

## The Southall affair

Children are abused—both overtly and covertly. Paediatricians must be able to investigate allegations of child abuse in an atmosphere in which they are afforded some protection from being wrong. They will make mistakes—and these errors will have tragic consequences for all involved—particularly the families. Unfortunately, uncertainty is common in the field of child abuse.

I have watched from afar, and had numerous conversations during my frequent trips to London with my UK colleagues about the General Medical Council (GMC) and Professor David Southall. As you are aware in early December 2007, the GMC ruled that Professor Southall can no longer practice medicine—he was erased from the medical register. I find it difficult to reconcile this decision with Professor Southall's preminent international standing in the field of child protection. His seminal paper, involving covert video surveillance of families, published in *Pediatrics* in 1997, remains one of the classic papers on Muchausen's syndrome by proxy—fabricated and induced illness.<sup>1 2</sup> I remain puzzled by the dramatic differences between investigations of child abuse in England and the United States. Although I am aware of occasional court cases in the US, where experts in child abuse give divergent testimony, paediatricians are rarely attacked personally for their views. I am unaware of any case in the US whereby a paediatrician was reported to a state medical board (we have no national

licensing board) regarding concerns about his or her conduct. In the Commonwealth of Massachusetts, as in other states, individuals who care for children, including, doctors, nurses and social workers, are legally obligated to report suspected cases of child abuse and neglect. This is also true in England, as defined in the Government's document "Working Together to Safeguard Children."<sup>3</sup> I fear that we are in danger of applying evolving standards of conduct, ethics and privacy, to situations that occurred in the past, when different standards were deemed acceptable.

And what of the future for paediatricians who work in child protection? The College has produced training courses at various levels in child protection, and I suspect will move toward some type of licensure for paediatricians who work in this field. The College continues to play an active role with numerous groups to create a system that allows for investigation, mistakes and reconciliation. It is critical that paediatricians maintain a standard of conduct in these cases that is beyond reproach. Careful, complete and retention of all relevant documents is important. Harvey Marcovitch, in a recent editorial, outlined what the courts normally expect of expert witnesses.<sup>4</sup> However, it will be years before these issues are sorted out, and I fear that in the near future, some might be reluctant to embark on thorough investigation of suspected cases of abuse. But sadly, as we all know, children are abused, and we must remain vigilant in the protection of children.

## This month in Education and Practice Edition

- ▶ Richardson and Lakhanpaul review the recent "fever" guideline published by NICE. The guideline has been excerpted in the *BMJ* but because of its importance in addressing a common problem, we thought another review was warranted. *See page ep26*
- ▶ Illuminations presents intussusception—a common surgical emergency, with various presentations—in which appropriate radiological evaluation and interpretation are the keys to diagnosis. *See page ep30*
- ▶ Henoch-Schonlein purpura is reviewed in best practice. I always find this entity clinical intriguing but it is my impression that the number of cases have declined over the past decade. *See page ep1*
- ▶ There are two problem-solving cases—one involving chronic and unremitting pain and the other congenital neutropenia. *See pages ep9 and ep14*

## References

1. **Southall DP**, Plunkett MCB, Banks MW, *et al*. Covert video recordings of life-threatening child abuse: lessons for child protection. *Pediatrics* 1997;**100**:735–60.
2. **Krugman RD**. Landmarks in child abuse and neglect: three flowers in the desert. The whiplash shaken infant syndrome, by J Caffey, *Pediatrics* 1974;54:396–403; Covert video recordings of life-threatening child abuse: lessons for child protection, by David P Southall, *et al*, *Pediatrics* 1997;100:735–60; Preventing child abuse and neglect: a randomized trial of nurse home visitation, by David L Olds, *et al*, *Pediatrics* 1986;78:65–78. *Pediatrics* 1998;**102**:254–5.
3. **Working together to safeguard children**. [http://www.everychildmatters.gov.uk/\\_files/AE53C8F9D7AEB1B23E403514A6C1B17D.pdf](http://www.everychildmatters.gov.uk/_files/AE53C8F9D7AEB1B23E403514A6C1B17D.pdf) (accessed 7 December 2007).
4. **Marcovitch H**. Some relief for expert witnesses. *Arch Dis Child* 2007;**92**:102–3.