Three-year-old Jonathon is a beautiful child. He has had some medical problems, and was conceived through in vitro fertilization.

When he was disobedient, his mother meekly and ineffectually corrected him. In the course of an exam, she said to me, “He is our miracle child.”

I acknowledged that he was a wonderful boy, but asked if she felt reluctant to discipline him or maintain firm limits.

“He gets everything he wants,” she said, with a big smile on her face.

Grandma, who was in the room, looked at me and rolled her eyes.

A child who has had a significant medical episode or condition is at risk of being treated as a “vulnerable child.” Described in 1964 by a pediatrician at Brandeis University, the term refers to an exaggerated perception of a child’s illness, fear that the disease will come back or fear that the child has an unusual susceptibility to disease or death. Vulnerable child syndrome can lead to various problems, including parents and children being unable to separate from each other, overreaction and overprotectiveness on the parents’ part, an inability to set age-appropriate limits, and parents tolerating misbehavior and even abuse from a child. Much of this is based on a parent’s understandable anxiety.

An infant who was jaundiced or premature at birth, or a child who was previously hospitalized, may be brought into a doctor’s office or an emergency room with inappropriate frequency because the parent is frightened by the previous experience. The parent may insist that the child be seen immediately for the slightest ailment and request unnecessary tests or may not allow anyone else to baby-sit for the child. One study a number of years ago found that 40 percent of parents whose children were diagnosed with an innocent heart murmur continued to restrict the child’s athletic participation into early adolescence.

A child who is treated this way may have sleep problems or hyperactive behavior. The child may become an underachiever, reinforcing the parent’s fear about the child’s ability to cope with life. Additionally, perceiving a child as more vulnerable can prevent effective control of a child’s behavior.

If you are reading this, your child most likely has a significant medical problem that requires immune globulin (IG). Whatever it is, it is not trivial, and you have ➢
every right to be concerned about your child’s health.

Nonetheless, the purpose of and wonderful property of IG is that it helps your child live a normal or near-normal life. A child with thrombocytopenia (low platelets) whose count is normal should be allowed to climb a tree or jungle gym and, yes, risk a broken arm. A child with an immune deficiency that is well controlled on IG should be kept away from children who are obviously ill, but cannot and should not be kept from socializing with other children, germ-laden as they might be.

Certain common-sense precautions need to be taken, of course. A small daycare with a handful of children is a better choice for children with primary immune deficiencies than a large center. Children with thrombocytopenia should probably not play football. (I don’t think any child should but that’s another story.)

But, when raising a chronically ill child, common sense can sometimes be difficult to define. Are you overprotecting your child and creating a vulnerable child situation?

Ask yourself if you have trouble with separation issues. Are you overly concerned with your child’s bodily functions or unable to set firm disciplinary limits because she has “gone through so much”? Is your child’s behavior out of control? Are there sleep problems? Is your child clingy and afraid of the world? If you think you may be falling into this trap, your doctor or sometimes a therapist or other mental health professional can help you deal with it.

As parents, our goal is to help our children become effective and successful adults. Depriving them of independence and the chance to learn the rules through discipline can prevent or delay that. We want them to develop the courage and self-esteem to face the world confidently, not cower in fear.

If you think you might be overprotective, talk with your child’s medical team. Your child’s doctor should be aware of your level of confidence, how much support you need, and help you and your child lead as normal a life as possible. A referral to a therapist might be helpful if you are having trouble coping. Perhaps you need some clarification about what is appropriate care and what is too much. Most important, you need to examine your own anxieties and do all you can to avoid imposing them on your child.