Personal view

The laws of Murfitt

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Working in child health, I have been struck by the way in which some families collect professionals as other people collect stamps. Even well off areas usually have a few such families, who in the professional jargon are 'well known to Social Services', or more simply 'problem families'. The lives of these families are rarely dull, and their children are frequently admitted to hospital or involved in child care proceedings. This makes them recurrent subjects of teaching presentations, and because of their habitual professional contact, protecting the families' confidentiality is particularly difficult. Therefore, when teaching, I often give the families one memorable, but apochryphal name. So has been born a typical 'problem family'—the Murfitts.

I enjoy working with the Murfitts. They are a large extended family with much character and resilience. Indeed, it is difficult not to become overinvolved, and since incidence and tragedy are common at the Murfitts, this close relationship can be painful. The Murfitts are not daft, though individual Murfitts do silly things at times. By collective experience and personal study the Murfitts know the Social Services well, and through them I have periodically learnt of many of the intricacies and real inadequacies of our Welfare State.

The Murfitts are a family locked in a cycle of deprivations, which reaches back through generations. Baby Murfitts are, therefore, born with the dice stacked against them, not least through the local reputation that is associated with their real surnames. Though they are frequently involved in nefarious activities, they are more victims than villains, both needing and deserving support, and at times our professional effort is rewarded when individual Murfitts escape the family pattern, find employment, and become less dependent on our services.

The Murfitts take up a vast amount of professional time. There are always more agencies involved with them than one knows about, and case conferences can verge on football crowd proportions. Such events rarely produce any change for the Murfitts, but they are not a total waste of time. They have come to supplement more traditional venues for essential professional interchange, such as the farewell party or hospital 'drug do'. Indeed the chairman of the Murfitt conference may find it difficult to persuade members to settle down and merely talk about the family under scrutiny. The plethora of professionals often find it hard to work out who precisely is dealing with which Murfitt problem. Not surprisingly, the Murfitts themselves habitually become confused. Hence the services we offer to the family can be improved by reducing the number of agencies involved. Usually, this suggestion is greeted enthusiastically at a case conference. At the succeeding conference on the same family, however, one finds the room just as crowded, though approximately 25% of the people will be new, requiring lengthy introductions to the family and each other. This leads me to speculate whether the professionals might sometimes unconsciously need the Murfitts as much, or more than, the Murfitts need the professionals. Musing on this possibility at a recent seminar, the following laws came to mind:

The First Law of Murfitt:
The more problems the Murfitts have the more professionals will be involved.

The Second Law of Murfitt:
The more professionals involved with the Murfitts the less likely they will be able to produce any effective support.

The Third Law of Murfitt:
The professionals will spend more time talking with each other than the Murfitts.

The Fourth Law of Murfitt:
The Murfitts know more about the professionals than the professionals know about the Murfitts.
The Fifth Law of Murfitt:
The Murfitts may sometimes do better with their problems without the professionals interfering in the first place.

I am grateful to Gillian Pugh for suggesting the fifth law.

Reference

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Arch Dis Child 1986 61: 818-819
doi: 10.1136/adc.61.8.818

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