

УДК 616-053.2-083:613.863

© Е.Т. Марцинковски, А. Вишнеvsка-Сливинска, А. Климберг,  
М. Згожалевич-Стаховяк, Ч. Жаба, Р. Шозда

*Университет Медицинских Наук г. Познань,  
Кафедра Социальной Медицины*

*г. Познань, Польша*

## **ФИЗИЧЕСКАЯ И ПСИХИЧЕСКАЯ ПЕРЕГРУЗКА МАТЕРЕЙ, УХАЖИВАЮЩИХ ЗА ТЯЖЕЛОБОЛЬНЫМИ ДЕТЬМИ – СКРЫТАЯ ПРОБЛЕМА МЕДИЦИНСКОГО ОСВИДЕТЕЛЬСТВОВАНИЯ**

**Аннотация.** В статье представлены клинические случаи тяжелобольных детей, не способных жить самостоятельно, с явным неблагоприятным исходом, для рассмотрения которых по запросу суда привлекался судебный врач, чтобы определить необходимый объем помощи для этих детей, включая реабилитацию. Несмотря на широкий круг проблем, зачастую не возникает вопрос о чрезмерной физической и психической нагрузке матерей, которые ухаживают за этими детьми. Таким образом, в ответ на запросы в суд о разрешении этим детям участвовать в работе реабилитационных лагерей стоит учитывать тот факт, что подобная необходимость существует не только для детей, но и для их матерей, уход за больным ребенком для которых является тяжелым бременем, как физическим, так и психическим. Отмечается, что в таких случаях существует явная причинно-следственная связь между а) чрезмерной нагрузкой матери, ухаживающей за тяжелобольным ребенком и б) ухудшением ее здоровья.

**Ключевые слова:** уход за ребенком, материнское бремя, реабилитация, судебно-медицинское освидетельствование.

© J.T. Marcinkowski, H. Wiśniewska-Śliwińska, A. Klimberg,  
M. Zgorzalewicz-Stachowiak, C. Żaba, R. Szozda

*Poznan University of Medical Sciences, Chair of Social Medicine;*

*Poznan, Poland*

## **MOTHER`S OVERLOADING IN THE MENTAL AND PHYSICAL AREA IN EXTREMELY DIFFICULT CASES CHALD CARE – INVISIBLE PROBLEM IN MEDICAL CERTIFICATION**

**Abstract.** There are reports of severely damaged children, apparently incapable of independent existence, with a clearly negative outcome - in which the court's opinion outsourced a forensic doctor about the scope for them to exercise the necessary care, including rehabilitation. The thing is, that among these questions is no one, which would involve the mother's overloading – both in physical and mental area - day care with very difficult child care. Therefore, in response to questions from the Court regarding the need to take these children participate in rehabilitation camps must state that – since those stays are desirable for a child – it is also highly desirable for the mother, for whom the exercise of such a severe chronic disease care for a child is a big burden - both mental and physical. It is noted that in these cases there is a clear cause-effect relationship between a) excessive workload of a mother in the care of the so-called child with special needs and b) deterioration of the health of the mother.

**Keywords:** child care, maternal care burden, rehabilitation, forensic-medical certification.

Under the Convention on the Rights of the Child art. 23 Section 1 «Child mentally and physically disabled child should be provided with full and normal life, in conditions protecting his dignity, promote self-reliance and facilitate active participation in social life» So we should treat a disabled child in a subjective way and focus on what he can, for his skills, not his disability and shortcomings. However there are cases much heavier when the mother takes care of the chronically ill child, being unable to live independently, with the outcome clearly negative – in which the courts have it to perform a forensic opinion forensic report.

**Example 1:**

12-year-old boy with the following clinical diagnoses: chronic obstructive bronchitis, epilepsy with frequent seizures, mainly generalized cerebral palsy – a character with a clear tetraparesis, Prader-Willi syndrome – a group of congenital malformations associated mainly with short stature, severe mental mental retardation genital organs (hypogonadism) and obesity, gastroesophageal reflux disease, anemia. On clinical examination out of contact verbal, non-verbal contact very limited and does not perform even simple commands, severe tetraparesis with a deepening of muscle tone – it is not in a position to change the position of the body, lift the truck, get out of the truck, etc. ., frequent cough with expectoration of pus from the bronchial tract – for this reason, his mother puts him on his knees, back up, which – along with the slapping of the chest – promotes expectoration of purulent secretions from the respiratory tract during the study observed a pair of generalized seizures .

In cases of this kind, the court ask the experts to provide the published opinions medico-legal answers to the questions most frequently are:

- What conditions cause (children) suffer?
- What is the degree of independence of the plaintiff in the ordinary activities of life?
  - Is it necessary to provide the plaintiff skilled nursing?
  - Is it necessary to make a purchase special beds for the plaintiff, or other rehabilitation equipment?
- What are the health benefits of rehabilitation is required in the current health status of the plaintiff?

- What rehabilitation services not funded National Health Fund?

The thing is that among these questions, there is no, which applied to the mother's overloading – both in body and mind - long-term exercise of the Clock, an extremely difficult child custody - which is all the more difficult because usually it is not a medical professional.

So – referring to the understanding of the essence of humanity, human dignity, human subjectivity [1] – to examine whether the answers to the questions of the court on the plaintiff having to take part in rehabilitation camps do not state that – if these stays are desirable for the child – whether there should be an additional stress that is also highly desirable for the mother, for the exercise of such severe care for chronically ill child is a heavy burden – both in terms of mental and physical, and economic<sup>1</sup>. Here are examples where doctors perceived a clear causal relationships between: 1) the excessive burden the mother in the care of the so-called. a child with special needs and 2) the deterioration of the health of the mother.

**Example 2:**

A child with profound hearing loss since the age of 6 after injection of gentamicin. My father left the family. Mother has made every effort to ensure that the daughter in the future function autonomously - learning sign language for children and immediate family members, learning to speak. Child completed undergraduate. Works. Their mother in the first three years after a significant loss of hearing a child there was a significant weight loss bordering on destruction, from the period covered by the Mental Health care due to team-depressive anxiety.

**Example 3:**

Seven children with medium and deep mental retardation called. "Class life" in a special school, including three in wheelchairs – requiring constant care, including food and dealing with physiological needs. For most mothers and school babysitter a big hurdle in the care of the increasing weight of these children, requiring frequent lifting and both mothers and school babysitter suffer from back pain syndrome on the background of degenerative disc disease of the spine.

The long-term observation is that if the mother takes care of the child alone requires constant care, it is a high probability of early development of degenerative changes in the musculoskeletal system, particularly the spine and psychiatric disorders, mainly depressive-anxiety groups. If the mother is divided into the care

---

<sup>1</sup> The need for child care results in low participation of mothers, which exacerbates the financial problems of these families [2].

of other people, the risk of suffering from the above diseases is significantly lower. Regarding considerable strain within the psyche in such cases, you can call a number of scientific papers, the results of this study confirm [e.g. 3, 4].

Completely cover the problem remains unsolved benefits (using the sanatorium, pension) unemployed mothers caring for children requiring permanent continuous care, and those caring for children or disabled adults without formal employment (long-time volunteers, nuns). Unfortunately, our legislation does not provide a basis by itself to bring the mother – a guardian or other disability benefits. Thus, the provisions of disability [5] shows that (see Art. 12 of that provision) incapable of work within the meaning of the Act is a person who totally or partially lost earning capacity due to impairment of the body and had little chance of regaining the ability to work the reclassification, completely unable to work is a person who has lost the ability to do any work (whatever that means) and partly unable to work is a person who largely lost the ability to work in accordance with the level of qualification. Thus, these definitions do not find "space" for the non-working mothers indicated above. You would possibly think, however, in this case social pensions [6]. The law has the consequence that the right to a social pension to adult totally unable to work due to impairment of the body, which was established before the age of 18 years, during school or college – before the age of 25 years old or in the course of study PhD or scientific. One suspects that the above quoted the mother or caregiver does not meet these requirements. Another possibility stems from the case of disability [7, 8], but it is disabled or has a mother or a disabled child. It follows that, in Polish law it is not possible to grant social benefits the person who looks after a disabled – be it a child or an adult. Passed by the possibilities of application for welfare benefits, but they are not part of a permanent system. Meanwhile, relief of suffering for people with disabilities and their families can multiply through active assistance in addressing the specific problem situation and support in the development, establish new and effective ways to deal with unpleasant situations [9, 10].

## References

1. Ruchała S. Współczesne filozoficzne spory o ugruntowanie praw człowieka [Contemporary philosophical disputes about the strengthening of human rights: thesis ... of Doct. of med. Sciences]. University of Silesia, Faculty of Social Sciences, Institute of Philosophy, 2006.
2. Wiśniewska E., Kułak W. The social situation of families raising a child with cerebral palsy. *Child Neurology*, 2010, no. 38, vol. 19.
3. Rozwadowska E. Zespół wypalenia sił wolontariuszy medycznych a postrzeganie idei wolontariatu medycznego przez młodzież [Burnout forces medical volunteers and medical perceptions of volunteering by young people: thesis ... of Doct. of med. Sciences]. University of Medicine in Białystok, Faculty of Health Sciences, 2010.
4. Warchoł-Biedermann K. Wybrane czynniki wpływające na poczucie straty u opiekunów rodzinnych z chorobą Alzheimerera. Supervisor: professor M.D. Głowacka. Poznan University of Medical Sciences, Faculty of Health Sciences, 2010.
5. The Act of 17 December 1998 (with amendments). Pensions from the social insurance fund. *Journal of Laws No 162*, item 1118 with later amendments. Dz. U. 162, poz. 1118, 1998.
6. The Act of 27 June 2003 on social pensions. *Dz. U. 135*, poz. 1268, 2003.
7. Regulation of the Minister of Economy, Labour and Social Policy of 15 July 2003 on the adjudication of disability and disability. *Dz. U. 139*, poz. 1328, 2003.
8. Regulation of the Minister of Labour and Social Policy of 1 February 2002 on criteria for assessing disability in people under the age of 16 years old. *Dz. U. 17*, poz. 162, 2002.
9. Szpringer M., Czerwiak A., Czerwiak G., Głowacka M.D., Głowacka-Rębała A. Kontekst psychospołeczny rozwoju dzieci z mózgowym porażeniem dziecięcym [Context psychosocial development of children with cerebral palsy]. *Pielęg. Pol*, 2008 (2), pp. 106–110.
10. Rybska I., Kowalski I.M., Wiśniewska T. Analiza warunków socjalnych dziecka z mózgowym porażeniem dziecięcym [The analysis of the social conditions of children with cerebral palsy]. *Post. Rehabil*, 2005, vol. 19 (4), pp.39–43.

**Ежи Т. Марцинковски** – доктор медицинских наук, президент Польского общества гигиены, главный редактор журналов «Problemy Higieny i Epidemiologii», «Hygeia Public Health», заведующий кафедрой социальной медицины, заведующий кафедрой гигиены, Университет медицинских наук г. Познань (Польша), Польша, г. Познань, 5С Рокетница улица, 60-806 (тел. (+4861) 854-73-89, e-mail: jtmarcin@gmail.com).

**Анна Вишнеvsка-Сливинска** – доктор философии.

**Анета Климберг** – кандидат наук, Университет медицинских наук г. Познань (Польша), кафедра социальной медицины, кафедра гигиены, Польша, г. Познань, 5С Рокетницка улица, 60-80б (тел. (+4861) 854-73-89, e-mail: anetak@ump.edu.pl).

**Малгожата Згожалевич-Стаховяк** – доктор медицинских наук, доцент, председатель департамента здравоохранения и профилактики, медицинская лаборатория «Электродиагностика», Польша, г. Познань, 49 Пшыбышевски улица, 60-355 (тел. (+48) 61-869-18-46, e-mail: neuro@ump.edu.pl).

**Чеслав Жаба** – доктор медицинских наук, заведующий кафедрой судебной медицины, Университет медицинских наук г. Познань, Польша, г. Познань, 6 улица Свенцицкого, 60-781 (тел. (+48-61) 854-64-10, e-mail: czaba@ump.edu.pl).

**Ричард Шозда** – доктор медицинских наук, главный врач скорой помощи завода GPBP SA, судебно-медицинский эксперт, Польша, г. Гливице, 18 Бойковска улица, 44-100 (тел. (+48-32) 232-30-15, e-mail: drszozda@o2.pl).

**Jerzy T. MARCINKOWSKI** – Doctor of Medical Science, president of the Poland Hygiene Society, chief editor of the scientific journals «Problemy Higieny i Epidemiologii», «Hygeia Public Health», head of the department of social medicine, head of the hygiene department, Poznan University of Medical Sciences, Poland, Poznan, 5C Rokietnicka street, 60-80б (tel. (+4861) 854-73-89, e-mail: jtmarcin@gmail.com).

**Hanna WIŚNIEWSKA-ŚLIWIŃSKA** – Doctor of Philosophy.

**Aneta KLIMBERG** – Candidate of Science, department of social medicine, hygiene department, Poznan University of Medical Sciences, Poland, Poznan, 5C Rokietnicka street, 60-80б (tel. (+4861) 854-73-89, e-mail: anetak@ump.edu.pl).

**Małgorzata ZGORZALEWICZ-STACHOWIAK** – Doctor of Medical Science, associate professor, head of the department of health care and prophylaxis, medical laboratory «Electrodiagnostics», Poland, Poznan, 49 Przybyszewski street, 60-355 (tel. (+48) 61-869-18-46, e-mail: neuro@ump.edu.pl).

**Czesław ŻABA** – Doctor of Medical Science, head of the forensic medicine department, Poznan University of Medical Sciences, Poland, Poznan, 6 Sventsitskiy street, 60-781 (tel. (+48-61) 854-64-10, e-mail: czaba@ump.edu.pl).

**Ryszard SZOZDA** – Doctor of Medical Science, head doctor of the emergency department of GPBP SA factory, forensic doctor, Poland, Glivitse, 18 Bojkowska street, 44-100 (tel. (+48-32) 232-30-15, e-mail: drszozda@o2.pl).