

An Open Letter to Pediatricians Regarding Medical Issues Involved in International Adoption

Dear Doctor:

As an adoptive parent of three daughters born in China, I have traveled to this great nation several times. During all three of my adoption trips, I saw China and its medical system through the eyes of a mother as well as those of a pediatrician. I have visited the orphanages of two of my daughters, and was even able to visit a children's hospital. It was evident to me while in China (as well as the other developing nations from which many international adoptees come) that medical care is much different from here in the states. Let me describe to you the conditions from which your future patient may come.

All of my daughters came from orphanages in remote towns. Their rooms had little outside light, no window screens, no central heat or air conditioning, and few toys. Children were fed from a common spoon and bowl. Many of the children had rashes, and several had head lice. Contrary to some reports in the media, it was obvious to me that the caretakers tended the children in very loving ways, meeting their basic needs for warmth, food, and fresh diapers. But due to extreme poverty, some of the medical needs of these children were not adequately addressed.

In China, I examined children from my daughters' orphanages, as well as other children. Many of them had ear infections, scabies, lice, and extensive eczema. Some had impetiginized areas on the back of the scalp. Others had perforated eardrums due to delays in starting antibiotics. Out of desperation, one family had taken their child to a Chinese physician, and a Chinese medicine (one not used in this country) had been prescribed to treat the child for otitis media. The child worsened, and we were also able to treat appropriately, once I examined her and changed medication to one brought with me from the U.S. All of the children showed significant improvement with "Western" medications, not obtainable in China—Elimite, Nix, hydrocortisone cream, antibiotics—as I prescribed them. It was evident that these adopting families, all of whom were first-time parents, had many concerns regarding their children's health, but they had no access to reliable medical care.

Since my adoption trips, I have heard of two families from my area whose children became quite ill prior to their journey home. One had seizures with fever, due to pneumonia, and the other had bacterial pneumonia. Both had been hospitalized in China. Medical care in these hospitals was not up to standards in the U.S., and a decision to treat with antibiotics was reviewed each day rather than determined in conjunction with the diagnosis. The children received only three days of medication for conditions routinely treated in our country for 10 days. Fortunately for one of the children, a physician (who was in China to adopt) was able to provide additional medications (that she had brought for her own child) and prevent worsening of the illness. Both mothers worried that the children would contract illnesses from their hospitalization. There was no assurance that blood and body-fluid precautions were being used.

On my visit to a children's hospital, I met doctors trained in Western medicine, but their efforts were limited by a lack of technology and the inability to provide medical care as we know it. IV fluids were hanging in open bags, subject to air contamination. Children lay in rows in wards, and parents were rarely allowed to be at the bedside to comfort them. At the Children's Hospital, the trauma room had little equipment and poor lighting. Even the required physical examination, done on all adoptees before obtaining the visa necessary for entrance into the U.S., was limited in its scope. There was no blood work for HIV, Hepatitis B, lead poisoning or syphilis, no PPD, and no monitoring for stool infections. Some children received immunizations prior to adoption, but without the guarantee that the vaccines had been stored or administered properly. There were few physicians who could even diagnose otitis media. (Headlamps were used for the immigration physical, and otoscopes were not available.)

Due to language and cultural barriers, emergency room visits in China are quite different than they are in our country. Families may or may not have an interpreter to take them for a medical evaluation for an ill child. Children are bundled to protect them from cold, even if they are febrile. Even in major cities in developing nations, there may be no accessible emergency rooms, or even Urgent Care facilities. Standards are quite different, sometimes involving a combination of herbs and "Western" medications, if Western medications are available. Prescriptions are doled out by a physician, not a pharmacist, with little quality control (and no FDA oversight for safety).

I know that most infections in children are viral in etiology. I am also aware of (and am implementing) the new AAP guidelines for use of antibiotics in treating otitis media, treating pain and not necessarily infection. But I know that international adoptees often have secondary bacterial infections due to poor hygiene in the orphanage, dormitory-style living, and malnutrition. Although such infections are unlikely to be fatal, they can seriously interfere with the bonding and attachment process taking place at the time of adoption, a process which is vital for long-term mental health. These infections also make for a long and uncomfortable plane ride home.

For the sake of your future patient, please give contact information to an adopting family if they may have medical concerns about their child. I admit this is controversial, but please consider also giving the family two prescriptions for travel. With my own patients, I often give prescriptions as long as they promise to contact me (via e-mail or phone) or seek care from a Western-trained physician, prior to starting the medication. With this promise in place, in more than eight years of caring for adoptees, no family I've counseled has ever

started antibiotics inappropriately. It must be clear that if the child is ill-appearing (suggestive of a serious infection), urgent medical care should be sought, regardless of any concern about local health care facilities.

For antibiotic coverage, I prescribe Zithromax for most international adoptees, as children are rarely allergic to this medication. Zithromax treats ears, skin, and lungs; does not require refrigeration; and does not promote "super-bug" overgrowth. I give parents a list of symptoms that may require antibiotics, so that they know when to call. Symptoms on my list include: three days of a fever less than 103 degrees, irritability with fever, pulling ears, skin infections with scabs, and a general feeling of severe discomfort. I tell families that upper respiratory infections and so-called "bronchitis" are NOT bacterial in nature, and will not require antibiotics. Upon prescribing, I call in to the pharmacy a prescription for the powder (under the child's name), requesting that the correct amount of liquid be put into a separate bottle, to be reconstituted (if necessary).

For scabies, I prescribe Elimite during travel. Prompt treatment of scabies prevents the spread throughout the family, and this medication is low in toxicity. If several children from a given orphanage have similar rashes, the likelihood is that they have scabies. Other medications that should be carried by the family are acetaminophen and/or ibuprofen, nasal saline drops, glycerin suppositories, lice medication, hydrocortisone 1% cream, a diaper barrier cream, and diphenhydramine (to be used for sedation on the plane, if necessary).

As for the malpractice issue (treating a patient you have never seen), I have been honest with families about my discomfort with such practices. I also inform them that I WILL NOT do this again while the child is under my care. It is a requirement of our office that all families receiving travel prescriptions have a post-adoption medical evaluation appointment set up PRIOR TO traveling for adoption. I also require that I get a copy of the medical records provided by the orphanage to review for any other medical concerns. Compliance with these requirements initiates a physician-patient relationship.

Doctor, please weigh your hesitancy to prescribe medications for a child you have not seen against the risks encountered by a delay in obtaining appropriate medical care. If you are unwilling to give medications, at least assist the family in locating (in advance) medical resources in the country of their child's adoption, as well as providing a plan to obtain necessary medications. Having such a plan in place will alleviate the anxiety of parents, who are anxious enough about making the transition into parenting.

It is also important for you to realize the range of health problems that may be present in these children, even though they may not exhibit any symptoms. When children are handed to new parents in a developing nation, it is usually obvious that they have been living in conditions of extreme poverty. If you could see them at that moment, you would not hesitate to evaluate them for illnesses, including hepatitis B and C, HIV, tuberculosis, parasites, syphilis, lead poisoning, anemia, developmental delay, and any other medical condition related to living in poverty. By the time you see the child, he or she will look much more like the rest of his middle-class family. Regardless, you must still be thorough in the diagnostic tests you order (repeating all those done in the country of birth). Failure to diagnose diseases that may be asymptomatic could have far-reaching consequences for this child and his family. A full listing of recommended testing is in the Red Book, the report from the Committee on Infectious Diseases, from the American Academy of Pediatrics.

Studies have shown that many of these children have demonstrated negligible antibody titers to many vaccines, despite immunization records indicating that the vaccines were given. With few exceptions, I recommend that vaccines be repeated or that antibody titers be checked to document a child's immunity. Children may not react due to malnutrition, a temporarily compromised immune system, improper storage of vaccines, or even falsified records. All children, regardless of whether they were given the BCG vaccine, should also have a PPD done to test for TB. Any test that is 10 mm is considered positive (again, please see the Red Book).

The adoption of a child is a special time for a family, and the transition is made worse by having a sick child for whom the family cannot obtain adequate medical treatment. Parents are becoming more educated about adoption and health concerns, and they want a realistic evaluation of the potential medical problems their child may face. Many adopting families have already dealt with infertility and disrupted adoptions. They may feel unsure of themselves in terms of feeding, sleeping, and emotional problems. Don't let them worry about potential medical problems, too.

Please contact me if you have any questions about this information or about the medical conditions of children adopted from China or other countries.

Sincerely yours,

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