



Nobody's Kid Proof

“You may be responsible for the life of a child, but you are not responsible for the death of a child.” That statement is difficult for emergency personnel to accept. Among emergency service providers or health care givers there is an unwritten, but very heavily subscribed, “Code of Rescuers.” When an incident involves the injury or death of a child, we rescuers seem to routinely accept ultimate responsibility for the outcome. This happens regardless of the situation and despite issues over which we have no control. Whether you are a rookie or a veteran, an officer or a staff member, and whether or not there is direct or distant personal involvement with the case, the helper’s reactions and emotions from traumatic incidents involving kids are powerful, painful and personal.

A long time ago, I lost track of the number of children I have watched close their eyes for the very last time. I have often found it necessary to attempt to physically and mentally block out the sound of morgue doors shutting and the agonized cries of parents in grief. Familiarity with an experience does not always make us comfortable with it. Such is the case in every death of a child. I still question why each and every one of these tragedies affects me and my colleagues so deeply. Perhaps it is because we all share in a form of a “universal parenthood.” We share a global human bond with an internal mandate to protect and nurture a child at all costs, even when that mandate places our own lives at risk for the sake of the child. People in the helping professions believe that innocent children should come to no harm. When bad things happen to children and their lives are permanently altered or tragically ended in death, the natural course of life is disrupted. Our view of the world is turned upside down when a child dies before his parents and his grandparents. The disruption in the natural order of life produces immediate internal conflicts, unanswered questions, an overwhelming sense of sadness, and a haunting sense that much is wrong with the world. These feelings may be intensified if the child’s death has been caused by the carelessness or maliciousness of adults in the child’s life.

Health professionals who care for children, when faced with the senseless death of a child, often ask themselves, “What might this child have become?” or “what might they have contributed as an adult had they lived?”. Only a few care providers avoid questioning themselves about their actions in the case. They frequently ask, “Could I have done anything which would have made a difference and prevented this child from dying?”. Few are able to avoid the thought that the child will never experience graduation, select a career or be involved in a loving relationship. Those options are forever eliminated.

The overwhelming sense of sadness in the caretaker who has lost a child is compounded by a broad range of other feelings. Guilt and a pervasive sense of helplessness and failure are not uncommon. Neither is depression and intense anger. One feeling which seems to surprise the helper is the feeling of personal vulnerability. That vulnerability is expressed in increased anxiety for one’s own children and an uncomfortable feeling that something is wrong with one’s own life. This last feeling comes from the fact that helpers were once children and the fears of one’s childhood do not disappear in adulthood. They only go deep beneath the surface. When the death of a child rocks the confidence of an emergency services worker, all of the hidden feelings from a childhood long ago and far away become vivid in a person’s current experience.

Re-experiencing the fears and anxieties and emotions of one's childhood is not likely to be avoided with each death of a child. Emergency workers are vulnerable to these feelings because they are human and it is a universally human experience to feel pain when a little one dies. Old and new feelings will be generated and the first step to maintaining balance is the recognition of the fact. Remember, 95% of all debriefings which have been done in the US during the last decade involve children as the victims. This is matched by experiences in other nations as well.

Balance in the emergency services workers can be enhanced by following a number of important steps. Pre-incident education is very important. Emergency personnel need to know in advance the strong feelings they may encounter as a result of a death of a child. Warnings of such reactions help the worker to maintain stability when the worst occurs. On scene support is another important factor in maintaining balance. Frequent breaks, proper rest, food fluids and a trained peer to talk to can reassure personnel that they are not totally alone. Commanders should avoid having one person care for a dying child continuously. Spreading the task over several people lowers the intensity of the situation.

Defusing and debriefing services after the death of a child are also extremely important. CISD teams need to be even more available for one-on-one encounters after a pediatric death than they are after an adult death. Other suggestions for balance include spirituality and a wide spectrum of friends and intensified closeness to one's family. Emergency workers should see the death of a child as a warning that life is a very fragile institution which can disappear in an instant. The death of a child can be made less meaningless if one draws closer to one's own children and to their own family members after the death of someone else's child.

People may not feel like it after a tragic pediatric death, but they need to exert energy to stay healthy. Physical fitness, proper nutrition, rest, relaxation appropriate humor and keeping active and involved in activities all contribute to one's balance. Emergency personnel have to remind themselves that they cannot manage the next child who comes to us unless we can put the loss of another child to rest in our own minds.

Children touch our lives, mostly with joy, but sometimes with pain. That all seems to be a part of life. We cannot remove ourselves from that fact. All we can do is realize that our own serious efforts to maintain balance are essential for our survival since none of us are kid proof.