



BY WILLIAM G. WILKOFF, M.D.

LETTERS FROM MAINE

Meet-and-Greets

It would be an exaggeration to say that I have a love-hate relationship with meet-and-greet visits. Let's just say that I know

that it can be very important to sit down with families who are shopping for a pediatrician. But, these investigatory sessions can throw my office schedule into a waiting room gridlock from which it may take hours to recover. Meet-and-greet visits are never the high point of my day.

When one or both parents-to-be are former patients, the visits may take just a few minutes. Their own parents have brainwashed them into believing that I am the best thing since sliced bread. The young and clueless couples have already decided to come to our office, and I simply feed them a few answers to the questions they have forgotten to ask.

Sometimes an "interrogation" can drag on for 30 minutes as we walk slowly through a laser-printed set of questions collected from Internet sites and books about

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how to be a skeptical parent. We have tried to shortcut some of the predictable biographic and procedural questions by handing out a printed sheet of answers to these FAQs. But, from time to time a receptionist will forget to pass

out these sheets and I must spin a few extra yarns to make myself appear to be human and well trained. One of the standard questions asked is whether my wife and I have children. Obviously, they want to know that I have "been there and done that." It's silly because we all know one doesn't have to have had children to be an excellent pediatrician. To further impress my interrogators, I often add the reassurance that none of my three offspring is currently incarcerated or institutionalized.

The most time-devouring questions are the open-ended ones such as, "Do you prescribe antibiotics?" or "How do you feel about immunizations?" "Yes" and "Good" never seem to be sufficient answers. But, I've learned to toss these questions back at my inquisitors. Their answers to, "How do you feel about antibiotics and immunizations?" will give me some clues about how easy this family would be to work with.

While I still have control of the questioning, I ask a few more: "Do you have a birth plan and what does it include?" "Do you plan to breast-feed and do you have any concerns about how it will work?" The answers can highlight potential friction points and bumps in the road that can make the first few weeks of parenting unnecessarily

disappointing and frustrating for all of us.

It's nice to know ahead of time that a family is planning to refuse the vitamin K shot and/or antibiotic eye drops. At least I will have a chance to tell my side of the story in the calm and rational setting of my office. And, it's just plain good medicine to establish even a small foundation for your professional relationship before the doodoo hits the fan. The only time I have been sued in more than 30 years in-

involved a premature newborn and a family from out of state whom I had never met. Even a brief prenatal visit might have helped me stay out of the courtroom.

I can still remember how much easier it was to tell a couple that I was sure that their brand-new daughter had Down syndrome because I had suffered through a 15-minute meet-and-greet the previous month. Unfortunately, we continue to have trouble getting our obstetricians to see

much value in pediatric prenatal visits. They want us there in a flash when things go sour, but somehow they can't remember to encourage their patients to visit and choose a pediatrician in the calm of the second trimester. ■

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