Perplexing Presentations and Fabricated or Induced Illness

Guidance developed in 2021

Perplexing Presentations (PP)/Fabricated or Induced Illness (FII) in children – guidance - RCPCH Child Protection Portal

It is very rare for parents or carers to deliberately induce illness in a child by, for example, poisoning them or withholding treatment. Most cases are based on incorrect beliefs or misplaced anxiety which, unchecked, can cause children to undergo harms ranging from missing school and seeing friends, to undergoing unnecessary and painful or even harmful tests and treatments. Paediatricians, and other professionals, have a duty of care to the child but, in almost every case, their work will form part of a collaborative approach which involves the parent or carer as well as the child.

This guidance is extremely important for paediatricians but we hope it will also be useful for those who work in the wider areas of child health, including GPs and others concerned with safeguarding of children, including social workers, police and **education staff**.

Essential principles in this new guidance

Please note that throughout this guidance we have chosen to use the term parents, an inclusive term for all primary caregivers with or without parental responsibility

- Updated definitions of medically unexplained symptoms (MUS), Perplexing Presentations (PP) and a wider view of fabricated or induced illness (FII).
- The essence of FII is the parents' focus on engaging and convincing doctors about the parents' erroneous view of the child's state of health.
- Parental behaviour may or may not include deception.
- Parental behaviour may be motivated by anxiety and erroneous belief about the child's state of health and/or by gain for the parent/s.
- Alerting signs for possible FII must be considered and investigated appropriately. FII should not be a diagnosis of exclusion but should be considered with the same rigor as organic disease.

Alerting signs to possible FII

In the child

Reported physical, psychological or behavioural symptoms and signs not observed independently in their reported context

Unusual results of investigations (eg biochemical findings, unusual infective organisms)

Inexplicably poor response to prescribed treatment

Some characteristics of the child’s illness may be physiologically impossible eg persistent negative fluid balance, large blood loss without drop in haemoglobin

Unexplained impairment of child’s daily life, including school attendance, aids, social isolation.

Parent Behaviour

- Parents’ insistence on continued investigations instead of focusing on symptom alleviation when reported symptoms and signs not explained by any known medical condition in the child
- Parents’ insistence on continued investigations instead of focusing on symptom alleviation when results of examination and investigations have already not explained the reported symptoms or signs
- Repeated reporting of new symptoms
- Repeated presentations to and attendance at medical settings including Emergency Departments
- Inappropriately seeking multiple medical opinions
- Providing reports by doctors from abroad which are in conflict with UK medical practice
- Child repeatedly not brought to some appointments, often due to cancellations
- Not able to accept reassurance or recommended management, and insistence on more, clinically unwarranted, investigations, referrals, continuation of, or new treatments (sometimes based on internet searches)
- Objection to communication between professionals
- Frequent vexatious complaints about professionals

Parent Behaviour

Not letting the child be seen on their own

Talking for the child / child repeatedly referring or deferring to the parent

Repeated or unexplained changes of school (including to home schooling), of GP or of paediatrician / health team

Factual discrepancies in statements that the parent makes to professionals or others about their child’s illness

Parents pressing for irreversible or drastic treatment options where the clinical need for this is in doubt or based solely on parental reporting.

Summary and Conclusions

- The overall aim of this guidance is to ensure that children receive the most appropriate healthcare for their individual needs, ultimately improving their health and wellbeing outcomes. Whenever possible, this should be done by working collaboratively with their parents.
- We acknowledge that there is ongoing debate regarding terminology in this field; however, it remains important whatever terminology is used, to frame concerns about harm in terms of emotional abuse, physical abuse, neglect of medical and other needs.
- Whilst this guidance is written for paediatricians, we consider that it has direct relevance for other agencies. It is clear that the best outcomes for children are achieved by working together collaboratively with other agencies, as per statutory guidance. This involves joint multiagency training, agreeing referral pathways and responses to these situations, as FII can be both medically very complex and highly contentious. Paediatricians who fulfil the Designated Doctor role are ideally placed to inform and influence local safeguarding partnerships' understanding and arrangements in this challenging field.