Munchausen's Syndrome

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Baron Von Munchausen

- A fictional person created by the German writer Rudolf Erich Raspe in his 1785 book *Baron Munchausen's Narrative of his Marvellous Travels and Campaigns in Russia*.

- The character is loosely based on a real Baron, **Hieronymus Karl Friedrich, Freiherr von Münchhausen**.

- 1951,Dr. Richard Asher, an English physician, published an article in The Lancet (respected surgical journal), describing a male patient with multiple visits to the hospital, presenting with factitious (fake) symptoms.

- 1977 Dr. Roy Meadow, another British physician describes in The Lancet a new syndrome of factitious illnesses reported by caregivers. This was given the name of Munchausen’s Syndrome by proxy.

- Fake illnesses were being reported, mainly by mothers, describing symptoms and events in their children that were non-existent.

- This is seen as on the spectrum of child abuse. This syndrome became a differential diagnosis in any case where the story did not make sense, or we were unable to corroborate the clinical picture with a known diagnosis.

DSM-5 Category: Somatic Symptom and Related Disorders

Factitious Disorder

- Factitious disorder is a DSM-5 (Diagnostic and Statistical Manual of Mental Disorders, 5th ed.) diagnosis assigned to individuals who falsify illness in themselves or in another person, without any obvious gain. The diagnosis for an individual falsifying illness of another person is factitious disorder imposed on another.

Symptoms of Factitious Disorder

- By its nature, factitious disorder can seem asymptomatic. In order to make a diagnosis of factitious disorder, it may be necessary for a health professional to look for clues and patterns in behavior that suggest an individual is being misleading. Some behaviors, however, do make factitious disorder easier to spot, including:

- There is intentional production of symptoms in another person under care.
- The caregiver is motivated to assume the sick role “by proxy”.
- There is no financial or medico-legal incentive.

- Early cases - A mother in the U.K. admitted to adding sugar to her child’s urine sample, thereby providing evidence of factitious diabetes. Why? She said she was not being taken seriously by doctors.
- A woman in Ontario was videotaped putting a pillow over her daughter’s face in the hospital room, and calling the nurses to resuscitate her.
- The Cleveland Clinic has reported Munchausen to have an incidence of one percent of hospitalized children.

Factitious Disorder Imposed on Another (FDIA) Cleveland Clinic Description

act as though their child or dependent has a medical condition that needs attention

However, the child or dependent person isn’t sick. People with factitious disorder imposed on another (FDIA) lie about an illness in another person.

This other person is usually someone in their care — often a child under the age of 6. In some cases, the dependent person can be another adult, disabled person or an elderly person.

Sudden Infant Death and Munchausen

Dr. Meadow famously wrote:

To lose one baby to SIDS is tragic.
To lose two babies to SIDS is suspicious.
To lose 3 babies to SIDS is murder.

Who is most likely to have factitious disorder imposed on anther (FDIA)

- FDIA is most often see in mothers — although it can also happen with fathers — who intentionally harm or describe non-existent symptoms in their children to get the attention given to the family of someone who is sick.

- There are certain characteristics that are common in a person with FDIA, including:

- Being a parent, usually a mother, but the person can also be the adult child of an elderly patient, spouse or caretaker of a disabled adult.
- Sometimes being a healthcare professional or having medical knowledge.
- Being very friendly and cooperative with the healthcare providers.
- Appearing to be quite concerned — some might seem overly concerned — about their child or designated patient.
- Possibly also suffering from factitious disorder imposed on self. This is a related disorder in which the caregiver repeatedly acts as if he or she has a physical or mental illness when he or she has caused the symptoms.

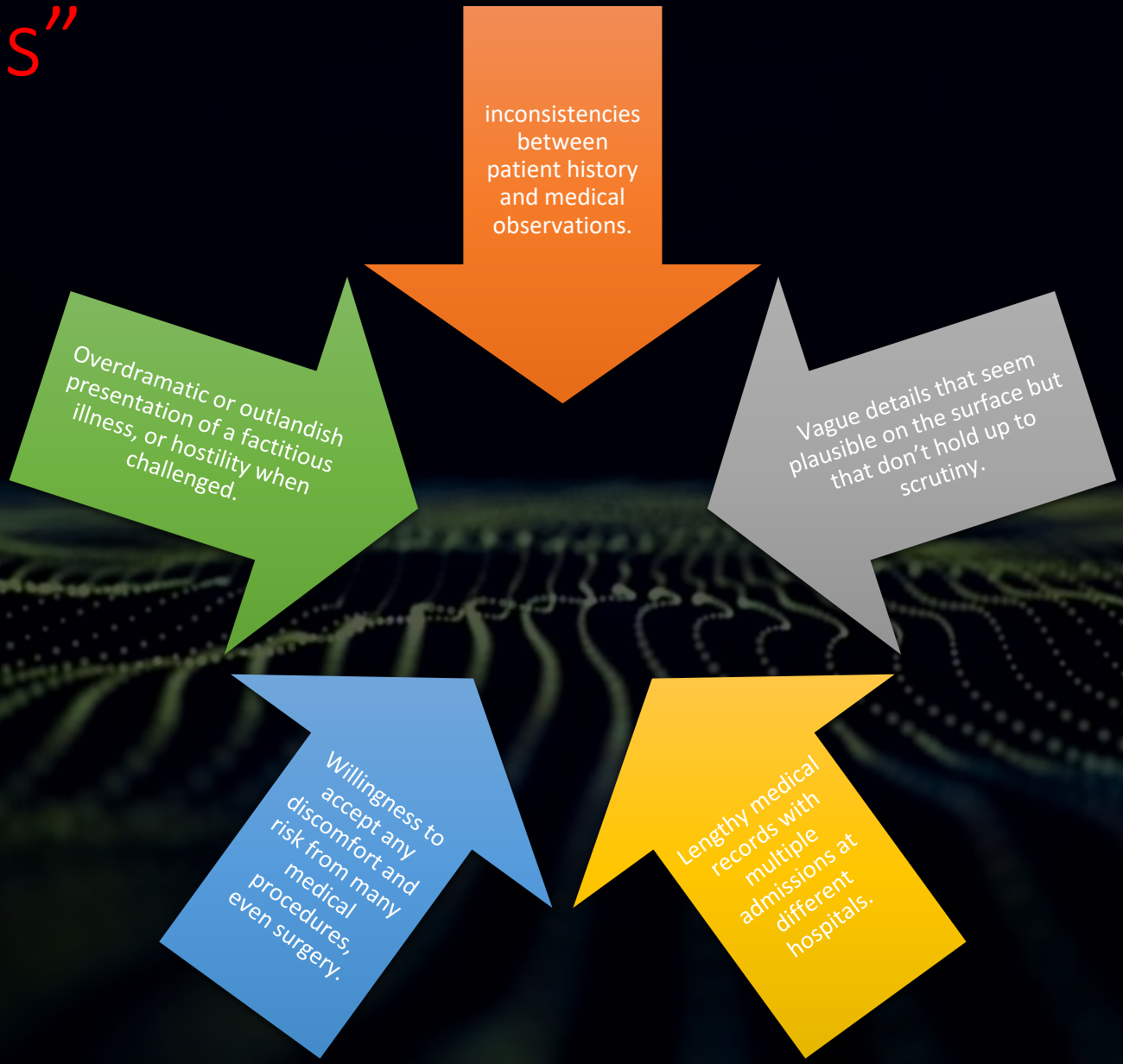
Often, people with FDIA have an inner need for their child (or other dependent person) to be seen as ill or injured.

- Possibly also suffering from factitious disorder imposed on self. This is a related disorder in which the caregiver repeatedly acts as if he or she has a physical or mental illness when he or she has caused the symptoms.

- This isn’t done to achieve a concrete benefit, like financial gain.

- It’s is often done in order to gain the sympathy and special attention given to people who are truly ill and their families.

“Red Flags”


inconsistencies between patient history and medical observations.
Vague details that seem plausible on the surface but that don’t hold up to scrutiny.
Lengthy medical records with multiple admissions at different hospitals.
Willingness to accept any discomfort and risk from many medical procedures, even surgery.
Overdramatic or outlandish presentation of a factitious illness, or hostility when challenged.

Some other possible warning signs of FDIA can include:

- The child or dependent person having a history of many hospitalizations. Often, there will also be a strange set of symptoms.
- The child or dependent person’s symptoms generally being reported by the mother (or other caretaker with FDIA) and not being witnessed by hospital staff.
- The child or dependent person’s condition and symptoms not matching the results of diagnostic tests.
- The child or dependent person’s condition improving in the hospital, but the symptoms recurring once they go home.
- Blood in lab samples not matching the blood of the child or dependent person.
- The child or dependent person possibly having signs of chemicals in the blood, stool or urine.

Factitious disorder imposed on another can lead to serious short- and long-term complications, including:

- Continued abuse.
- Multiple hospitalizations.
- Death of the victim.
- Research suggests that the death rate for victims of FDIA is about 10%. In some cases, a child victim of FDIA learns to associate getting attention to being sick and develops factitious disorder imposed on self.
- Considered a form of child abuse, FDIA is a criminal offense.

Case Study

- ‘More in sickness than in health’: a case study of Munchausen by Proxy in the elderly N. J. Smith* and M. H. Ardern

Investigation

- One of the biggest concerns in cases of FDIA is the safety of the child or dependent person. Ensuring their safety is important and this often involves placing them in the care of someone else. This can take a team of people to accomplish, including:
- Social workers.
- Foster care organizations.
- Law enforcement.
- Healthcare providers.

Investigations

https://leb.fbi.gov/articles/featured-articles/investigating-medical-child-abuse

By Michael C. Weber

- Upon receiving a report of abuse, law enforcement should take the matter seriously and conduct a thorough investigation. Failing to gather evidence can result in abusive conduct going unpunished, a child remaining in a dangerous situation, or a parent suffering the stigma of a false allegation.
- To build a case against persons guilty of medical child abuse, agencies can find valuable information through a number of sources. Investigators must proceed properly to bring these individuals to justice and protect innocent victims.

Multidisciplinary Team

- The applicable law enforcement agency, district attorney's office, board certified child abuse pediatrician, hospital legal adviser, child protective services (CPS) office and its attorney, and any other pertinent members of the team must meet and develop a plan.
- Communication proves vital. For instance, investigators need to interview and obtain an affidavit from all doctors involved. Hospital legal advisers can help facilitate these meetings and emphasize that the investigation focuses on the actions of the offender, not the physicians.

Social Media

- Investigators quickly should locate all of subjects' social media accounts, including online blogs, and submit preservation requests for them. This proves important because in many jurisdictions, CPS meets with perpetrators immediately to explain the allegations. Offenders who detect suspicion may try to destroy evidence, especially incriminating posts.

Medical Staff

- Investigators do not need a doctor to specify that victims suffer from MSBP or medical child abuse. They simply need the surgeon and specialist who ordered a procedure to say in an affidavit that they not knowingly would have relied on a fabricated medical history to justify it.

Other Witnesses

- Individuals, such as work or personal acquaintances of offenders, can offer testimony to corroborate differences between perpetrators' claims and medical records. These persons may share suspicions they have had about offenders and state that the children appeared healthy and ate well in their presence. Some may have expressed concerns to their spouse.

Initial Interview

- Investigators (in some cases, CPS (APS) personnel) best deal with subjects cordially, projecting little threat and downplaying the importance of the allegations. They should obtain a detailed medical and social history from birth for victims and any siblings and from at least 2 years before the arrival of the first child for offenders. Also important, investigators should ensure that subjects handle the victim’s care, including visits to the doctor and maintenance of the medical history.

- The offender’s own medical and social history holds significance. In three of the seven cases prosecuted in Tarrant County, subjects falsely presented a medical history of cancer. Three of them also lied about significant life events. One stated that she held a Ph.D.; another claimed to have served as a neonatal pediatric intensive care nurse; and the other said that she knew seven different languages before her boyfriend—an alleged CIA spy—beat her on one of his missions, causing her to lose memory of five.
- Criminal investigations proved all of these claims false, and they revealed a pattern of grandiose storytelling in addition to falsifying the medical records of children. Investigators can enter such extraneous incidents as evidence during trial if offenders take the stand and claim truthfulness.

Computing Devices and Other Evidence

- Investigators need to verify the origins of any incriminating social media posts, as well as text messages or e-mails acquaintances have received from the perpetrator. Additionally, when such associates state that they observed the offender searching for medical symptoms online, the devices' Internet histories will need examination.

Interrogation (aka Interviewing)

- The timing of a subsequent criminal interrogation depends on the particular case, but delays present special risks. Subjects often seek civil legal counsel when authorities remove victims from their care. While this does not prevent law enforcement from interrogating offenders, a civil attorney may advise subjects beforehand not to speak with investigators. Also, accusing them without full case knowledge can lead to denials or minimal admissions.
- Investigators must decide how to proceed based on the specific facts. They should approach offenders by surprise. Because of the potential involvement of a civil attorney, investigators ought to force subjects to decide immediately whether to talk with them. Contacting perpetrators after meeting with CPS provides an ideal scenario.

- An interview room recorded for sight and sound proves best. Investigators should introduce and identify themselves, claiming that they do not understand the medical records and simply need to communicate about the victim. They can strive to appear as unmotivated civil servants “just going through the motions.” These offenders have become skilled at fooling people, and investigators want to encourage this thought process. Investigators should proceed while armed with complete knowledge of the facts.

- As a starting point, investigators should obtain a complete medical and social history for the victim, any siblings, and the offender. Of course, this was done in the initial interview, but in the guise of unmotivated civil servants, investigators should ensure that subjects provide their version of events. This may differ from what they shared with CPS and medical personnel. Later, investigators can focus on the inconsistencies if the interrogation becomes confrontational.
- The conversation should revolve around the perpetrator. Persons who abuse their children's health for emotional gain often are narcissistic. Using themes that highlight a subject's positives may lead to admissions.

Key points

- Dependent patients are vulnerable to Munchausen syndrome by proxy, but few cases are reported involving adults.
- Identification in older frail patients is challenging given the atypical presentation and comorbidity common in this population.
- The usual motivation of the abuser is receipt of attention and gratification, rather than material gain.

Key points

- Inconsistent history, no diagnosis despite many investigations and improvement on separation from carer suggest the condition.
- When suspected, local procedures for protection of vulnerable adults should be followed. (Surveillance Cameras are helpful)
- Like an Arson – this is committed in secret and takes professional expertise to identify

My Key points

- Southwest VA seems vulnerable for this unusual condition
- Isolation and our Demographics
- Less Resources (mental and physical care)
- Our Strongpoints – Communication and Teamwork
- Canada and the United Kingdom