Munchausen syndrome by proxy: The emerging face of child abuse in Saudi Arabia.

Sir,

I read with great interest the paper which appeared recently in the Saudi Medical Journal by Dr. Al-Ayed. In my opinion several points in this case warrant further consideration. Firstly, if child abuse in Saudi Arabia has only recently received attention, this does not mean that child abuse is a newly emerging entity in Saudi Arabia as the author claims. Further, trying to indirectly connect this phenomenon with “ideas imported from other societies” will hinder approaching this issue objectively. This also applies to the fact that the author identifies the differences in social cultures, age of the parents, lack of social support and early marriage, as possible risk factors in this case. Yet he fails to acknowledge a potentially important source of troubles in this family, namely polygamy. The relevance of this factor to this case is supported by the fact that the father looks either suspiciously absent from the family’s life, or even worse, careless. According to the author’s own account, 6 admissions to the emergency room of an otherwise healthy infant and an older brother treated for chemical burns had happened before the father started to feel that there might be something wrong in his family. Secondly, although emergency room doctors made a good effort in the end to clarify the situation, it took them 6 suspicious, consecutive admissions plus bleach ingestion by a sibling to start acting. This is not acceptable by any means, especially in a tertiary health center. The poor infant was discharged again and again after receiving symptomatic treatment without clear diagnosis, and without clarifying the circumstances associated with his illness. Moreover, even for a non-psychiatrist like me, the diagnosis of Munchausen syndrome by proxy (MSBP) needed to be validated further. The possibility of criminal intentions was not entertained, given the fact that the infant was admitted initially with a large sub-galeal hematoma and skull fracture. Moreover, the mother in this case was to the contrary of the syndrome’s classical description; not medically educated, not cooperative and apathetic towards her child, which further complicates establishing the diagnosis of MSBP. Thirdly, there was no inquiry carried out with regard to the brother’s medical record when he was treated for chemical burns, or about the mother’s history of producing medical forgery in herself. Such an inquiry could greatly help in clarifying this case. The problem of child abuse is a very important and sensitive one, being linked to defenseless and very fragile creatures, our children. Both courage and openness are extremely needed in tackling such an issue.

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Reply from the Author

I thank Dr. Maziak for his interest in reading my paper. The fact that child abuse is a newly emerging entity in Saudi Arabia does not necessarily mean that it is not existing before, but is becoming more apparent to the medical community. “Child abuse is still considered a relatively rare occurrence in these parts, but it is not non-existent”. I do not think trying to postulate explanations to this phenomenon will hinder approaching it objectively. The influence of family structure has been commented upon as one of the unique factors surrounding this issue. Though one may agree with Dr. Maziak of adding polygamy as a possible risk factor in this case, it is hard to agree to his justification of this conclusion by saying that “the father looks either suspiciously absent from the family’s life, or even worse, careless”. The nature of the illness is such that it is hard for everybody to become suspicious that easily. In addition, because this phenomenon is only relatively recently recognized in our community, it is not surprising for the caring team to take a long time to entertain the possibility of MSBP. As it has been stated in the paper, it is well known that “most cases of child abuse get repeatedly abused before they come to medical attention”. Our case fulfills the criteria mentioned in the DSM-IV for MSBP. It may be too late, if we as physicians will just consider the cases which are typically textbook ones. I agree with Dr. Maziak that the whole family should be followed up carefully until more facts be elucidated and the family rehabilitated.

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References


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