Munchausen by proxy syndrome: questioning the improbable

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Confusion and controversy surrounds the diagnosis of Munchausen by proxy syndrome, particularly concerning its differentiation from other forms of child abuse. A case has been made to dispense with the diagnosis altogether; however, restricting the term to those cases in which a parent fabricates symptoms or signs of illness in his or her child or tampers with pathology specimens could be more helpful. This would exclude those parents who repeatedly harm their child and place greater emphasis on the role of doctors in the aetiology of this syndrome.

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In 1977 Meadows first described 'parents who, by falsification, caused their children innumerable harmful hospital procedures, a sort of Munchausen by proxy syndrome'.[1] Since then, the term Munchausen by proxy syndrome has been embraced enthusiastically by the medical profession, although it is often not clear who actually has the 'syndrome', the parent or child.

My first experience of this unusual disorder involved two sisters, aged 4 and 5 years, who were repeatedly admitted to a major paediatric hospital with recurrent diarrhoea and vomiting, failure to thrive, constipation and abdominal distension. Exclusion of the more common possible causes led to a diagnosis of intestinal pseudo-obstruction. After numerous invasive investigations and unsuccessful attempts at treatment both girls had colostomies. It finally transpired that the mother had been administering 'laxatives and other medications' to her children and tampering with their intravenous and enteral feeding lines. She was a partially trained nurse and had a past history suggestive of factitious illness herself. Her husband, a professional man, was extremely supportive of her and disbelieving when the correct diagnosis was finally made. The children were placed in care while the mother received treatment but were returned to the parents some time later. Interestingly, an older sister had previously been admitted to the psychiatric unit of the hospital with a recurrent 'psychotic' illness. Recent informal follow up indicated that the sisters are both well, living at home and progressing well at school.

Recently, a survivor of Munchausen by proxy syndrome published a harrowing account of her 'eight years of medical abuse at the hands of her mother'.[2] In this case the mother, a registered nurse, caused the initial injuries by repeated blows with a hammer, induced repeated infections by interfering with the wounds, and, on one occasion, poured boiling water into an incision in the girl's arm leading to a diagnosis of 'skin loss due to infection'. These events occurred in the early 1960s soon after Henry Kempe published his seminal paper on the 'battered baby syndrome'[3] and well before Meadow's paper on Munchausen by proxy syndrome.

A different form of child abuse?

What, if anything, sets Munchausen by proxy syndrome apart from other forms of child abuse? With the growing awareness of child abuse, cases in the more obvious forms (e.g. subdural haematoma, multiple fractures, metaphyseal fractures, unexplained or atypical bruising) tend to be identified early. Even quite inexperienced doctors are now expected to consider the possibility of child abuse in cases in which the injury and explanation appear to be incompatible.

Physically maltreated children are often presented for treatment late in the course of their illness, if at all. By contrast, in cases of Munchausen by proxy syndrome, the parent often seeks help early, repeatedly and persistently. This pathological help-seeking by the parent has led Schreier and Libow to describe 'a need to be in a perverse relationship with a doctor or hospital staff' in the absence of a psychotic or dissociative state.[4] 'The hallmark of this perverse thought process is the ability to carry two diametrically contradictory concepts in consciousness simultaneously'. They can 'feel like good mothers at the very moment they are seriously harming their infants'. Schreier and Libow suggest that in this context the infant is little more than an object to regulate the doctor–parent relationship. They set out 13 points that should alert paediatricians and family doctors to the possibility of the syndrome; these are summarised in the box on page 129.

Another distinguishing feature of Munchausen by proxy syndrome is that the parent rarely contributes actively to the harm suffered by the child. Jones has identified the following three principal routes by which the child with Munchausen by proxy syndrome is harmed:

- the fabrication of symptoms and/or signs
- the alteration of laboratory specimens
- the direct production of the physical signs or disease in the child.[5]

The infant or child is little more than an object to regulate the doctor–parent relationship.

In many cases more than one of these mechanisms is responsible for the clinical picture. In the first two situations the parent harms the child indirectly: the medical profession's investigations or treatment are directly responsible for the child's injuries. By contrast, in the third situation, both the parent and the physician perpetrate harm.

Difficulties in diagnosis

Why do doctors find patients with Munchausen by proxy syndrome so difficult to diagnose? Parents often leave obvious clues, but they appear to have a remarkable ability to hoodwink their doctors. Perhaps part of the problem lies in two basic assumptions that are a necessary part of most clinical practice: first, that patients (or parents in the case of children) are telling the truth and, second, that patients want to get better.[6] Clearly neither can be taken for granted in cases of Munchausen's syndrome, Munchausen by proxy syndrome or many cases of child abuse.

Despite the recent lessons of child abuse we still struggle with the notion that a mother could knowingly hurt her child

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and, in the case of Munchausen by proxy syndrome, that this could take the form of repeated, potentially life-threatening injury. (The literature suggests that most cases of Munchausen by proxy syndrome involve mothers, often with collusive fathers turning a blind eye to the seemingly obvious.) It is little wonder that the police, who often deal with the less appealing side of human nature, are usually better at detecting abuse than the medical profession. Their training leads them to be less naive in their acceptance of improbable explanations.

Perhaps another problem is that doctors do not like to admit that their patients or their parents have made fools of them. Nor do they like to admit that their clinical naivety or therapeutic zeal may lead to harmful investigation and treatment and thereby compound the injury to the child.

Iatrogenic damage

Concern is growing about the part played by health professionals in general, and doctors in particular, in Munchausen by proxy syndrome.[4,6] There is little in the training of medical students that equips them for the uncertainties which abound in clinical practice. Doctors expect to know the answers and are understandably fearful of the consequences of missing something. Schreier and Libow suggest that doctors concentrate so much on what they may be missing clinically that they may ignore the actual cause of the child's continuing deterioration.[4] Donald and Jureidini add that the medical system has become too 'specialized, investigation-oriented, fascinated by rare conditions, often ignorant of abusive behaviours, and too accepting of reported histories'.[6]

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In 1981 Singh et al applied Pilowsky's concept of abnormal illness behaviour to doctors by introducing the concept of 'abnormal treatment behaviour' to explain why doctors may under- or over-diagnose, investigate or treat certain patients.[7] It is unlikely that they had Munchausen by proxy syndrome in mind, but their model may still be useful for understanding the role of the doctor in this syndrome.

Donald and Jureidini critically reviewed the diagnostic criteria for this disorder, arguing that a strong case can be made for dispensing with the diagnosis altogether.[6] They expressed concern that the term Munchausen by proxy syndrome diminishes the underlying abuse by the parent, at least in the third group of patients described by Jones.[5] They accepted, however, that the term is here to stay for the time being at least, and suggested that it is best understood as a complex transaction between the parent(s), the child(ren) and their doctor(s). The parent–child relationship is abusive, while the physician–child relationship is characterised by iatrogenic damage; the child must remain ill for the parent–physician relationship to continue. This approach is incompatible with the diagnosis of Munchausen by proxy syndrome being applied to one person, either parent or child.

Signs suggestive of Munchausen by proxy syndrome[4]

- The child has problems that follow an unusual course or fail to respond as expected to treatment.
- Physical or laboratory findings are unbelievable.
- The parent has high levels of medical knowledge and is fascinated with medical details.
- The parent is unusually attentive and appears to require constant attention.
- The parent is reluctant to leave the child's side.
- The parent appears particularly calm in the face of serious illness and remains highly supportive (and unquestioning) of all the physician's efforts.
- The suspected parent may work in the healthcare field.
- Signs and symptoms do not occur in the parent's absence.
- There is a family history of unsubstantiated medical ailments.
- There is a history of similar illnesses or unexplained deaths among siblings.
- The parent has similar symptoms or a puzzling medical history.
- Dramatic negative life events occur frequently in the family.
- The parent seems to have an insatiable need for adulation.

Restricting the diagnosis?

In the absence of clear and agreed diagnostic criteria there is a risk that doctors will use the label increasingly for children and parents whom they find difficult to diagnose or treat, or just plain difficult. Parents who injure or poison their child as a way of getting medical attention are just as abusive as parents who shake, burn or beat their child. What is different is that one group (Munchausen by proxy syndrome parents) repeatedly present their children for help but lie about the cause of the problem while the other (abusive parents) often seek help late or not at all. A purely criminal approach to the problem is not being advocated, but simply that such cases should be included with other forms of abuse and the appropriate structures in the community used to deal with them.

Nothing is gained by casting the net so widely as to include all parents who, through anxiety or interpersonal difficulties,

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Munchausen by proxy syndrome: diagnosis, management and prevention

Diagnosis

The first step towards diagnosing Munchausen by proxy syndrome is a high index of suspicion when confronted with the medically improbable. This runs counter to the advice usually given to medical students – namely, 'ignore mother's intuition at your peril'. Experienced practitioners need a sixth sense, which is not simply based on the socioeconomic status of the parents. The pointers to diagnosis described by Schreier and Libow are useful guides (see the box on page 129). Surreptitious video recording in hospital has been helpful in the diagnosis and prosecution of many cases. It raises serious ethical issues but has been justified on the grounds that extreme situations warrant extreme measures.

Management

Treatment must begin with ensuring the safety of the child from further harm. This often involves at least temporary removal from the parents' care. Appropriate protective action through the courts is almost always a necessary step. Treatment is virtually impossible unless the perpetrating parent acknowledges her or his aetiological role. Even then it is often best instituted through the legal system to ensure that checks are in place to detect noncompliance with treatment or recurrence of injury. The nonabusive parent who accepts that Munchausen by proxy syndrome is the correct diagnosis is an important ally to the therapist and his or her partner alike.

To avoid colluding with the parent and thus failing to detect a relapse, treatment should never be undertaken by one practitioner. The minimum treatment team is likely to involve:

- a GP or paediatrician whose main task is to monitor the wellbeing of the child
- a psychiatrist or other therapist whose task is to treat the offending parent and couple
- a protective worker who carries the statutory responsibility for the child's protection.

All members must have a sophisticated understanding of the dynamics of Munchausen by proxy syndrome.

Prevention

Primary prevention of Munchausen by proxy syndrome is probably impossible. Secondary prevention through early diagnosis, thereby minimising the iatrogenic component of harm, is important.

exaggerate their child's symptoms to get help. Again, accurate diagnosis is more likely to lead to appropriate management. Perhaps the term Munchausen by proxy syndrome should be restricted to those situations in which a parent fabricates symptoms or signs, such as describing nonexistent seizures or fevers, or tampers with specimens, such as contaminating urine samples with faecal material. In such cases the child would be well before medical intervention. The onus would be on the doctor to investigate the child sufficiently to make the correct diagnosis (not a simple task in the face of parental dishonesty) and to resist the temptation to overinvestigate for fear of missing something.

Such a restriction of the term would place much greater emphasis on the doctor's role in causing harm and may lead to a greater awareness of the morbidity associated with unnecessary and exhaustive investigation in general, not just in cases of Munchausen by proxy syndrome. The onus would be on the doctor to recognise the perverse nature of the relationship and to be less naively accepting of improbable histories.

The real challenge will lie in convincing affected parents that they need a different form of help than they initially requested (see the box on this page). Having a good relationship with a psychiatrist who understands the nature of Munchausen by proxy syndrome and is not similarly deceived by a 'plausible' story may be helpful. The fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders*, at least, is clear that the offending parent is suffering from a factitious disorder by proxy, while the victim child is correctly diagnosed with physical abuse of the child.[8] MT

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