Overview of Fabricated or Induced Illness (FII) and an Alternative Approach

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Current understanding of FII

(Epidemiology - no reliable data; underestimate)
MbP, FII, PP or Medical child abuse

Mother *  
(Need, not MbP)

Doctor  
(*PP)

Talks (common)

Induces illness or interferes with investigations (rare)

Investigates & treats

Child  
(FII)

May have a genuine illness
Older children may report and believe in their own symptoms =MUS

* Mother involved in 85-90% of cases
What is it?
Medical child abuse?

An inadvertent unholy alliance between entirely well-intentioned **doctors**

*and*

**parents** with a need for the child to be recognised and treated as ill/more ill & consequent quest for a diagnosis

*in which*

**child** is caught up
How and why does this come about?
The mother - *what*

1. **Erroneously reports** (fabricates)
   - History, symptoms or signs *by*
     - Exaggerating
     - Misconstruing real phenomena on basis of mistaken *belief*
     - Inventing

*Common*

**May or may not intend to deceive**

- **NOT FII** - reporting actual phenomena which only occur in the mother’s presence = situation specific & therefore not a disorder located solely in the child
And / or

2. Uses ‘hands’ to make the child appear or actually ill by

- Falsifying reports
- Falsifying or interfering with investigations
- Inducing signs or illness in the child by
  - e.g. Poisoning / over medication (laxatives, salt), suffocating, starving

Rare

Using hands always involves deception
The mother - *why*

- Has an underlying need for child to be recognised as ill (when not ill) or as more ill than the child is
- Wants to be believed
- May resist attempts at direct observation of child & independent definition of child’s difficulties
- May ‘recruit’ allies
- Attempt to paralyse professionals working together
- Use complaints process
- *Quest for diagnosis as explanation e.g. EDS 3*
Mother’s need may be based on

- Anxiety
- To confirm (false) belief
- Recognition as heroic / suffering mother
- Need for attention
- Deflecting blame from mother
- Maintain closeness to child
- Mother’s autism spectrum disorder
- (Delusional beliefs)
- (Hostility to doctor)
- (Hostility to child)
- Financial gain (benefits)
The mother

- ‘Munchausen by Proxy’ NOT a mental illness
- Many mothers have personality disorder &/or somatisation disorder
- (No need for medical connection, WWW sufficient)
The child – the harm

- Same harmful effects for child regardless of nature of parental motivation or action

- 3 aspects of child’s functioning affected
1. Child’s health & experience of healthcare

- Undergoes repeated (unnecessary) examinations, investigations, procedures & treatments

- Health & life threatened if illness induction (5-8% deaths)

- Mortality is unintentional & not an intended outcome of illness induction
2. Effects on child’s development & daily life

- Limited or interrupted school attendance and education
- Limited normal daily life activities
- Sick role – use of aids
  - (e.g. wheelchairs)
- Socially isolated
3. Child’s psychological & health-related wellbeing

- Anxiety or confusion re state of health
- False self-view of sick & vulnerable
- Somatisation – Medically Unexplained Symptoms
- Collusion c. ‘illness’
- Silently trapped in falsification of illness
The doctor - *what*

*Based on the mother’s reports (actions)*

- Examines & (over) investigates the child
- (over) treats the child
- Supports *or* does not dispute the need for
  - Poor school attendance
  - Use of e.g. wheelchairs
  - Financial & other support for care of reportedly sick child
Aspects of current approach

- Over-reliance on parental reports
- Lack of direct observation of child
- More & more investigations & over-reliance on results
- Taking eye off child’s *functioning*
- Treating reported symptoms and results of investigations
- Omitting to look at current harm of this process to the child
Health professionals - Why?

- Concern re missing treatable disorder
- Focus on diagnosis rather than its implication for child’s functioning
- Doctors’ need to work *with* parents
  - Maintain doctor/parent (not patient) relationship
- Doctor powerless - bound by history by mother
- Difficult to say ‘I do not understand’
- Uncertainty about
  - when to mention suspicion
  - what to say to parent(s)
  - what to write in medical file
Alerting signs for FII/PP

Discrepancies
Something does not add up

- Reported symptoms not present & signs not observed independently
- Reported (or observed*) symptoms & signs not explained by child’s medical condition, if any
- Physical examination & results of investigations do not explain reported symptoms or signs
- Inexplicably poor response to medication or procedures
- Repeated reporting of new symptoms
- Repeated presentation to different doctors & failed appointments
- Parent(s) insistent and request more investigations in quest for diagnosis, continuation of (unwarranted) Rx or new Rx
- **Impairment of child’s daily life beyond any known disorder**

*If one present, look for others*
Alerting signs and
- Clear deception by the mother
- Obvious ‘use of hands’
  - Falsifying reports
  - Interfering with specimens
  - Tampering with lines
  - Illness induction

--> Clear FII procedures
- referral to social services/police
COMMON

- Alerting signs
- and
- no obvious deception
  → An alternative approach

*Perplexing Presentation*
Health to establish child’s current state of health

- Collate all medical/health involvement with child
- Full account of child’s daily functioning incl. school, activities, aids
- **Independent observation of child: IP, nurses, AHPs, school**
- Elicit parents’ explanations for the child’s reported difficulties & talk to child about his/her concerns
- Talk with the child – anxieties, illness beliefs
- Carry out further *definitive warranted* investigations to reach differential diagnosis
- Compile health chronology, noting who observed/reported & what the outcome was
If, following full medical review

- No rare condition
- No new syndrome
- No active interference or induction
- Beyond known condition, reported symptoms signs remain unexplained →

Change tack
Changed tack

- Obtain agreement of all professionals involved
- Lead paediatrician & colleague meet with parents & explain that
  - Unable to give diagnosis or define problem because does not know (avoiding descriptive ‘diagnoses’ e.g. Chronic pain syndrome)
  - Has some explanation for reported symptoms & signs
  - Reported symptoms & signs not life threatening
  - Further investigations & repeated presentations to doctors harmful
  - Child & family need to be helped to function alongside symptoms
  - Child will not come to harm as a result
- **If** possibility that parent might harm the child in order to prove child’s ill health, meet while child IP
Rehabilitation

- Health initiates rehabilitation programme
  - May reduce/stop some medication
  - Active multidisciplinary/multiagency rehabilitation incl.
    - Re-establish full school attendance
    - Graded physical mobilisation
    - (Enteral) oral feeding
  - Psychological work
Psychological work with the family

- Explore implications of change for the parents (may → understanding of how illness beliefs arose)
- Explore what changes will be in parents’ and child’s (if old enough) daily life if child were functioning optimally
- Help child & family to construct a narrative explanation for improvement in the child
- Help child to adjust to a better state of health by using coping strategies for symptoms
- Help parents to ‘fill the gap’ created in their life by having well (or better) child
IF

- Parents disagree, dispute independent/clinical observations
  - Request more investigations
  - Seek further medical opinions
  - Decline rehabilitation plan & child not functioning e.g. Not attending school fully
  - Rehabilitation not proceeding (not due to lack of resources)

→ Referral to social services because evidence of child’s functioning being avoidably impaired by parents

= (Neglect, not FII)
Protection plans

- Protect child from (unnecessary visits) to doctors
  - Further medical opinions
  - Further investigations
  - Child needs to be taken to doctors by reliable informant
- Child needs to resume normal functioning
  - School; mobility; activities
- Child needs ‘story’/narrative
- Help to parents to enable fulfilment of child’s needs
Some questions

1. Should child protection services be involved at an earlier stage?

2. Is there a risk of precipitating illness induction? – theoretically possible with babies - meeting with parents best while child inpatient

3. How long should the child continue to be regarded as at risk after improvement – probably long term unless understanding is gained of mother’s needs → GPs and education continue to monitor
Conclusions

- Effects on children same regardless of mother’s motivations
- When discrepancies / something does not add up, then → independent observations
- Need to reach early firm medical conclusion & present this to parents
- Key question = Are there concerns re child’s current functioning which cannot be resolved due to parents’ position?
- Prior steps before naming FII
References

- RCPCH (2009) Fabricated or Induced Illness by Carers (FII): A Practical Guide for Paediatricians