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Commentary

The term Munchausen syndrome by proxy was used initially as a headline to highlight under-recognised forms of child abuse. That journalistic licence has been justified by the discovery of many children being subjected to suffocation, poisoning, and other extreme physical abuse. The term has also permitted child care workers and legislators to intervene more easily under the cover of Munchausen syndrome by proxy in some serious complex cases of emotional abuse in which mothers were not physically harming their children but were ruining their lives with stories of false illnesses.

The term, and particularly its overuse, has led to problems (at times I have regretted coining it). Many lawyers, social workers, and sometimes doctors, seem to regard Munchausen syndrome by proxy as an identifiable disorder that afflicts certain women; it is common for the perpetrator to announce proudly 'I've got Munchausen syndrome by proxy, and the judge says I needn't go to prison providing I see the specialist and have treatment.'

A more worrying issue for the paediatrician is how readily factitious illness should be identified, and how readily child abuse procedures should be invoked. Most of us use our illnesses to our own advantage to gain sympathy, freedom from unpleasant tasks, and some material benefits (if only some self indulgence). Chronic illness, with all its burdens, also bring benefits: certain allowances and privileges. Similarly, mothers will use illness to their own advantage, and because illness may bring both emotional and material advantage to that mother she will occasionally exaggerate the illness and deceive or act in ways that are mildly harmful to the child for her own advantage.

Just as familiar to paediatricians are the many mothers who, because of their own anxieties and uncertainties, perceive symptoms in their child that others cannot observe. Though the stories of illness that they relate to the paediatrician may cause needless investigation and unpleasantness for the child, it would be rare to classify such a mother's behaviour as child abuse.

Godding and Kruth claim that they have identified 17 families displaying behaviour of Munchausen by proxy within a large clinic serving nearly 2500 families. They do not define their terms precisely, and in particular their

cases do not have the hallmark of Munchausen syndrome by proxy—that the child, when away from the parents, is better. Readers may feel that the authors are wrong to classify the 17 cases in this way. Some are non-compliers. Yet paediatricians are aware that common reasons for undertreatment and non-compliance are our failure to spend enough time with our patients or to adapt and present our management strategies in a way that is acceptable and appropriate to the families' beliefs and culture. At other times we may be inappropriately optimistic in our expectation for families to comply with demanding and frequent treatments—for example, requesting that a mother who relies on 20 cigarettes a day should stop smoking altogether. In a clinic in which more than 2000 children with asthma are seen I would expect most to be non-compliant to some extent. Similarly a large proportion will exaggerate symptoms or overuse treatment for other reasons. Such behaviour is normal.

It is noteworthy that the authors identify only 17 children, and it is because of that—and my knowledge of their work—that I believe that they are probably right to apply the label Munchausen syndrome by proxy to that small minority of their patients. These seem to be extreme cases in which the parental actions are severely interfering with the child's healthy development. They are not merely those cases by which we are irritated: the parents who demand a free telephone because of their child's extreme breathlessness and blue spells (which only the mother sees); the family whose child always has a normal peak flow at the clinic yet who has, because of the child's asthma, a 'disabled' car parking badge that enables them not only to park outside Marks and Spencer but— even more annoyingly—within the hospital grounds (while the doctor seeing them gets his car's wheels clamped).

In any chronic childhood illness there will be a small minority of parents whose behaviour, in terms of compliance and non-compliance, amounts to child abuse. I believe it is correct to be prepared in these extreme cases, when expert help and persuasion has failed, to confront the issue as one of child abuse and to invoke child protection measures including, if necessary, resort to the courts.

As with all child abuse it is important to stand back and work out just how much the parents' actions are jeopardising the child's present happiness and future health and development, and to consider carefully the consequences of intervention.

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