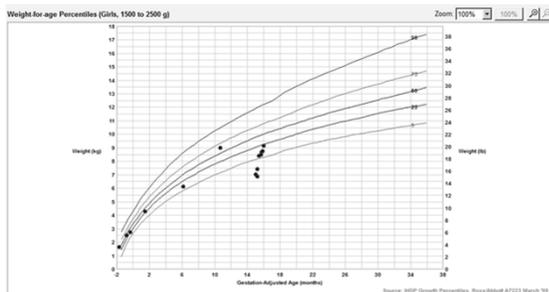
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## 17 Month Old Female Growth Curve




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**Failure to Thrive Workup  
Nutritional History**

- Type of food and amount
- Type of liquid and amount
- Feeding behavior (swallowing, drooling, vomiting, oral aversion)
- Child's special health care issues
  - Prematurity
  - Congenital abnormalities
  - Food allergies
  - Neurologic disorder

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**Failure to Thrive Workup  
Caregiver and Environment**

- Caregiver assessment
  - Psychosocial
  - Medical / nutritional
  - Mental health
  - Drug and alcohol
- Parent – Infant interaction:
  - Attachment
  - Response to needs
- Environment
  - Family (domestic violence)
  - Support system
  - Financial status / food insecurity
  - Housing

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**Failure to Thrive Workup  
Physical Examination**

- Assessment of the severity of malnutrition (Growth Chart)
- Assessment of possible effects of malnutrition (subcutaneous fat, hair changes, skin infections etc.)
- Identification of dysmorphic features suggestive of a genetic disorder impeding growth
- Detection of underlying disease that may impair growth
- Assessment for signs of possible child abuse

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## Failure to Thrive Workup Laboratory Evaluation

### Initial studies to consider

- CBC
- Chemistry panel including LFTs, phosphorous, magnesium
- Free thyroxine, TSH
- Urinalysis
- HIV testing
- C-reactive protein or ESR

Further studies based on medical history, physical examination findings and risk of refeeding syndrome

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## Causes

- **Poverty is the greatest contributor to FTT worldwide**



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## Severe Fatal Child Starvation

- **Median age: 2.7 years (2 months-13 years)**
- **6 died; 6 didn't**
- **The children who died were < 8 mo**
- **Dehydration in all fatal cases**
- **50% probable recent physical abuse**
- **42% had prior CPS**

Kellogg N. Peds, 2005;116:1309.

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### Deaths Due to Pediatric Neglect: 25-Year Retrospective Review

- 16 deaths due to some type of neglect
- Malnutrition/dehydration/starvation 38%
- Toxic ingestion 12.5%
- Hypo/Hyperthermia 12.5%
- Unusual drowning/aspiration 25%
- Electrocutation 6%
- Delayed/absent medical therapy 12.5%

Knight LD, Collins, KA. A 25-year retrospective review of deaths due to pediatric neglect. *American Journal of Forensic Medicine and Pathology* 2005;26:221-228.

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### Fatal Unintentional Injury and Neglect

- Children < 5 years
- Population based case-control study
- Increased risk:
  - Male
  - Young mother, unmarried, Medicaid-eligible
  - Mother with less than high school education
  - Late or no prenatal care

Schnitzer PG, Ewigman, B. Household composition and fatal unintentional injuries related to child maltreatment. *Journal of Nursing Scholarship* 2008; 40:1 91-97

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### Fatal Unintentional Injury and Neglect

Household composition	Adjusted OR	95% CI
Two biologic parents only	1.0	Reference
One biologic parent only	0.7	0.5-1.1
Other relative present	2.1	1.0-4.5
Step or foster parent	2.6	1.0-6.5
Unrelated adult(s)	5.9	1.9-17.6

Schnitzer PG, Ewigman, B. Household composition and fatal unintentional injuries related to child maltreatment. *Journal of Nursing Scholarship* 2008; 40:1 91-97

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**Neglect and Failure to Thrive**

- Have their roots in complex social, family, parenting factors that may be difficult to improve and repair.
- Long term interventions are needed, family and societal supports.
- The consequences of neglect and failure to thrive can be long term and intergenerational.

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**Neglect and Failure to Thrive**

**Defenses**

- ⊗ Underlying medical condition
- ⊗ Poverty (lack of resources such as transportation, food, etc.)
- ⊗ Lack of parenting skills - ignorance
- ⊗ Child wouldn't eat; vomiting; diarrhea
- ⊗ Congenital - everyone in family is small
- ⊗ Child healthy until just recently
- ⊗ Another responsible for caretaking

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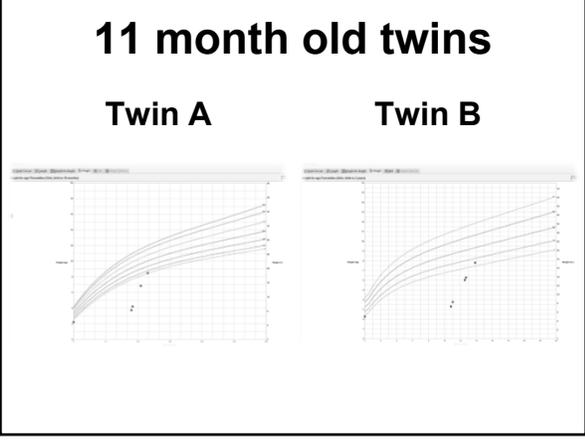
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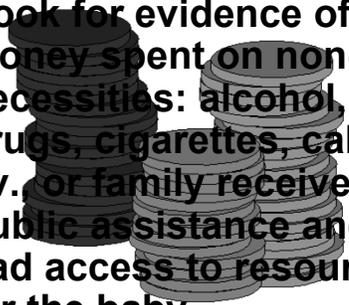
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### Poverty Defense

Look for evidence of money spent on non-necessities: alcohol, drugs, cigarettes, cable t.v. or family received public assistance and had access to resources for the baby.



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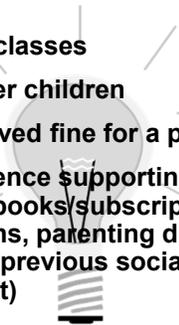
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### Ignorance defense

1. parenting classes
2. raised other children
3. child survived fine for a period of time
4. other evidence supporting competence (parenting books/subscriptions, prescriptions, parenting discussions with peers, previous social service involvement)



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### DEFENSES

Child was healthy - lost weight rapidly

1. Thorough medical workup should demonstrate whether malnutrition is chronic or acute
2. Very rare that emaciation occurs rapidly

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## FTT Scene Investigation

- ⌚ Age appropriate food
- ⌚ Bottles, cans of formula, mixing instructions
- ⌚ Freshness of food, evidence of recent purchases
- ⌚ Diapers and dirty laundry



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## FTT Scene Investigation

- ⌚ Evidence other children well fed; photos
- ⌚ No current photos of victim
- ⌚ Photos of victim previously (contrast)
- ⌚ No toys for victim
- ⌚ Overall condition of home
- ⌚ Parenting books



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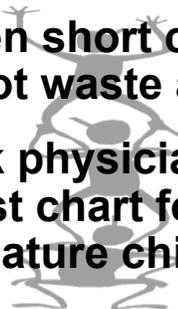
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## “We’re all short” Defense

1. Even short children do not waste away
2. Ask physician to adjust chart for premature child.



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## Asthma

- Most common chronic disease of childhood
- More prevalent in African Americans and children living below the poverty level
- Notable trends with increased ER visits and morbidity in this population

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## 10 year old with asthma

- Admitted to ICU with status asthmaticus
- Night before, child had increased cough and wheezing
- Inhaler only had two puffs left and couldn't control the symptoms (Prescription lapsed)
- Last seen by pulmonologist over 1 year ago
- Dad took child off daily medications due to concern of "chronic steroid use"
- Pets a trigger-17 animals in the house
- Dad said Mom responsible for getting child's meds

Definite medical neglect

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## Asthma and Medical Neglect

- Nonadherence with medical management (occurs in 10-50% of asthma patients)
  - Increased ER visits
  - Hospitalization
  - Deteriorating lung function testing
- Poor adherence to medication
  - Failure to obtain/administer medications
  - Excessive reliance on rescue inhaler

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### **Asthma and Medical Neglect**

- Refusal to remove pets or other asthma triggers from the child's environment
- Making a child responsible for his/her own illness
- Environmental exposure to tobacco smoke

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### **18 Month Old Frostbite of Fingers Requiring Amputation**

- Mother took child outside to play in snow without mittens for 10 minutes
- Temperature was minus 37degrees F with wind chill
- Sought care multiple hours later after fingers turning red to white
- Three fingers amputated

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### **Case Study-13 year old male**

- Right eye hyphema secondary to being shot with BB gun
- Child says was playing in his yard with two friends
- Shooting cans with BB guns
- Put on sweatshirts so they can shoot each other in the chest
- Windy outside and a shot from friend blew up and hit child in eye just below pupil

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**Case Study-13 year old male**

- Aunt home at time of incident
- Saw child down on ground for some time outside in pain
- Difficulty seeing
- Vision worse over next two hours
- Aunt calls mother, who says for child to lay down and place Visine drops in eye

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**Case Study-13 year old male**

- Older brother “very experienced with eye injuries”
- Recommended washing it out with water daily and it will improve
- Vision worsened, increased pain with movement
- Could only lay in bed with eye closed
- Mother stated child did not need to be seen
- Care sought by Aunt SIX days later

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**Case Study-13 year old male**

- **WHY MEDICAL NEGLECT?**
- Failure to receive necessary care that will result in some degree of permanent impaired vision for child, with worst case scenario that child would require an epithelial cell transplant to restore vision in right eye OR become blind with lose the eye
- CPS safety plan=Foster care
- Mom fled hospital with child
- Permanent loss of vision

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**Case Study-17 Month Old Female**

- Family Medicine resident phoned Child Protection Program on Friday afternoon for assistance
- 17 mo female presented with mother to clinic asking for follow up of hand burn
- Mother stated child got hand burned at Grandmother's house out of state and due to lack of funds, wasn't able to get her for 8 months

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**Case Study-17 Month Old Female**

- Mother later admits to detectives "She burnt her hand here"
- "I guess she was crawling around. I guess when she tried to get up, she stuck her hand in the heater"
- Dad was in the living room playing a video game at the time of the injury
- Mom at gas station
- Ran hand under cold water and applied cocoa butter

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**Case Study-17 Month Old Female**

- Blisters developed on hand
- Mom reports not seeking medical care because " I was very scared because I was still in the process with the DCFS people for her other child." "I was scared. They gonna take her from me."
- Care sought 6 months later after fingers totally fused

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### Case Study-17 Month Old Female

- **Diagnosis: Medical Neglect**
- **Charged with child neglect resulting in great bodily harm**
- **Both parents criminally convicted**

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### What is Dental Neglect?

AMERICAN ACADEMY OF PEDIATRICS  
AMERICAN ACADEMY OF PEDIATRIC DENTISTRY  
CLINICAL REPORT  
Guidance for the Clinician in Providing Pediatric Care

Nancy Kellogg, MD; and the Committee on Child Abuse and Neglect

Oral and Dental Aspects of Child Abuse and Neglect

- “The willful failure of a parent or guardian to seek and follow through with treatment necessary to ensure a level of oral health essential for adequate function and freedom from pain and infection.”

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### What is Dental Neglect?

- 4 year old female child
- Severe dental decay in four teeth
  - Visible holes in teeth
  - Sensitive to cold and heat
- Six carries
- Mother stated she was taking care of problem 9 months ago
- Puts child at risk of increased pain and infection

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**Medical Neglect and Mental Illness**

- 11 year old girl admitted with severe diabetic ketoacidosis (DKA)
- Concerns of long standing medical neglect
- Diagnosed with diabetes at age 5
- Treated with insulin pump for 9 months
- Mother with obsessive compulsive disorder and anxiety disorder

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**Medical Neglect and Mental Illness**

- One week ago, child became progressively ill at home due to pump failure
- Mother did not follow medical protocol
- Mother refusing to bring child to hospital
- Father had to have mother physically restrained to get child in

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**Medical Neglect and Mental Illness**

- **Is the mother's mental illness a justified excuse?**

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**Medical Neglect and Religion**

**PEDIATRICS**  
OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

Child Fatalities From Religion-motivated Medical Neglect  
Seth M. Asser and Rita Swan  
*Pediatrics* 1998;101:625

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**Kara Newman Case**

- 11 year old female child who was sick with symptoms progressing to death
- Parents refused to treat child with anything other than prayer
- Died of undiagnosed diabetes
- **MEDICAL NEGLECT**
- Both parents charged and convicted of second-degree reckless homicide

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**Medical Neglect and Religion**

Original Article

Religion and Medical Neglect

Sara H. Sinal, MD, Elaine Cahunum-Foeller, MD, and Rebecca Socolar, MD, MPH

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**Case Study-16 yo female weighing 440 lbs.**

- Admitted to ICU with respiratory failure requiring intubation and tracheostomy
- Weighed 440 lbs. (BMI:72 kg/m2)
- Gained 200 lbs. over 2 years
- Diagnoses:
  - Hypertension
  - Insulin resistance
  - Nonalcoholic steatosis of the liver
- Is this medical neglect?

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**Which Cases of Childhood Obesity Might Constitute Medical Neglect?**

**Childhood Obesity and Medical Neglect**

Todd Varness, MD, MPH<sup>a</sup>, David B. Allen, MD<sup>a</sup>, Aaron L. Carrel, MD<sup>a</sup>, and Norman Fost, MD, MPH<sup>a,b</sup>

<sup>a</sup>Department of Pediatrics, University of Wisconsin School of Medicine and Public Health, Madison, Wisconsin

<sup>b</sup>Department of Bioethics, University of Wisconsin School of Medicine and Public Health, Madison, Wisconsin

Varness, T, et al. Childhood Obesity and Medical Neglect. Pediatrics. 2009 January; 123(1):399-406

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**Which Cases of Childhood Obesity Might Constitute Medical Neglect?**

- Removal of child from home justified when three conditions are met:
  1. High likelihood that serious imminent harm will occur
  2. Reasonable likelihood that coercive state intervention will result in effective treatment
  3. Absence of alternative options for addressing the problem

Varness, T, et al. Childhood Obesity and Medical Neglect. Pediatrics. 2009 January; 123(1):399-406

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### Which Cases of Childhood Obesity Might Constitute Medical Neglect?

- Removal of child from home justified when three conditions are met
- Not just presence of obesity
- Need presence of comorbid conditions critical for determination of serious imminent harm

Varness, T, et al. Childhood Obesity and Medical Neglect. Pediatrics. 2009 January; 123(1):399-406

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### Spectrum of Risk Associated with Obesity: Is There A High Likelihood of Serious Imminent Harm?

TABLE 1 Childhood Obesity Categories

Category	Description
1	Obese children who have no comorbid conditions
2	Obese children who have comorbid conditions that predict serious harm but are reversible in adulthood
3	Obese children who have comorbid conditions that predict serious harm and are not reversible in adulthood
4	Obese children who have comorbid conditions that constitute serious imminent harm in childhood

Varness, T, et al. Childhood Obesity and Medical Neglect. Pediatrics. 2009 January; 123(1):399-406

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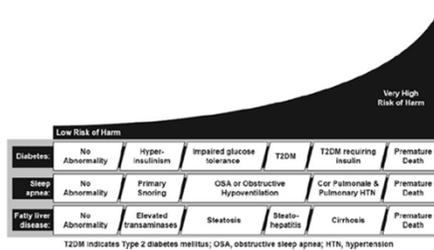
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### Spectrum of Risk Associated with Obesity: Is There A High Likelihood of Serious Imminent Harm?



Varness, T, et al. Childhood Obesity and Medical Neglect. Pediatrics. 2009 January; 123(1):399-406

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**Which Cases of Childhood Obesity Might Constitute Medical Neglect?**

- **Obese children who have comorbid conditions that predict serious harm and are not reversible after child reaches adulthood**

**Example:**

**Hepatic fibrosis resulting from nonalcoholic fatty liver disease**  
-lifespan shortened by 30 years  
-condition could be treated effectively

Varness, T, et al. Childhood Obesity and Medical Neglect. Pediatrics. 2009 January; 123(1):399-406

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**Which Cases of Childhood Obesity Might Constitute Medical Neglect?**

COMMENTARY

[www.jpeds.com](http://www.jpeds.com) • THE JOURNAL OF PEDIATRICS

**Obesity and Neglect: It's about the Child**

David B. Allen, MD, and Norman Fost, MD, MPH

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**Which Cases of Childhood Obesity Might Constitute Medical Neglect?**

- **Intense opposition to suggestions for CPS involvement in some cases of extreme obesity**
- **Contrast to general support for action in other conditions that threaten a child's life**
- **Opposition stems from a fear state action could apply to most cases of severe obesity**
- **Misperception that such a policy implies judgments about parents**

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**Which Cases of Childhood Obesity  
Might Constitute Medical Neglect?**

**Key Concept**

- 1. Extreme obesity alone does not constitute imminent harm, but in rare cases, its health consequences do**
- 2. In these rare cases, medical providers are obligated, as in any situation of child abuse or neglect, to take necessary actions to protect the child**

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**Contact Information**

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