



Notes from Your Licensing Board

Maine Board of Licensure in Medicine

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Child Abuse Mandatory Reporting for Physicians

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Chelsea at age three months visited her pediatrician accompanied by her mother Vickie and father Patrick with a complaint of two days of vomiting and "easy bruising when being held too hard." Examination revealed two bruises, one on the right side of the mandible and one on the left. The parents thought the injuries were self-inflicted. To the doctor the parents seemed "appropriate." The pediatrician's diagnosis was gastroenteritis plus either accidental trauma, inflicted trauma, or bleeding disorder. Treatment was to return if symptoms continue.

Unknown to the pediatrician, Patrick had assumed primary care of Chelsea at age two months when Vickie went back to work. He found Chelsea's crying stressful. He would often grab Chelsea's mouth to stop her crying.

A few weeks after this visit, Patrick struck Chelsea across the head with a closed fist. He also shook her. She lost consciousness. He rushed her to the hospital and stated that she had accidentally struck her head on the crib rail. The hospital staff had seen Chelsea a week earlier for an unexplained Acute Life Threatening Event. They did not believe Patrick's story and immediately called child welfare and the police.

Chelsea sustained a skull fracture, subdural hematoma, parenchymal brain injury, retinal hemorrhages, and a hepatic laceration. She remained an inpatient for two months. Patrick eventually confessed and was sent to prison.

Now ten years old, Chelsea is blind, mentally retarded, and suffering from a seizure disorder. She has sued her former pediatrician for failure to suspect abuse and report as required by law.

What could the pediatrician have done differently?

1. Consider the bruising an indicator of possibly serious abuse.
2. Since child abuse was in the differential diagnosis, consult with a child abuse pediatrician if available and report concern to child welfare.

In 1962 Doctor Henry Kempe, a Colorado pediatrician, along with his colleagues published the landmark paper "The Battered Child Syndrome" in *The Journal of the American Medical Association*. This paper clearly stated for the first time that most if not all infants presenting with broken bones, bruises, and head trauma were in fact victims of inflicted trauma and not suffering from some obscure medical condition. It also led directly to the development of physician mandatory reporting laws in all 50 states. Since that time the response of physicians to these reporting laws has been inconsistent at best.

Maine's mandatory reporting law defines abuse or neglect as "a threat to a child's health or welfare due to physical, mental or emotional injury or impairment, sexual abuse or exploitation, deprivation of essential needs or lack of protection from these" by a parent or caregiver responsible for the child.

All medical providers are mandatory reporters and must report "reasonable cause to suspect" that a child has been or is likely to be abused or neglected. Reasonable cause to suspect is when abuse or neglect remains in the differential diagnosis after a medical assessment.

The latest addition to the law, LD 1523, was specifically written because of the death of an infant who not only had a previous broken bone but also had previous unexplained bruises not reported by as many as 15 medical and non-medical providers.

LD 1523 specifically states that a person required to make a report, shall report to the department if a child who is under 6 months of age or otherwise non-ambulatory exhibits evidence of any of the following:

- Fracture of a bone
- Substantial bruising or multiple bruises
- Subdural hematoma
- Burns
- Poisoning
- Injury resulting in substantial bleeding, soft tissue swelling, or impairment of an organ

I would add *any* bruise in an infant less than six months of age. Many of these injuries are now known as sentinel injuries, injuries that predict further injury if not death.

What should you do when suspecting abuse?

- Remain nonjudgmental
- Take a careful history
- Examine the entire child
- Document everything and take photos of bruises if possible
- Consider hospitalization if there is any question about safety
- Seek consultation. Maine has available round the clock board certified Child Abuse Pediatric consultation through the Spurwink Child Abuse Program in Portland, Maine (1-207-879-6160)
- File a report immediately by calling Child Protective Intake at 1-800-452-1999, available 24 hours a day, 7 days a week including holidays
- Never forget that if you are going to err, err on the side of child safety

The risk to the physician for not reporting includes a civil fine and of course a potential lawsuit should the child be injured again. Mandated reporters are protected by law from suit for reporting. Of course even worse than a civil fine or lawsuit would be the knowledge that failing to take action contributed to a child's further injury or even death.