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What is munchausen syndrome by proxy?

Munchausen syndrome by proxy (MSBP) is a “diagnosis” used to describe an individual who purportedly induces or exaggerates illness in a child to gain attention from the medical profession. MSBP generally involves a mother deliberately making her child sick.

The term was coined by British doctor Sir Roy Meadow in the *Lancet* medical journal in 1977 to describe parents, usually mothers, who harm their children in a medical context. The two cases in this original paper were merely a collection of notes and did not appear to have any scientifically-based research to underpin Sir Roy’s proposition. Many of Sir Roy’s articles on MSBP have been published in the journal he himself edited, the *Archives of Disease in Childhood*.

A Munchausen syndrome by proxy diagnosis lacks scientific validity. It is not a definitive category in the authoritative DSM IV (1994), only appearing in the appendix.

Parents and professionals should be aware that there are many similar labels to MSBP, which include the following: somatisation disorder, abnormal illness behaviour, folie a deux, pervasive refusal syndrome, hysteria, and factitious illness. Often the MSBP label will be combined with other labels. For example, a mother may be accused of both MSBP and shaken baby syndrome.

It is a recent and extremely controversial diagnosis (Allison and Roberts, 1998). Despite its highly controversial nature, MSBP is being used extensively in the medical profession, by social services, and in court.

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Mothers accused by over-zealous child protection

by Michael Nott

There are calls for judicial inquiries and the reopening of medical child abuse cases known as ‘Munchausen syndrome by proxy. MSBP originator Sir Roy Meadow is under official investigation by the British General Medical Council, that registers UK doctors, as a “problem doctor”. He was criticised by the British Court of Criminal Appeal and accused of giving misleading and contradictory evidence in courts on the causes and incidence of child abuse.

Jennifer took her young daughter, Sara, who was suffering from a diagnosed illness to hospital as she feared other critical medical problems. After being assessed by doctors, Sara was given medical treatment however her mother questioned the doctors on the way they were treating the child.

That is when Jennifer's nightmare began. She was accused of Munchausen syndrome by proxy (MSBP) for allegedly causing her child's illness – the basis of an MSBP "diagnosis". Doctors called in child protection officers from the New South Wales Department of Community Services and they took the child into foster care.

This type of MSBP allegation is not unique. False and misleading MSBP charges are a worldwide phenomenon with mothers across Australia, England, and the United States being falsely accused.

The New South Wales Department of Community Services does not have figures on MSBP accusations, describing the number of MSBP cases as "insignificant". However, one psychiatrist told an accused mother that she is dealing with 27 families on a weekly basis.

These MSBP accusations, according to Dr Helen Hayward-Brown, occur to mothers whose children suffer illnesses that cannot be easily diagnosed. 'Mothers who present their children to hospital are particularly at risk. This risk is compounded if they raise questions about their child's treatment.'

Dr Hayward-Brown, a medical sociologist, was awarded her doctorate for investigating false allegations of Munchausen syndrome by proxy. 'Children are usually removed from the mother's care, often without adequate investigation, and mothers are only allowed minimal supervised contact or no contact with their children. The prejudice of this MSBP label is so great that a mother's credibility is completely destroyed. And, once a child is removed it is virtually impossible for the mother to regain custody.'

MSBP or Cisapride?

In another MSBP case a mother, Carol, has not had contact with her last baby who was removed shortly after birth due to previous MSBP allegations. There are question marks over these prior accusations as the children were prescribed the suspect reflux drug Cisapride. Documentation shows clearly that this drug exacerbated her first child's symptoms. Cisapride has been withdrawn in the United States and was banned in England due to severe adverse reactions, including officially recorded deaths of several children. However, Cisapride is still available in Australia and is used by the medical profession. The young daughter of another accused mother was also treated with this drug.

The removal of a baby at birth due to previous MSBP allegations has been found to be a breach of human rights by the European Court in the case of P, C & S vs. UK. The British Blair Government was fined and had costs awarded against it totalling around 100,000 pounds. The European Court criticised doctors and social workers for being "draconian" in their removal of the child.

In the MSBP cases investigated by Dr Hayward-Brown there is little natural justice in the accusations – official files are falsified or wrong files used, and the medical profession and child protection workers continually fail to fully investigate why a child has an illness. 'One of the main predicaments for parents of children with a difficult to diagnose illness is that the child's symptoms are trivialised by the medical professional.'

Alarmingly, one proponent of MSBP, Dr Herbert Schreier, describes MSBP mothers as 'women who are not wholly passive in their interactions with the medical profession'.

According to Dr Hayward-Brown, doctors accuse a mother of medical child abuse when they cannot determine what is causing an illness. They do not consider that drugs such as Cisapride may have been prescribed for the child, contributing to the medical problems. 'The whole issue of MSBP has been hidden away behind the closed walls of the secret Children's Court that limits public and media access through potential contempt of court actions.'

Doctors may want to protect themselves or their own incompetence by not fully investigating the child's illness. An expert British defence witness in child protection, now in Melbourne, Charles Pragnell, said the so-called MSBP research conducted by Sir Roy Meadow was not scientifically based and was merely his own conjecture, speculation and assertions that had questionable origins.

Mr Pragnell's child protection expertise is backed up through his involvement in the exposure of numerous false allegations of sexual abuse in Cleveland, England in 1987. 'With those allegations it was the over-zealous intervention of social workers that over-rode the rights of children and their families causing them long-lasting emotional harm.'

He has found MSBP allegations follow threats by parents to report a doctor for negligence or incompetence and threats to sue a doctor or a hospital. Therefore any retaliatory action by the doctor or hospital required serious consideration. 'In this way MSBP very effectively shifts the blame onto the parents, who then come under scrutiny and investigation by the child protection system,' Mr Pragnell

observed. He has found that government figures show that 85% of child abuse reports 'have no substantive basis' and these false allegations are made for mistaken, mischievous, malicious or monetary reasons.

British opposition health and social services spokesman, Lord Howe, has called MSBP one of the most pernicious and ill-founded theories to have gained currency in child care in the past 10 to 15 years. 'It is a theory without science. There is no peer-reviewed research to underpin MSBP and it rests on the assertions of its founder Sir Roy Meadow.'

Concerns over the use of MSBP are also shared by Professor Colin Morley, formerly a paediatric doctor with the University of Cambridge School of Clinical Medicine in England and now working at the University of Melbourne. Dr Morley said that MSBP gave no indication of what was happening to a child and that it was very non-specific and could be mis-interpreted. He said it should be abandoned in favour of what was happening to the child, as it had become a diagnosis with emotional overtones. Further, as Mr Pragnell has pointed out, "MSBP children" usually suffer from congenital disorders and birth injuries, surgical injury, inappropriate medication and other treatments, allergic reactions, vaccine damage, infections such as Giardia and chronic fatigue syndrome.

Dr Morley is also uneasy that mothers are being told to confess to harming their child because if they do not confess, they are unlikely to have their child back. 'That is blackmail and may result in a false confession.'

MSBP lacks scientific validity

These experts agree that in some cases child abuse may be caused by mothers, but they also assert that the MSBP accusations are an unsafe and unreasonable practice that fails to address the illness and problems of the child. Dr Hayward-Brown said that accusing a person of MSBP lacks scientific validity as it was not recognised as a psychiatric disorder, only appearing in the appendix of the psychiatric Diagnostic and Statistical Manual of Mental Disorders IVR, as requiring further research. 'One single mother related the extraordinary chain of events that labelled her as an injurious MSBP mother, when the medical profession failed, for 18 months, to discover her son's chromosomal disorder.'

Dr Hayward-Brown also said that in another case both parents were charged with contempt of court when they took their daughter to a gastroenterologist, despite the fact that they obtained a diagnosis for her bowel complaint. 'If the parent does obtain another diagnosis, some doctors will argue that the diagnosed illness may co-exist with MSBP. This argument protects professionals from being sued for negligence as for example, lack of diagnosis delaying treatment, wrongful removal of the child, etc.'

'MSBP is a recent and extremely controversial "diagnosis" that is unreliable as it may exclude genetic and other factors that may be causing a child's illness. However, despite its highly controversial nature, MSBP is being used extensively in the medical profession, by social services, and in court.'

Some doctors could not acknowledge that some illnesses were very hard to diagnose and treat. This is shown by a report in the British Medical Journal (August 2003) noting that the Court of Appeal for England and Wales ruled that children can sue the healthcare trusts and local authorities that wrongly conclude that they have been the victims of abuse. The BMJ cited one of the cases used by the court in its findings and this was a 6-year-old boy who was said by Professor David Southall of North Staffordshire Hospital to be a victim of fabricated illness. However, the boy was removed from the at-risk register after three months when his condition was diagnosed as extensive and severe allergies.

In the UK last October, Dr. Umapati Biswas was found guilty of serious professional misconduct and was struck off the medical register for making false allegations of child abuse.

In the inquiry into the Cleveland sexual abuse cases, Justice Bulter-Sloss recommended that child protection workers needed to fully investigate claims made by medical professionals, rather than purely accepting their opinions.

Dr Hayward-Brown discovered that the names of particular doctors and psychologists keep cropping up as the ones who accuse mothers of MSBP. 'They seem to be the ones that are predisposed to accuse mothers.' These professionals often know very little about the family, the child and their medical history and with little first-hand contact, make the MSBP allegation.

A diagnosis is made without seeing the mother or child and by reading selected reports of other doctors. This is called diagnosis by "immaculate perception", Dr Hayward-Brown said.

'Sir Roy Meadow has accused mothers of MSBP by reading selected doctors' files and child protection workers' reports on a child – he does not meet the mother or child. He also provides expert evidence outside his own speciality. Sir Roy has practiced this form of "diagnosis" in Australian cases.'

'The MSBP profile used by doctors contain paradoxes that make it very difficult, almost impossible, for mothers to prove their innocence. For example, being an over-protective parent is part of the MSBP profile, but so is being a negligent parent,' Dr Hayward-Brown said.

'Good mothers are also in trouble. In Heather's case, in the notification to social services, she was described as purportedly "a good mother" with numerous and credible references attesting to her fine mothering skills. Nevertheless she was still accused of MSBP since MSBP mothers are "able to deceive everybody".'

Dr Hayward-Brown said the MSBP profile appears to be expanding with the invention of the so-called "falsification disorder by proxy" (FDP) for mothers who do not fit MSBP profile. 'Doctors and social workers are starting to use somatisation and conversion disorders in MSBP allegations, while older children and disabled and autistic children are being targeted.'

The national child abuse conference in Sydney (November 2003) heard a child protection unit say that the "anxiety" shown by a mother for her child's illness could be a "concerning behaviour". The child protection units suggested that another MSBP symptom was when parents sought a second or third medical opinion.

Dr Hayward-Brown contends that the profiling is extremely prejudicial, inaccurate, paradoxical and often nonsensical. 'The mothers are presumed to be guilty and it is very difficult for them to prove their innocence.' She notes that many parents who have been accused of MSBP and had their children removed have not had criminal charges of child abuse laid against them. There is no criminal evidence, she contends. It just takes a child protection officer from the Department of Community Services to say the child is "at risk" and a mother loses her child. 'In my view, evidence of child abuse simply does not exist to convict mothers in a criminal court. Higher courts are dismissing Sir Roy's theories. Mothers accused of MSBP are usually too scared to speak out openly against doctors and the Department of Community Services. They fear contempt of court charges by the Children's Court that is closed to the public and media.'

In her years of investigation, Dr Hayward-Brown has been shown evidence of many unethical or corrupt practices including breaches of social services policies and procedures, refusal to investigate a medical doctor's notification that was accepted without qualification and the exclusion of documents indicating innocence.

She also found that files were tampered with, there was fabrication of evidence, hearsay evidence in court, intimidation, blackmail, withdrawal of treatment, hospital errors and mismanagement, lack of knowledge of overseas expertise or lack of expertise in the relevant specialty, and attribution of father's comments to the mother.

In one MSBP case, doctors and Department of Community Services used the wrong child's medical file – same child's name but wrong person. And a mother found over 120 false or inaccurate items in her DOCS files.

In her thesis, Dr Hayward-Brown pointed out that the lack of scientific credibility of the diagnosis could be seen by outcomes in United States courts, several of which have ruled that the use of the MSBP diagnosis is not admissible. (*These include Martinez v. United States of America, State v. Lumbrera, and Commonwealth v. Robinson.*)

The British General Medical Council has confirmed that both Sir Roy Meadow and Dr David Southall are under official investigation as "problem doctors". With these investigations occurring, it is questionable how doctors can diagnosis MSBP in alleged child abuse cases in "good faith" and how doctors can continue to use Sir Roy Meadow as one of their principal references in court affidavits when alleging MSBP.

Previously, Dr Southall was suspended from child protection work for two years during the British Griffiths Inquiry into his research work and MSBP accusations. The South Australian Supreme Court has ruled that Dr Southall's MSBP testimony could only be regarded as a lay person's opinion, albeit a well-informed one as he is a paediatrician.

What about Sir Roy's Munchausen-syndrome-by-proxy research documents? According to Lord Howe, when Sir Roy was challenged to produce them, Sir Roy claimed that they had been destroyed. The legitimacy of the MSBP theory is now undergoing intense scrutiny worldwide for its lack of scientific integrity, highly questionable support literature in medical journals, and its continuing use by a minority of members of the medical profession.

Dr Hayward-Brown concludes that there are major and disturbing problems in the procedures and attitudes of the medical and social service professions in relation to MSBP, and wonders how the medical

profession can prove that a MSBP diagnosis is indeed positive? ‘The false accusations can happen to any mother or father at any time – it does not discriminate regarding class or status, as has happened in England. It is a nightmare waiting on the doorsteps on every Australian family if their child becomes ill or is disabled.’

Note: the names of parents, their children and identifying facts in the case studies have been changed or altered to protect the parents and children as required by law.

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