MUNCHAUSEN SYNDROME BY PROXY
ALSO KNOWN AS FACTITIOUS DISORDER ON TO ANOTHER

Jessica Anne Clarke, MD, PhD
Assistant Professor
Departments of Psychiatry & Internal Medicine
Oregon Health & Sciences University

Psychiatry Grand Rounds
April 16, 2019
OUTLINE

1. History Munchausen syndrome by proxy (MSBP)
2. Diagnoses – Different names and different definitions
   - Factious disorder on to another (psychiatry)
   - Medical criteria for Munchausen syndrome by proxy (pediatricians)
   - Perpetrator of medical child abuse (pediatricians)
   - Munchausen syndrome by proxy (DHS, general public)

2. Epidemiology & prevalence
3. Legal considerations
4. Three cases
Case One CJ

CJ is a 27 year-old married mother whose 2 year-old daughter EJ was placed under Department of Health Services jurisdiction (DHS) (child protective services) because of concerns of possible medical child abuse and that CJ could have Munchausen syndrome by proxy. This diagnosis was considered because she repeatedly reported and solicited care for medical problems in her daughter that were not substantiated or observed by multiple medical providers.

EJ (index child) was reported by CJ (mother) to have problems including multiple food allergies, nausea, vomiting, diarrhea, weight loss, hives, falling episodes, and cyanosis. None of these symptoms were observed during medical appointments, hospitalizations, or while in DHS care with Grandparents (separation test).
Case One CJ

CJ (mother) reported that EJ (daughter) had projectile vomiting, diarrhea, & hives with tomato, milk, sweet potato, all squashes, pumpkin, olives, apples, pineapple, carrots, peas, green beans, wheat, gluten, quinoa, pears, plums, prunes, peaches, chicken, poultry, soy, canola oil, vegetable oil, avocado, lactose, goat milk, cheese, tapioca, black beans, grapes, blueberries, raspberries, blackberries, Marion berries, mango, & dates.

CJ alleged that EJ had FPIES (food protein induced enterocolitis syndrome) which is an uncommon type of food allergy which produces enterocolitis syndrome. Children with FPIES can become seriously ill and about 15% need to be acutely hospitalized. Recommended treatment is dietary restriction from identified offending foods. 1, 2 Symptoms of FPIES resolve spontaneously in most children by age three. 3

1 Nowak-Wegrzyn 2003 Pediatrics, 2 Sicherer 2005, J Allergy & Clinical Immunology, 3 Mehr 2009 Pediatrics
Case One CJ

EJ (daughter) was hospitalized for insufficient weight gain (from food restriction) and due to conflicting reports of food intolerance. During this last hospitalization EJ tolerated series of food trials without evidence of reaction. There were no episodes of desaturations or seizures, and all procedures and tests were normal. During this hospitalization EJ was put in protective custody.

During forensic interview CJ (mother) stated she was happy her child no longer had allergies, and said she expected her daughter’s allergies to resolve spontaneously because this is what happens with FPIES. She had no concern or explanation why her daughter’s symptoms resolved in less than 3 days while in the hospital or why no symptoms were observed by others.
Case One CJ

Over 8 Month Period EJ (Index Child) Subjected to:

17 Outpatient Appointments with Multiple Doctors, Multiple Specialties (Allergy, Gastroenterology, Orthopedics, Ophthalmology) at Multiple Locations (Doctor Shopping)

3 Emergency Evaluations

3 Hospitalizations

Multiple Procedures & Tests

All with Normal Results & Negative Findings
Case One CJ

Forensic Psychiatric Evaluation CJ

Reported History & Child’s Symptoms - Notable for inconsistencies, discrepant accounts, self-contradictory statements. She was unable to recall significant details, and she tended to exaggerate and over embellish what she did remember. She appeared unable to discern fact from fiction.

Mental Status – Notable for defensiveness & irritability with confrontation. Process was difficult to follow. Content was with externalization & blame. She had very limited insight & marginal judgment.

Diagnosis CJ (Mother): Factitious disorder imposed on another (300.19)
Confounding diagnoses: PTSD (childhood sexual abuse)(309.81)
1. What is Munchausen syndrome by proxy (MSBP)?
   Is it different from factitious disorder imposed on another (FDO)?

2. Is MSPB/FDO a frequent or dangerous problem?
Munchausen Syndrome by Proxy (MSBP)
Form of Child Abuse Played Out in a Medical Setting
Usually Involves Mothers Who Harm Their Children By Subjecting Them To Unnecessary Tests And Procedures For Fabricated Illnesses
First Described by British Pediatrician Roy Meadows in 1977 ¹
Named After The Fictional Character of Baron Munchausen Known for his Outrageous Tall Tales About His Travels and Military Accomplishments

Diagnosis and Definition Has Been Controversial For Decades ²
Factitious Disorder Imposed On Another (FDO) Has Replaced Prior Terminology Of Munchausen Syndrome by Proxy as a Psychiatric Diagnosis. ³

Factitious Disorder Imposed on Another (FDO) is defined in the The American Psychiatric Association Diagnostic Criteria, (DSM-5) \(^1\) as:

Falsification of physical or psychological signs or symptoms, or induction of injury or disease, in another, associated with identified deceptions. The individual presents another individual (victim) to others as ill, impaired, or injured. The deceptive behavior is evident even in the absence of obvious external rewards. And the behavior is not better explained by another mental disorder.

Note DSM5 Diagnosis Removed Prior DSM4 Criteria of Perpetrator’s Intent

---

\(^1\) APA 2013 DSM5
There is No Good Data on Incidence or Dangerousness

Two Basic Opinions: Over Diagnosed & Misunderstood ¹, ²
Under Reported & Dangerous ³, ⁴

Published Studies on Incidence and Dangerousness of MSBP
Include Cases of Child Abuse That are Not Cases of Fabrication
Such as Non Accidental Suffocation & Non Accidental Poisoning ⁵

**Incidence**

United Kingdom & Ireland 1996 Study: ¹

- 128 cases MSBP, non accidental poisoning & suffocation
- 0.5/100,000 Children <16 yo
- 2.8/100,000 Children <1 yo

Incidence of Referred Cases:

- 76 % 2009 Roesler (87/115 Cases Referred to Abuse Team) ²
- 5 % Pankratz 2006 (3/60 Cases Evaluated) ³
- 20 % Clarke (2/10 Cases Evaluated)

---

¹ McClure 1996 Arch Disease in Childhood ² Roesler 2009 Medical Child Abuse Beyond Munchausen Syndrome by Proxy, ³ Pankratz 2006 J Amer Academy Psych & Law
EPIDEMIOLOGY - DANGEROUSNESS

Dangerousness

Mortality Reports:
- 9% Rosenberg 1987
- 6% McClure 1996
- Zero Bools 1993
- Zero Berg 1999

Risk Repeat Abuse: United Kingdom & Ireland Study (128 cases)
At 2 Years After Victim/Child Returned to Perpetrator/Mother
Varied: 17% (Cases No Physical Harm) to 50% (Suffocation Cases)

---

1 Rosenberg 1987 Child Abuse & Neglect, 2 McClure 1996 Arch Diseases in Childhood, 3 Bools 1993 Arch Diseases in Childhood, 4 Berg 1999 Arch Diseases in Childhood, 5 Davis 1998 Arch Diseases in Childhood
Majority Women – Usually Child’s Mother (5-7% Men)
Knowledgeable About Medical Treatment – “May Have Done Outside Research Such as Searching the Internet”
History of Work in Healthcare or Childcare Facility (80%)
History of Symptoms of Factitious or Somatoform Disorder (72%)
Appear to be Genuinely Caring (But Ignore Child on Covert Video)

Profiling Confuses Warning Signs with Diagnostic Signs

1 Galvin 2005 Current Opinions Pediatrics, 2 Pankratz 2006 J Amer Academy Psych & Law
1. What is Munchausen syndrome by proxy (MSBP)? Is it different from factitious disorder imposed on another (FDO)?

A. DSM 5 replaced Munchausen syndrome by proxy name with factitious disorder imposed on another.

B. Factitious disorder imposed on another diagnosis considers intent of behavior.

C. Both A & B are true.
1. What is Munchausen syndrome by proxy (MSBP)?
   Is it different from factitious disorder imposed on another (FDO)?

Correct answer: A

A. DSM 5 replaced Munchausen syndrome by proxy name with factitious disorder imposed on another.

B. Factitious disorder imposed on another diagnosis considers intent of behavior.

C. Both A & B are true.
Case One

2. Is MSPB/FDO a frequent or dangerous problem?

   A. It is under diagnosed and dangerous.

   B. It is over diagnosed and misunderstood.

   C. There is no good incidence or dangerousness data.
Case One

2. Is MSPB/FDO a frequent or dangerous problem?

A. It is under diagnosed and dangerous.

B. It is over diagnosed and misunderstood.

Correct answer: C.

C. There is no good incidence or dangerousness data.
Case Two AL

AL is a 33 year-old divorced mother of 3 (2 living ages 13 and 2; and 1 deceased at age 17 months), of whom the youngest was placed under DHS jurisdiction when the mother was accused of medical child abuse due to endangering her 2 year-old son HL, and also accused of hastening the death of her deceased daughter KL.

KL (daughter, deceased child) had partial Trisomy 6 which is a fatal genetic disorder. Her diagnosis was known before birth from amniocentesis and she was not expected to live more than a few months.¹,² She had been deceased 9 years when her case came to DHS attention.

HL (son, index child) is a 2 year-old son who had, since infancy, severe feeding intolerance.

¹. Weremorwicz 2016 UpToDate online ². Lantos 2016 JAMA
HL had severe feeding intolerance requiring advancing feeding tubes and multiple surgical procedures (nasogastric tube, then Nissen fundoplication surgery, then gastric tube, then gastrojejunal tube, then temporary central line placement for total parenteral nutrition). ¹, ², ³

HL also had cardiac & respiratory problems from a vascular ring which is an abnormal vessel requiring surgical repair ⁴ (double aortic arch with complete vascular ring and esophageal compression).  He had a cardiac murmur & respiratory problems with pauses in breathing requiring ventilation and oxygen support in the intensive care unit (central apnea and oxygen desaturations).

¹. Martin 2016 UpToDate on line, ². Sudarshan 2016 UpToDate on line, ³. Stillwell 2016 UpToDate on line, ⁴. Juraszek 2016 UpToDate on line
He had corrective surgery in June 2013. Unfortunately, after this procedure and while still in the hospital, he continued to have respiratory difficulties with witnessed apnea episodes and required intensive care treatment. He also continued to have feeding intolerance. And after 14 days of hospital observed feeding intolerance, he had a central line placed temporarily for nutritional support intravenously. He eventually improved and was discharged.

He was hospitalized again in September 2013 for report of apnea and cyanosis. Breathing difficulties not observed in hospital and he was able to be advanced to oral feeding, although he continued to have abnormal swallow study and required continued restricted diet. While still in the hospital, his mother AL was accused of medical child abuse of HL, he was placed in protective custody, and then discharged to foster care.
Case Two AL

Allegations Against Mother AL

AL “Hastened Death of Her Daughter” KL and “Was Going to Also Kill Her Son HL”
- Death of KL was Expected From Partial Trisomy 6
- AL was Hyper Vigilant Regarding Care for HL.

AL Fabricated HL Feeding and Respiratory Symptoms
- Symptoms Well Documented by Numerous Hospital Records and Abnormal Studies.
- Admitted Exaggerating – She Stated Symptoms Occurred Always, Which is How It Felt to Her, When Symptoms Were Actually Frequent.
- Admitted She Didn’t Understand Medical Terms – She Didn’t Know What Apnea or Cyanosis Was – “Maybe Breath Holding?”, But Said These Words Got Her Doctor to Listen to Her.
Allegations Against Mother AL, Continued

AL Subjected HL to Unnecessary Tests, Procedures, & Surgeries and That Most of These Tests & Procedures Were Normal
• All Ordered and Done by Licensed Medical Professionals
• Almost All Tests and Procedures Were Abnormal

AL Criticized for Fraudulent Attention Seeking by Blogging About Her Deceased Daughter & HL
• AL Stated This Was Her Social Support Network.
• Blogging Common Amongst Mothers With Chronically Ill Children
Case Two AL

Allegations Against Mother AL, Continued

HL Improved in Absence of AL (separation test)
• HL Improved After Vascular Ring Surgery
• HL Continued to Have Documented Swallowing Deficits Requiring Special Diet and Aspirated on a Peanut Requiring Surgical Intervention While in Foster Care.

Diagnosis AL (Mother): Generalized anxiety disorder (300.02)
Confounding diagnoses: Posttraumatic stress disorder (309.81), Problems Related to Other Legal Circumstances (V62.5)
1. What are Rosenberg’s medical diagnostic criteria for Munchausen syndrome by proxy?

2. Are there problems with Rosenberg’s medical diagnostic criteria?
ROSENBERG’S MEDICAL DIAGNOSTIC CRITERIA FOR MSBP

Pediatric Perspective: MSBP is Not a Psychiatric Diagnosis

It is a Pediatric Diagnosis (Since Victims Are Children) ¹

**Pediatrician Rosenberg** Created Medical Diagnostic Criteria for MSBP 1987: ²

Illness in a Child that has been Simulated or Fabricated by Parent

Child has been Repeatedly Presented for Medical Care, Often Resulting in Multiple Medical Procedures, and Multiple Providers (Doctor Shopping)

Denial by the Parent/Perpetrator

The Symptoms & Signs in Child Abate When Child is Separated from Perpetrator (Separation Test)

Diagnosis Excludes Cases of Child Abuse Only, Sexual Abuse Only, __ & Nonorganic Failure to Thrive

1 Rosenberg 2003 Child Abuse & Neglect, ² Rosenberg 1987 Child Abuse & Neglect
**Problems With Allegation of Fabricated Illness**

Index Child Often has Legitimate Chronic Illness

   Includes Poorly Defined Illnesses With Unknown Prognosis
   (Mitochondrial Diseases ¹)

Mothers May Exaggerate Symptoms from Genuine Worry

   Common Even Even With Healthy Mothers ²

Mothers May Inaccurately Use Medical Language

Medical Records May Not Document Mother’s Report Accurately

Doctors Are Trained to Include More Than Reported History in Making Diagnosis – Including Objective Signs and Symptoms

1 mitoaction.org, ² Haggard 1960 J Abnormal & Social Psychology
Problems With Allegation Repeatedly Presented for Medical Care, Often Resulting in Multiple Medical Procedures, and Multiple Providers (Doctor Shopping)

Mothers Will Appropriately Seek Other Opinions For Their Children’s Problems If Their Children’s Symptoms Persist

Referrals to Other Specialists are Often Made by Treating Provider

Mothers Are Not the Medical Experts.

Doctors, Not Mothers, Order Tests, Procedures, & Treatment
Problems With Denial by Mother

All/Most Mothers Would Deny That They Want to Harm Their Child
Mothers are Told they Must Admit They are Guilty in Order to
be Rehabilitated and Possibly Reunited with Their Child
This is at Best Double Jeopardy Versus Medical Blackmail
Problems With “Separation Test”

Resolution of Child’s Symptoms in Absence of Mother \(^1, \ 2, \ 3\)

Improvement Can Be Independent of Separation From Mother

Some Symptoms Get Better With Time

Typical With Eating Disorders

Some Symptoms Improve With Change in Treatment

Improvement Can Be Untrue or Exaggerated Observation

In Context of Bias About Mother

---

\(^1\) Jones 1986 Child Abuse & Neglect, \(^2\) Rosenberg 1987 Child Abuse & Neglect, \(^3\) Pankratz 2010 J Amer Acad Psychiatry & Law
1. What are Rosenberg’s medical diagnostic criteria for Munchausen syndrome by proxy?

A. Illness in a Child that has been Simulated or Fabricated by Parent.

B. Child is subjected to doctor shopping and gets better in the absence of parent.

C. Both A & B are true.
1. What are Rosenberg’s medical diagnostic criteria for Munchausen syndrome by proxy?

A. Illness in a Child that has been Simulated or Fabricated by Parent.

B. Child is subjected to doctor shopping and gets better in the absence of parent.

**Correct answer: C**

C. Both A & B are true.
2. Are there problems with Rosenberg’s medical diagnostic criteria?

A. There are problems with all of the criteria.

B. There are problems with all of the criteria

C. There are problems with all of the criteria
Case Three KP

KP is a 45 year-old married mother of 9 children (7 biological and 2 adopted). All 7 of her minor children were placed under Department of Health Services jurisdiction because of concerns of possible medical child abuse and allegations that she had Munchausen syndrome by proxy. She was indicted with multiple criminal felony charges regarding alleged mistreatment of 3 of her minor children (including 2 counts first degree assault & 23 counts first degree criminal mistreatment).

JP (index child) is a 10 year-old son who was born with Spina Bifida & Chiari 1 malformation (both structural neurological deficits). Children with Chiari 1 malformation & Spina Bifida often need neurosurgical intervention and over all their prognosis is varied and unpredictable.  

1 National Institute of Neurological Disorders and Stroke 2016 NINDS.NIH online, 2 Khoury 2015 UpToDate online, 3 Steinbox 2003 Childs Nervous System, 4 Schijman 2003 Childs Nervous System
Case Three KP

JP required 23 neurosurgical surgeries and procedures. He had progressive deterioration with increased pain and multiple functional problems and was in placed in home hospice for palliative care at age 5.

After 2 years of hospice care, JP was hospitalized for evaluation and reassessment of his escalating pain.

It was determined that he was having opioid induce hyperalgesia (rebound symptoms from over medication)

Often clinicians and patients misinterpret hyperalgesia as opioid tolerance (need for higher dose), and the pain is further intensified as narcotic doses are increased. This hypersensitive, increased pain response, is decreased and resolves by decreasing narcotic doses. 1, 2, 3, 4

1 Arout 2015 CNS Drugs, 2 Chen 2014 J Opioid Management, 3 Angst 2006 Anesthesiology, 4 Portenoy 2016 UpToDate online
Case Three KP

During hospitalization JP was weaned off of narcotics, his symptoms abated, and he functionally improved. KP was accused of mistreating JP by fabricating symptoms resulting in invasive neurosurgical procedures, hospice care placement, and unnecessary narcotic treatment. When he was discharged from the hospital, he was placed in foster care, and KP was arrested.

KP was also accused of mistreating her 2 adopted children 8 year-old BP and 7 year-old HP, both of whom have Down’s syndrome.
Case Three KP

All but one of rest of KP’s children also have neurological problems. 24 year-old MP has Tourette’s syndrome. 23 year old SP has no medical problems. 16 year-old EP has Chiari 1 malformation but has not needed neurosurgery. 14 year-old DP and his twin sister SP both have Chiari 1 malformation and both have had 2 neurosurgical interventions. And 12 year old IP has autism.

In addition, to Down’s, BP has multiple other medical problems, has needed multiple surgeries and hospitalizations, is on continuous oxygen, requires 24 hour care, and was placed in developmental disability foster care.
Case Three KP

Diagnosis KP (Mother): No major psychiatric disorder
Confounding diagnoses: Problems Related to Other Legal Circumstances (V62.5)

KP spent 180 days in jail, was facing 30 years of prison time for 43 criminal charges including assault, and did not see or talk to her children for 17 months.

She finally pleaded no contest to 5 counts of assault 4, reckless endangerment, criminal mistreatment 1, and was released with 5 years probation having already served 180 days in jail.
1. How has Munchausen syndrome by proxy diagnosis (MSBP/FDO) evolved to medical child abuse diagnosis (MCA)? How are these diagnoses different?

2. What are the legal problems with diagnosis of medical child abuse?
EVOLUTION OF MSBP DIAGNOSIS TO MEDICAL CHILD ABUSE

Evolution of Diagnosis:
1977 Meadow (Pediatrician) – Munchausen Syndrome by Proxy
1987 Rosenberg (Pediatrician) – Medical Diagnostic Criteria for Munchausen Syndrome by Proxy
1994 DSM IV (Psychiatrists) – Factitious Disorder By Proxy
2013 DSM V (Psychiatrists) – Factitious Disorder On to Another
2009 Roesler (Pediatrician) – Medical Child Abuse

This Has Added Confusion Since MSBP/FDO is a Diagnosis of the Perpetrator/Mother and Medical Child Abuse is a Diagnosis of the Victim Child

EVOLUTION OF MSBP DIAGNOSIS TO MEDICAL CHILD ABUSE

Important Because Most Cases Identified by Child Abuse Teams in Pediatric Hospitals
And When Referred to Department of Human Services
DHS Identifies the Mother as Having MSBP
(Regardless of What Pediatricians Call It)
DHS Takes Jurisdiction of the Child, and
Calls for a Psychiatric Evaluation of the Mother
EVOLUTION OF MSBP DIAGNOSIS TO MEDICAL CHILD ABUSE

Pediatrician Roesler 2009:

“MSBP Diagnosis Confusing
   Diagnosis Really is Medical Child Abuse”

Medical Child Abuse Definition:

Medical Child Abuse Occurs When Child Receives Unnecessary & Harmful or Potentially Harmful Medical Care at the Instigation of a Caretaker

Responsibility is the Fabricating Caretaker

(Regardless of Intent)

---

1 Roesler 2009 Medical Child Abuse Beyond Munchausen Syndrome by Proxy
SENSITIVITY & SPECIFICITY OF ROSENBERG’S MEDICAL CRITERIA FOR MSBP

Roesler Study ¹

115 Children Referred for Evaluation of MSBP
87 (75.7%) Met Criteria for Medical Child Abuse
Reviewed These 87 for Rosenberg’s Criteria for MSBP
Only 33.3% of Cases Identified by Rosenberg’s Criteria
Roesler Concluded That Medical Child Abuse Criteria are
More Sensitive Than Rosenberg’s Medical Criteria for MSBP
Argued by Other Experts Meadow,² Pankratz,³ Eichner ⁴ That Roesler’s Criteria Identify More Cases But There is
No Evidence Concerning Accuracy (Specificity)

¹ Roesler 2009 Medical Child Abuse Beyond Munchausen Syndrome by Proxy, ² Meadow 1995 Lancet, ³ Pankratz 2005 J Amer Acad Psychiatry & Law, ⁴ Eichner
SENSITIVITY & SPECIFICITY OF ROSENBERG’S MEDICAL CRITERIA FOR MSBP

MSBP & MCA Allegations Have Not Abated

Eichner Calls it the “New Child Abuse Panic,” Because of Increase in Incidence of Child Abuse Cases, Many of Which are Unfounded. ¹

¹ Eichner 2015 NY Times
Pediatricians Need to Identify, Report, and Intervene in Cases of Child Abuse

However, it is the Courts That Need to Determine if a Crime Has Been Committed & Who the Perpetrator is Also Needs to Have Criminal Intent to be a Crime

Actus Reas Plus Mens Rea

Guilty Act Plus Guilty Mind

Intention Notably Absent in FDO and MCA Diagnoses

With Allegations of MSBP & MCA the Mother is Assumed to be Guilty of Intentional Harm and Dangerous,

Both of Which May or May Not be True

1 Eichner 2016 UC Davis Law Review
LEGAL PROBLEMS WITH MEDICAL CHILD ABUSE DIAGNOSIS

Consideration of Daubert and Federal Rules of Evidence


Technique/Phenomenon Has Been Tested
Peer Review Publications
Known Error Rate
Existence of Standards
General Acceptance
Definition of MSBP and Medical Child Abuse May Not Meet Evidentiary Standards for Admissibility Due to:
Continued Disagreement Amongst Professionals on Diagnostic Criteria
No Empirical Research or Error Rate on Subject ¹ ²

Most Cases Resolved in Administrative Dependency Courts Which Do Not Have Due Process Protection of Criminal Courts

¹ Mart 2002 Munchausen’s Syndrome by Proxy Reconsidered, ² Eichner 2016 UC Davis Law Review
1. How has Munchausen syndrome by proxy diagnosis (MSBP/FDO) evolved to medical child abuse diagnosis (MCA)? How are these diagnoses different?

A. MSBP/FDO is a diagnosis of the perpetrator/Mother and medical child abuse (MCA) is a diagnosis of the victim/child.

B. Medical child abuse (MCA) diagnosis does not identify the caretaker/mother as the perpetrator.

C. Both A & B are true.
1. How has Munchausen syndrome by proxy diagnosis (MSBP/FDO) evolved to medical child abuse diagnosis (MCA)? How are these diagnoses different?

**Correct answer: A**

A. MSBP/FDO is a diagnosis of the perpetrator/Mother and medical child abuse (MCA) is a diagnosis of the victim/child.

B. Medical child abuse (MCA) diagnosis does not identify the caretaker/mother as the perpetrator.

C. Both A & B are true.
2. What are the legal problems with diagnosis of medical child abuse?

A. Child abuse is a criminal crime determined by pediatricians identifying and diagnosing medical child abuse.

B. Child abuse, like all criminal crime, requires criminal intention, but intention/motivation is not included or considered in diagnosis of medical child abuse (or MSBP/FDO).

C. Both A & B are true.
2. What are the legal problems with diagnosis of medical child abuse?

A. Child abuse is a criminal crime determined by pediatricians identifying and diagnosing medical child abuse.

Correct answer: B

B. Child abuse, like all criminal crime, requires criminal intention, but intention/motivation is not included or considered in diagnosis of medical child abuse (or MSBP/FDO).

C. Both A & B are true.
Frequently the Pathology is Not in the Mother and the Child or Children Have Chronic Medical Conditions That are Either Difficult to Treat or Poorly Defined.

Consideration of Other Diagnoses of Index Child:
  Consider Who is Directing Treatment and Procedures
  Think About Causes for Symptom Improvement
  Consider if Child Really has Improved

Consider Other Diagnoses of Mother:
  Rule Out Other Psychiatric Disorders
  Consider Context, Look With a Less Narrow Lens
  Consider Psychosocial Biases
    (Mother Home Schooling, Blogging, Etc)
  Consider Cultural Differences in Child Rearing

FINAL THOUGHTS
Thank You

Jessica Anne Clarke, MD, PhD

Contact Information:
clarkej@ohsu.edu