

MUNCHAUSEN BY PROXY SYNDROME

Munchausen by Proxy Syndrome (MBPS) has had quite a bit of media publicity again recently. Remember that the label should be restricted to those cases where there is:

1. Fabrication or induction of illness in order to facilitate involvement with the medical system, by a care-giver(s), who then
2. Denies responsibility for that illness, which is
3. Misattributed by doctors to some medical cause(s), not necessarily clearly defined.

The last criterion emphasises the importance of medical misdiagnosis, and implies that the factitious illness is ultimately resolved by it being correctly recognised as fabricated. Unfortunately, doctors often continue to be misled by the perpetrator, often with escalation in illness, as diagnostic uncertainty leads to further investigations and often multiple hit or miss treatment interventions.

MBPS is managed best when priority is given to child protection. For many years, WCH has had a protocol for the management of cases where a clinician raises the possibility of MBPS. **Where MBPS is thought to be a plausible explanation for an unusual medical presentation, a consultation should be sought with the Child Protection Service intake worker, at WCH.** CPS will then set up a case discussion with Department of Psychological Medicine and the various doctors and other clinicians involved. In those cases where there is judged to be likely abuse, CPS will facilitate notification to, and subsequent meetings with, Family and Youth Services. More often, abuse is judged to be unlikely, but the process of holding these case discussion with CPS has led to positive outcomes in many non-abuse cases. Please note:

- Initial consultation with CPS is done by the primary physician
- If after consultation there is suspicion of abuse that warrants notification to FAYS the family is consulted with by CPS (in other abuse situations this happens immediately however there may be a valid reason for delaying this in some MBPS cases)