

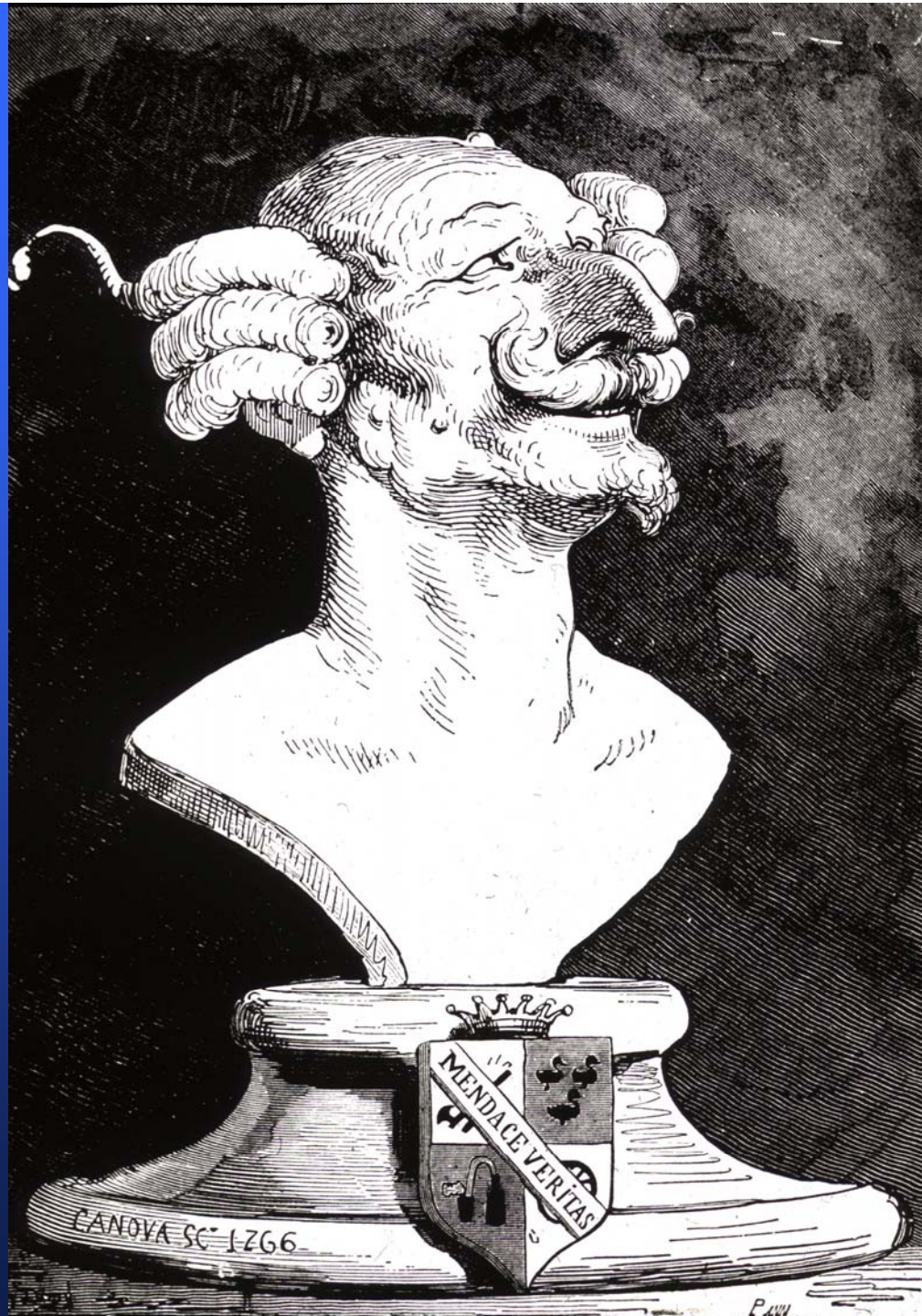
# MUNCHAUSEN SYNDROME BY PROXY

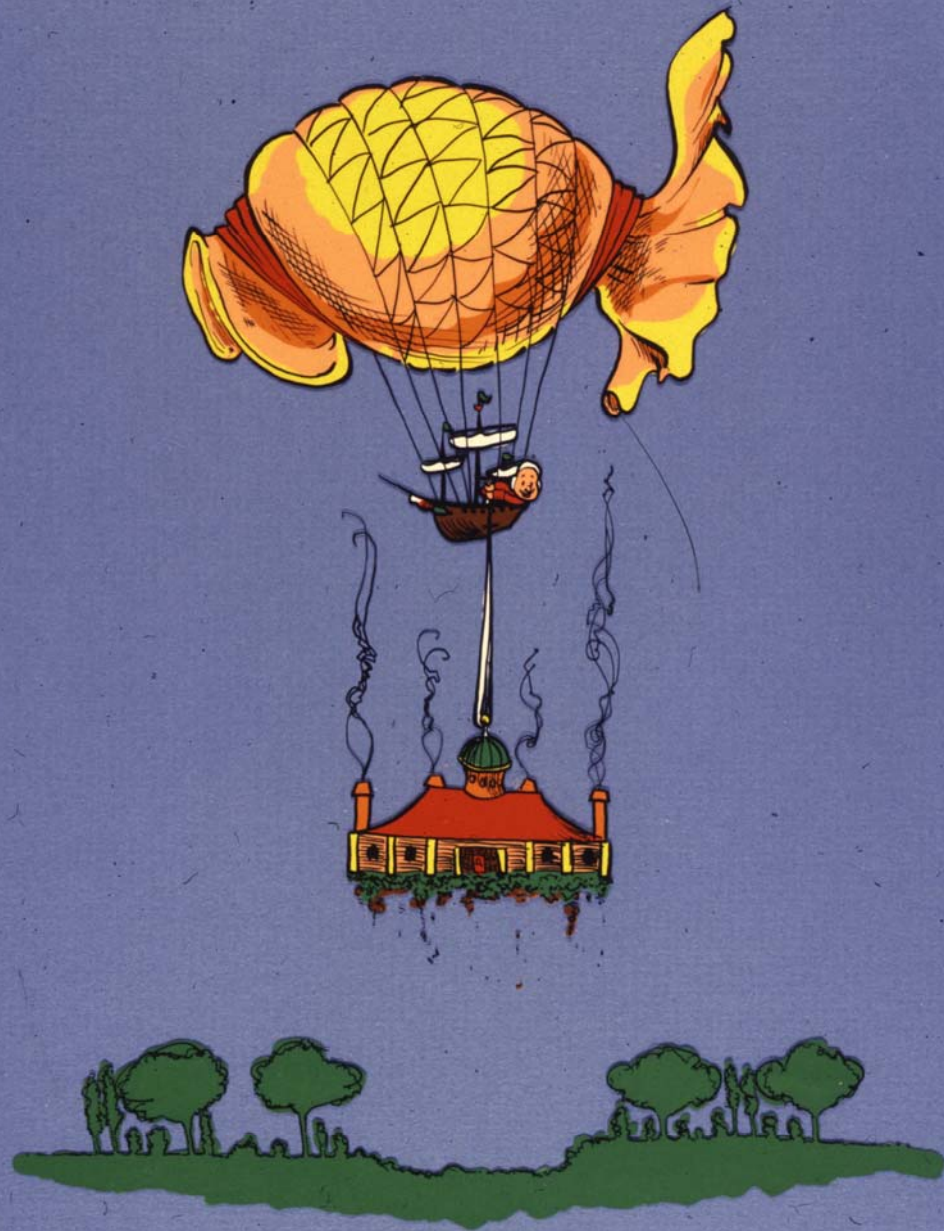
Basil J. Zitelli, M.D.

Children's Hospital of Pittsburgh

Hieronymus Karl Friedrich Freiherr  
von Munchausen

Born May 11, 1720  
Bodenwerder, Germany





- 1951 Richard Asher described Munchausen Syndrome
- 1977 Roy Meadow extended the description to MSP

THE LANCET, AUGUST 13, 1977

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## Hospital Practice

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# **MUNCHAUSEN SYNDROME BY PROXY**

## **THE HINTERLAND OF CHILD ABUSE**

ROY MEADOW

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8 week old infant with recurrent upper respiratory tract bleeding and apnea

Multiple evaluations and procedures including nuclear scanning with  $^{51}\text{Cr}$  erythrocytes

Bleeding episode occurred shortly after admission to JHH with blood on the face and pillow

Background	417 cts/10 min.
Blood from face	449
Patient's capillary blood	8921

Infant's blood type	A	Cc
Face blood	A	cc
Mother	A	cc
Father	A	Cc

# **Munchausen Syndrome by Proxy: Definition of Factitious Bleeding in An Infant by $^{51}\text{Cr}$ Labeling of Erythrocytes**

Lawrence Kurlandsky, M.D., Jonathan Y. Lukoff, M.D., William H. Zinkham, M.D.,  
Judith P. Brody, M.D., *and* Richard W. Kessler, M.D.

## MSP - A malignant form of child abuse

- Factitious illness, simulated or induced by someone *in loco parentis*
- Repeated medical evaluations
- Denial of knowledge of the etiology by parent
- Signs and symptoms abate when the child is separated from the perpetrator

## **DSM IV - Factitious illness by proxy**

- Intentional production of physical or psychological signs or symptoms while under the individual's care
- Motivation - assume the sick role by proxy
- No external incentives
- Not explained by any other mental disorder

# Definitional Issues in MSP

## 1996 Task Force

MSP - both pediatric and psychiatric entities

- a. focus on child victimization –  
Pediatric Condition Falsification
- b. parent's psychiatric disorder –  
Factitious Disorder by Proxy

# MSP – Two Components

Child Victim –

**Pediatric Condition Falsification  
(PCF)**

Adult falsifies physical signs and/or symptoms in a victim, causing victims to be regarded as ill / impaired

# MSP – Two Components (PCF)

Falsification includes:

- 1) directly causing conditions
- 2) over or under reporting signs or symptoms
- 3) creating false appearance of signs and symptoms
- 4) coaching the victim or others to misrepresent the victim as ill

# MSP – Two Components

The perpetrator –

**Factitious Disorder by Proxy (FDP)**

Persons who intentionally falsify a history, signs or symptoms in a child to meet their own self-serving psychologic needs

# MSP – Two Components (FDP)

Types of self-serving psychologic needs:

- 1) The need to be perceived as devoted parent
- 2) The need to covertly control, manipulate or deceive authority figures
- 3) External incentives in FDP may be present, but they are not the primary motivation for the MSP behavior

# Conditions which may be confused with PCF or FDP

Falsification of sexual abuse for primary purpose  
of obtaining custody or harming the spouse

Help-seekers: overwhelmed parents who falsify  
symptoms to get help for their child

Lying to avoid classical abuse

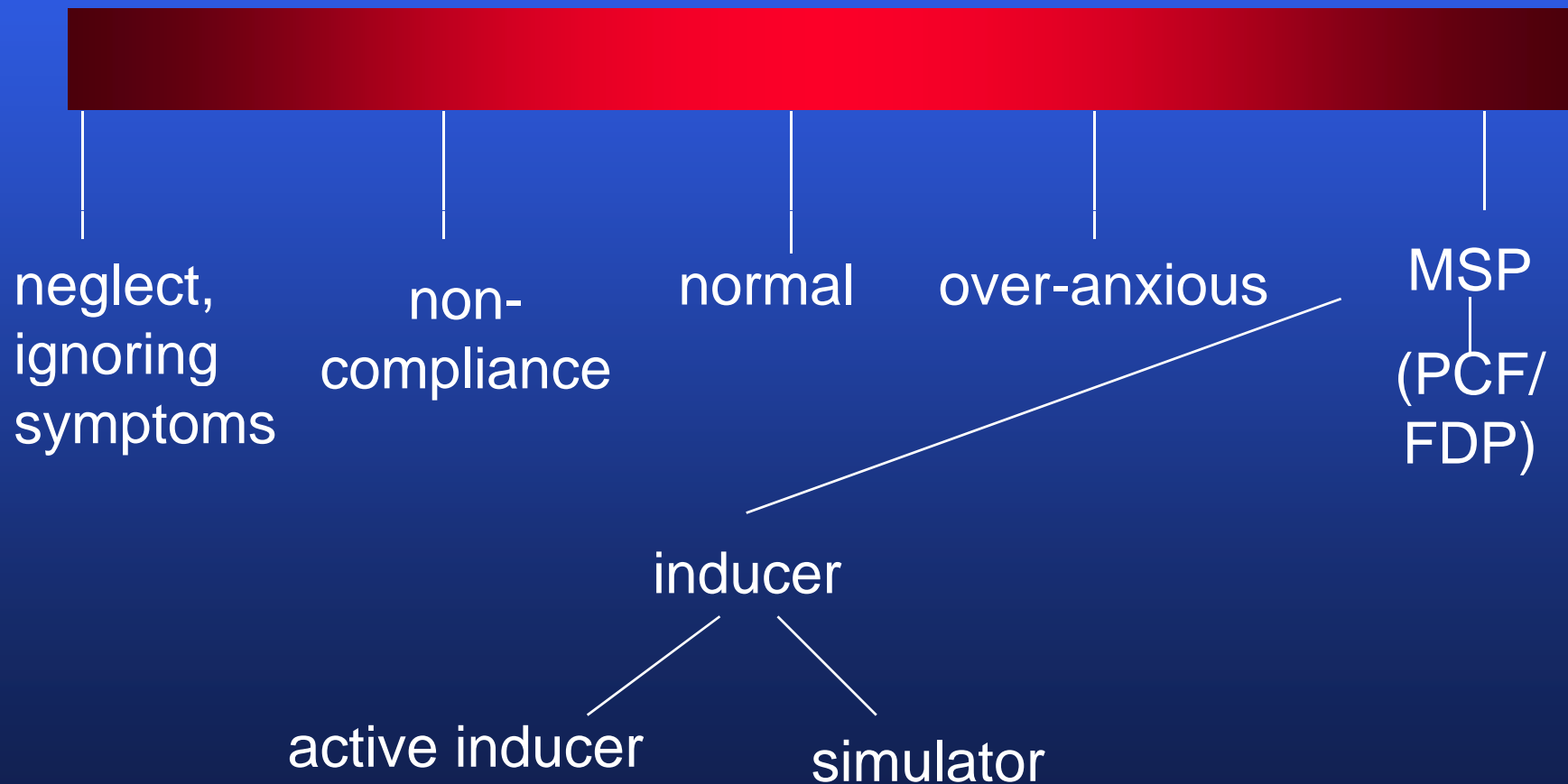
Overanxious parents

# MSP

It is only when the perpetrator's motivation involves self-serving psychological needs that MSP should be considered

**(difficult to make such distinctions in reality)**

# Spectrum of Parental Actions



## Child abuse in the United States

- > 903,000 children in US maltreated
  - 515,000 neglected
  - 172,000 physically abused
  - 90,300 sexually abused
  - 63,000 psychologically abused
  - 1300 die from injuries
- MSP ???

# MSP - Epidemiology

MSP - unknown incidence, not a rare disorder - 700 cases reported in 20 yr

Schreier surveyed nephrologists and gastroenterologist

# responses to questionnaire = 316

# reported case contact = 210

# cases confirmed or seriously suspicious=465

CHP - 16 year survey, 140,000 admissions, no cases MSP codes in medical records, yet at least five recollected

## Rosenberg (1987)

- 117 cases from the literature
- Males = females
- Age at diagnosis 39.8 months
- Time from onset to diagnosis 14.9 mo

## Rosenberg (con't)

- 25% simulated illness
  - 72% of episodes occurred in hospital
- 50% induced
  - 95% of episodes occurred in hospital
- 25% both simulated and induced
  - 89% of episodes occurred in hospital

## Rosenberg (con't)

The perpetrator:

98% biological mother

2% adoptive mother

1.5% paternal collusion

Unusual that father is perpetrator

# McClure, 1996

128 children in 2 yr, MSP, poisoning or suffocation

1) median age = 20 months

2) 47% male, 53% female

3) Mother as perpetrator 85%

Father as perpetrator 6/128 (5%)

## McClure, 1996

- 4) 77% < 5 yr of age
- 5) 55 MSP alone, 26 poisoning and MSP, 15 poisoning alone, 15 suffocation alone, 14 suffocation and MSP, 1 suffocation and poisoning, 2 all three
- 6) 119/128 (93%) inappropriate invasive tests or treatments
- 7) 68 (53%) suffered severe illness, and 8/128 deaths (6%)

# McClure, 1996

Incidence: <16 yr = 0.5/100,000

<1 yr = 2.8/100,000

Estimated 600 new cases per year of  
MSP / suffocation / poisoning in the  
USA

## The Perpetration

- Impressive medical histories
- Many physicians, many subspecialists
- Bleeding, seizures, CNS depression, apnea, diarrhea, vomiting, fever, rash, hematuria, glycosuria, CF, biochemical chaos, recurrent infections, weakness, renal calculi, abuse ...

## The Perpetration (con't)

- 100% of children suffered short term morbidity
- 75% suffered at the hands of both mother and the medical staff
- 25% suffered only at the hands of the medical staff

## The Family Unit

- Parents live together
- Father employed but distant from the family, unaware of the fabrication

## The Victim

- Excessive use of medical facilities
- Infants and toddlers at highest risk
  - 10 /17 deaths occurred in children <3 yrs
- Persistent / recurrent illnesses that cannot be explained, don't make sense, or are bizarre
- Older children drawn into symbiotic relationship, participate in fabrication

## Co-morbidity

- 73% of victims had other fabricated illnesses
  - 29% FTT
  - 29% non-accidental injury, neglect, or medicated
  - 64% other fabrications

## Siblings

- 39% also victims of fabricated illness
  - 17% had FTT, injury or neglect, or medicated
  - Many sibling deaths are medically inconclusive

# McClure, 1996

83 / 128 had siblings

34 patients had siblings who were  
abused,

15 patients had siblings who died  
previously

(18 sibling deaths, 5 categorized as  
SIDS)

## The Mother

- Age 29, married, articulate
- 31% have some exposure to the medical profession
- 25% - 60% have history of possible Munchausen syndrome
- 50% have had symptoms similar to their child in the past three years

## The Mother - Desirable Traits

- Spends time on the medical units
- Becomes friendly with the medical staff
- Participates in child's care
- Remains calm despite child's serious illness
- Compliments staff, consoles doctors

## Motivation - ???

- Lonely or unwanted as children
- Need to assume the sick role by proxy
  - Dehumanizes the child, uses child as an object to fulfill needs
  - Enters perverse relationship with doctors and staff
- Conscious actions - not in a dissociative state
- Imposturing of good mothering
- Secondary gain - custody, draw father closer, avoid abusive situations
- Depression, personality disorders, compulsive

# Fathers as Perpetrators

- 15 fathers, 16 abused children,  
11 deaths
- Avg intelligence
- Schooled, 2 had further education
- Few with regular or long-term jobs
- 6 had prior psychiatric encounters
- 5 had Munchausen Syndrome

# Fathers as Perpetrators

- Lost tempers easily
- Other features: fires, unusual pet deaths
- Attempts at “hero” stories

# Fathers as Perpetrators

- Marked gender disparity not seen in other forms of child abuse
- Father likely to have Munchausen or somatization
- High incidence of child deaths
- Maternal passivity, inadequacy, etc allows paternal abuse to continue
- Psychosocial factors different between men and women perpetrators

# The Professionals

- Doctors - self-doubt, drawn into web of complicity
- Nurses befriend mother
- Psychiatrists not familiar with MSP find nothing wrong
- Legal staff is not familiar with MSP and doubt it can happen

## Outcome of MSP

- 17 /117 children died (15%)
- 10 /17 deaths in children <3 yrs
- 2 /10 children died after parents had been confronted but children were returned home
- Families with more than 1 child victimized are at higher risk - 4 /13 children died
  - High incidence of maternal psychiatric illness, marital difficulties, Munchausen syndrome in mothers

## Follow - up

- 49% had poor outcomes, especially if returned to the mother (continued fabricated illness, conduct and emotional disorders)
- Feeding difficulties, withdrawal, hysterical disorders, Munchausen syndrome
- Fear of parents

## Long - Term Follow-up (Libow 1995)

- 10 adults, 33-71 years of age
- Felt unloved and unsafe as children
- Emotional, physical problems as child
- Insecure, reality testing issues, avoids medical care, stress symptoms
- Anger to mother, sympathy for father
- Some continued fabricating illness

## Warning Signs

- Unexplained, extraordinary illness
- In congruous signs, symptoms when mother is present
- Ineffective treatment
- Numerous alleged allergies
- Inappropriate maternal affect
- Numerous family medical problems or SIDS

# Death Runs in the Family

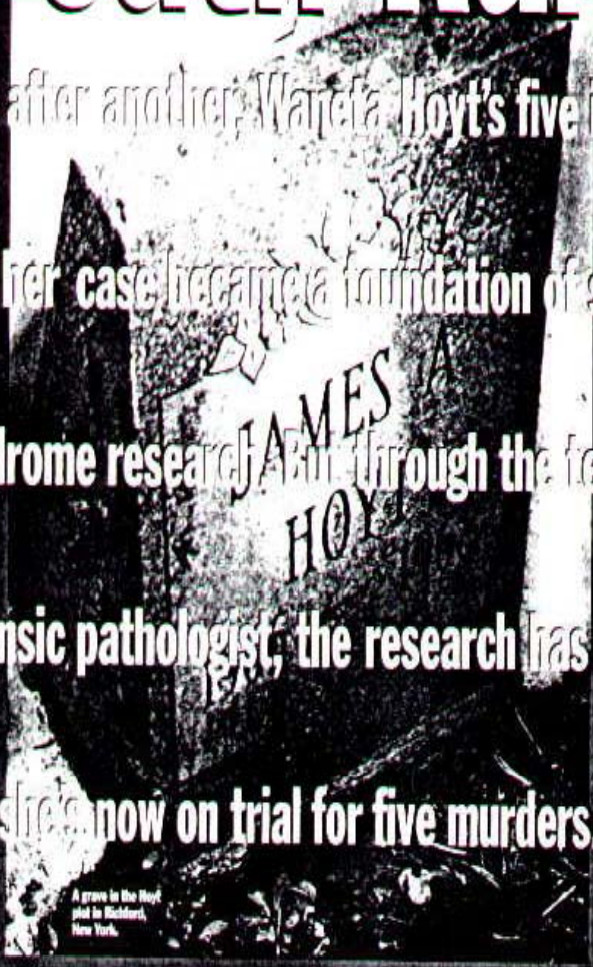
One after another, Waneta Hoyt's five infants mysteriously died,

and her case became a foundation of sudden-infant-death-

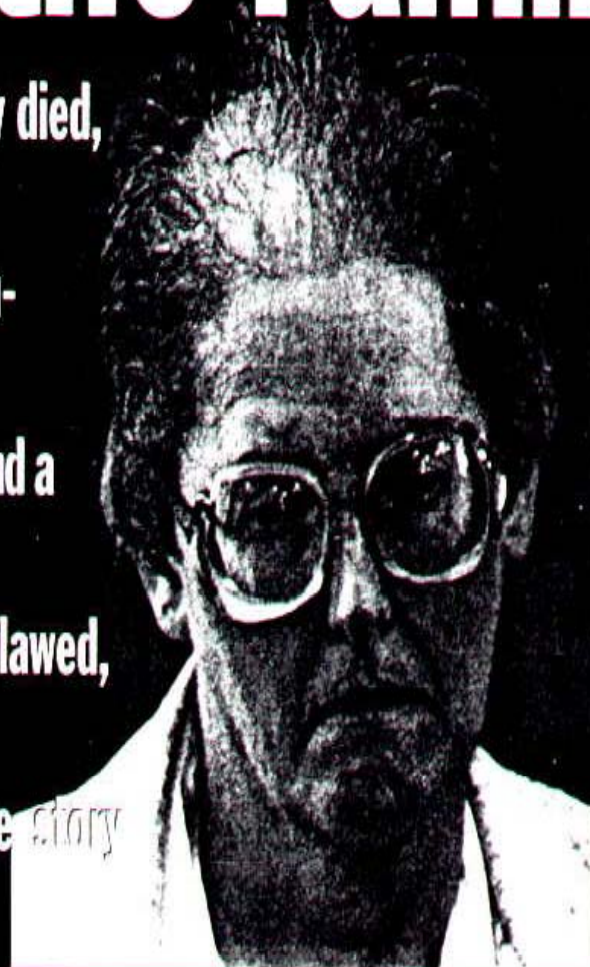
syndrome research. But through the teamwork of a D. A. and a

forensic pathologist, the research has been shown to be flawed,

and she's now on trial for five murders. A medical detective story



A grave in the Hoyt plot in Eastham, New York.



Waneta Hoyt after her arrest. She confessed but has since recanted.

PITTSBURGH POST-GAZETTE ■ SUNDAY, APRIL 5, 1998

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**STATE / REGION**

# **Mother admits killing five of her infant children**

## Management

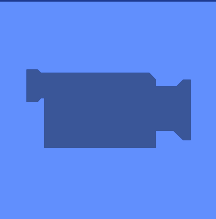
- Cessation of unnecessary medical tests
- The physician must not become part of the pathological process
- Balance delay in confrontation with risk to the child
- Confirm historical events with eyewitnesses
- Examine temporal relationship of events with presence of mother

## Management (con't)

- Examine mother's history
- Interview other family members
- Look for a motive
- Document meticulously
- Perform toxicological examinations
- Type and match blood samples with child and parents

## Management (con't)

- Separate child and parents
- Notify child protection agencies
- Increase surveillance





# Covert Video Surveillance

- Southall – 33/39 abuse recorded:  
suffocation, fracture, poisoning,  
emotional/physical abuse
- Hall – 23/41 recorded abuse:
  - CVS required to make the dx 13/23
  - Supportive of dx 5/23
  - Not needed to make dx 5/23
  - CVS exonerated 4 families

# Objections to CVS

- CVS uses deception
- Parents have reasonable expectation of privacy
- Should be able to obtain a warrant
- No consent for CVS
- Medicine should not engage in police functions
- CVS erodes trust in medicine

# In Favor of CVS

- Expectation of doctors to do what is necessary to make a diagnosis
- Physicians serve as child advocate
- CVS may exonerate families
- CVS may prevent parent/child separation

# In Favor of CVS

- If parent found to be abusive, can then help child and parent
- No reasonable expectation of privacy in hospital
- CVS is diagnostic, not police tool
- CVS noninvasive, consent defeats purpose of the diagnostic tool

## Confrontation

- Summarize differential diagnosis
- Summarize evidence for factitious illness
- Assume nonaccusatory role
- The child must be protected

# Psychiatric Intervention of MSP

- 13 selected cases underwent intense psychiatric inpatient treatment.
- 10/13 were reunited after 7.5 weeks, 3 children were placed out of the home
- 1/10 continued with fabricated illness, 1/10 had continuing parent-child difficulties

# Psychotherapy

- 15% of mothers admit to their actions
- Obstacles to therapy
  - Denial
  - Lack of commitment to therapy
  - Refusal to submit to therapy
  - Long - term therapy required
- Often described as “untreatable”

## Disposition of the Child

- Separation from the mother and family
  - Mother may manipulate family, continue with fabrication
  - Poorer outcome with family members
- Reunite only after successful therapy and close follow - up

# Legal Considerations

- Every state mandates reporting of child abuse
  - Always discuss this as abuse – do not fall into the trap of defining MSP
- Document!!!
  - Review all medical records meticulously – especially nurses' notes
- Educate
  - Social service
  - Child protection agencies
  - Psychiatrists
  - Attorneys

## Legal Decisions in MSP

- People v Phillips (Cal 1981) - Recognized MSP as child abuse and mental disorder, allowed psychiatric testimony based on medical literature
- In re Jessica Z (NY 1987) - res ipsa loquitur (the case speaks for itself)
- Place v Place (NH 1987) - Psychologically unstable parent is an unfit parent
- Burdeau v McDowell (Supreme Court 1921) - Evidence may be used if collected by hospital (includes video)

# Summary

- MSP is child abuse with high morbidity and mortality
- Mothers suffer from compulsion for fabrication; personality disorders
- Physicians must observe for warning signs, not participate in abuse
- Confrontation, separation, protection
- Psychotherapy
- Educate and offer recommendations for legal professionals

POSTSCRIPT