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The General Practitioner and Children of Separated Parents in Belgium: A Qualitative Study and its Implications

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Abstract

Background: Many children are experiencing their parents' separation and General practitioners (GPs) often have the responsibility to medically follow these young patients.

Objectives: The goals were to identify the main difficulties GPs are confronted with when following children of separated (or divorced) parents and to find ways to improve the quality of these children's continuous medical monitoring.

Methods: Eight focus groups of GPs were organized in 2004 in the French-speaking Community of Belgium. Each meeting focused on couples separated for less than three years, with children aged 0 to 15. The debates were analysed with the QSR N5 software. Data saturation was obtained after four focus groups.

Results: The viewpoint of GPs is: 1. Divorce affects the working conditions of GPs. 2. Conflicts between the parents cause difficulties for the GP, particularly the fact of being « exploited » by the parents. 3. All GPs do not have the same attitude towards conflicts between the parents; only some of them will try to « manage » the conflicts to improve the child's situation. 4. Especially in the case of conflicts, parental separation brings a risk for the child: psychological disorders, physical health problems. 5. The professional attitudes of GPs can have a positive influence on the child's development, including direct child-centred communication with the child. 6. Some actions, such as producing sickness certificates or official reports of neglect, can aggravate these children's situation, especially in the case of conflicts between the parents.

Discussion: Parental separation could be an independent risk factor for the child's health by inducing some difficulties of tracking in primary care medicine. If this is confirmed, in case of a family breakdown, the GP should adapt the practice of prevention and care, recognizing young patients as most at risk. In order to confirm the possible impact of family status, cohort studies must be conducted either transverse observational targeting unselected paediatric populations of different ages, or even better in prospective research. Given the high prevalence of parental separation in Belgium, the influence of these situations should be measured in terms of public health.

Keywords: Parental separation; Child; Primary care; Psychological repercussions; Physical health

Introduction

Belgium has a population of 11 million and from the 45,000 marriages per year, 30,000 divorces occur after an average period of 15 years. Three quarters of these legal separations affect young people under 18, approximately 600,000 children [1]. For the last two decades, American and European literature has described how such separations-of married or unmarried couples-affected children regarding their school performances, social behaviour, psychological adaptation, self-image, as well as the quality of the family's interpersonal relationship [2,3]. These difficulties seem to last until adulthood, thus potentially influencing the following generations [4,5]. In 2008, 70% of children aged 0-18 in Belgium consulted their family doctor 4 to 5 times per year [6], which means that GPs are inevitably concerned with children experiencing a parental separation. It is within this context that from 2004 until late 2005, the General Medicine Department (DMG) of the University of Brussels (ULB) organized a study whose goal was to understand how the continuous medical monitoring[a] of children from separated parents worked in general practice. Since 1996, the National Board of Physicians[b] highlights the difficulties faced by GPs in the case of a parental separation, so that extreme caution is advised when issuing certificates or reports relating to children. The Board also emphasizes how important it is that a single physician oversees a child's monitoring.

Therefore the purpose of this research was to test hypotheses about possible difficulties encountered by GPs in these situations for which no study was found in the literature at the time:

- The GPs experience greater interpersonal difficulties with parents after a separation.
- Parental separation increases the risks of a fragmentation of the

[a]Our definition of continuous medical monitoring involves both the follow-up of a specific pathology and the long-term general medical support and/or care to a patient by the GP

[b]http://www.ordomedic.be/fr/avis/conseil/le-m%E9decin-et-les-enfants-de-parents-non-cohabitants

[c]These groups of medical evaluation (GLEM) are organised following *article 36bis of the coordinated law of 14 July 1994*; they are part of a larger program of continuing education for general practitioners and specialists, within the framework of the accreditation system, whose goal is the increase the quality and economy of medical care (National medico-mutualist agreement of 13 December 1993).

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child's continuous medical monitoring between several GPs, because of relocation, conflicts or family blending.

▪ The difficulties, which separated parents face, diminish the quality of their children's continuous medical monitoring.

▪ Somatic, behavioural, psychological or school-related troubles occur amongst these children, which are potentially hard to identify and manage in primary care.

Methods

Subjects and setting

In order to test these hypotheses, eight focus groups with general practitioners were organized through local groups of medical evaluation (GLEM)[c] from ULB's University Centre for Practical Medicine. These peer review groups of about 15 practitioners from a single region, held once per trimester, offer a familiar context suitable for debates [7,8]. These GLEMs gather various practitioners differing for their demographics (men, women, young and older physicians), their type of practice (liberal alone, in association, in group within medical clinics) and their subsidiary activity (family planning, nursing homes, paediatric consultations, pedagogical responsibilities, Board-related activities, etc.). These GLEMs therefore favoured the intra-group diversification, which is looked for when researching a specific social entity [9]. Seven focus groups were organized in Brussels, the Nation's capital with a population of one million, and one meeting was held in Mons, population 92,000, therefore ensuring the participation of GPs with a rural practice. All participants spoke French. Since the GLEMs' discussion topics are previously arranged within the context of an accreditation program of continuous study, the eight focus groups were scheduled and held between early September and late December 2004.

Focus groups

The focus groups were moderated by a practitioner from ULB's DMG (N.K.), accompanied by a sociologist from ULB's School of Public Health (SPH) (AF.D.). A committee of experts[d], consisting of general practitioners, child psychiatrists, a sociologist and a psychologist, specified the research topics for the focus groups:

▪ Possible specific issues encountered by children of separated couples

▪ *Whenever problems arise, what are the attitudes and referents[e]?*

▪ *Which deontology underlies these professional attitudes[f]?*

Discussions were guided by three criteria:

▪ *Testimonies about specific cases rather than generalities*

▪ *Couples who had been separated for less than three years*

▪ *Children between the age of 0 to 15*

Each debate started with an open question:

In Belgium, over 600,000 children are living in the context of a separated family, what is your professional experience regarding this situation?

The saturation of information was usually reached after an average of ninety minutes of exchanges and at the end of each debate, a summary of all the ideas expressed by the participants[g] was looked for and collectively agreed upon. With the participants' approval, each focus group was entirely recorded and transcribed.

Analysis

The data analysis was performed according to a phenomenological approach in order to deduce codes, categories, and themes based on the transcripts.[8] The latter were studied independently by the four authors. The coding phase was carried out separately by two researchers who systematically confronted their opinions. The transcripts were also analyzed with the help of the QSR N5 software (QSR International Pty Ltd. N5 software for qualitative data analysis, Australia). The entire process, which was continuously evaluated by the committee of experts, ended after recurring discussions between the four authors until a consensus was obtained regarding all the interpretations and conclusions. All eight focus groups were analyzed, even though a saturation of the data was reached after the fourth group's transcript.

Results

Throughout the eight focus groups, 120 GPs described 242 cases of children from separated parents[h] and discussed them collectively.

Alteration of the professional conditions for the general practitioner

General practitioners mentioned changes in their working conditions, which complicated these children's continuous medical monitoring, as shown in Table 1, quotes 1-13.

The exploitation of the general practitioner: It is the most common professional situation associated with separations emerging in the transcripts. One way to "exploit" the GP is for a parent to use certificates of incapacity or medical reports provided by the GP as a "weapon" against the other parent, for financial, juridical or other reasons. Another way is for a parent to try to have their doctor side with them in the context of a conflict pertaining to the divorce (Table 1, quote 1).

The analysis reveals that this attitude is often symptomatic of a parental conflict[i] lasting after the separation. A "successful" exploitation frequently exposes the general practitioner to deontological[j] or legal issues. In addition, this factor may engender further conflicts between ex-spouses, which could ultimately have detrimental repercussions on the child (Table 1, quote 2).

[d]This committee was originally a reflection group, which delimited the research questions and the framework of the study. This multidisciplinary group consisted of six general practitioners (ULB professors), two child psychiatrists (one from ULB and the other, director of the non-profit association "SOS Enfant"), one psychologist (ULB) and one sociologist (SPH ULB professor).

[e]In the case of detected psychological problems, does the GP refer the child to a specialist, and if so, to which "specialists"?

[f]Do general practitioners know the ethical rules of their profession regarding the necessary consent of both parents in setting up some treatments? Were they ever confronted with these types of problems when dealing with separated parents?

[g]This consensus did not imply that everyone sided with the ideas that were shared. It simply meant that all participants agreed upon the fact that all the opinions expressed within the group were included in the summary ("No omission? What did that really mean?")

[h]Whenever a participant made "general comments" about his experience with parental separation, the moderator invited him to illustrate his saying with an actual professional case.

[i]Different reasons for the conflict, as observed in the study: the children's custody, education and/or health, money; various forms of the conflict: verbal, psychological and/or physical abuse, vilification, legal actions (filing a claim against the ex-spouse).

[j]Deontological issue: the GP could be summoned to appear before the Board of Physicians if, for instance, a parent who felt cheated files a complaint against him/her.

• ***Exploitation of the practitioner by the parents***
Quote 1 *"A request for a certificate, a document, an attestation. We are asked to be judges, to side with them..."*
Quote 2 *"Like an idiot, I wrote the certificate... I received an angry phone call from the father, stating he was going to bring a claim against me to the Board of Physicians, because I prevented him from seeing his child…"*
• **Fragmentation of the child's medical monitoring**
Quote 3 *"When one is upset one is upset! So he has his doctor, and for the mother, it's me. And my treatment for the child, the father won't dispense it. And I haven't managed to know who is the other doctor…"*
Quote 4 *"A Portuguese family with a daughter who had to be operated. It took a lot to get the parents to agree!"*
Quote 5 *"The mother wants homeopathy and the father refuses and this clearly is problematic. Contacting the other physician? The mother doesn't want to because I am an allopath."*
• **The practitioner only follows one parent**
Quote 6 *"And sometimes, there is one of the parents I no longer see. But there is no connection with a particular event. It's an observation, which I have no control on. "*
• **Difficulty for practitioners following the same child to communicate with one another**
Quote 7 *" … aren't you tempted to maybe contact the other GP? … I'm not tempted but it may be the right thing to do. It's an admittance of negligence …"*
• **Difficulty and lack of continuous medical monitoring for the child**
Quote 8 *"the mother sends the child to the father, who will not give him his medicine. This means I need to make sure the treatment will be over the day he goes to his father's…"*
• **Deontological issues**
Quote 9 *"I was asked for a document stating that the children would not go to school until the legal decision was taken… and I ended up in front of the Board with a warning because of it.")*
• **Legal issues**
Quote 10 *"We write certificates, more or less of leniency, which are obviously immediately noticed by the lawyer of the opposite party and end up in front of the court…"*
• **Ethical and moral issues**
Quote 11 *"in front of the child, we shouldn't side with one parent or the other but between parents, I don't see why we should necessarily remain neutral, for instance if the ex-husband is violent..."*
• **Loss of the general practitioner's central medical role**
Quote 12 *"… the father asked for my opinion and then, since I didn't have all the data in my possession because all of the children's tests had been made by somebody else..."*

Table 1: Continuous medical monitoring of children of separated parents by the GPs: Alterations of the GP's working conditions.

The GP's attitude when faced with his "exploitation": Most general practitioners are aware that they can potentially be utilised by parents in the context of a conflict. This is evidenced through the attitudes chosen to control the consequences:

- The GP refuses to produce the requested document or writes down objective reports and avoids taking sides.

GL-5 page 3 & 4

"I simply stated there was a contusion, but nothing more. I mentioned it was at the dad's request, the magic formula…"

- Very often, the general practitioner attempts to understand and manage the underlying conflict by communicating with both parents and by advising them.

GL-4 page 4

"'Write me a certificate so he can't go to his father's.' I never wrote the certificate… I also always try to have both parents, so that we can talk about it."

- Some participants believe they can be manipulated without their knowledge and protect themselves by self limiting the range of their professional action.

GL-6 pages 20 & 21

"We will be manipulated, let's be careful. Let's take care exclusively of the physical, much less of the psychological. Some may criticize this but that's where we're getting to."

The fragmentation of the continuous medical monitoring: Analyses of the results confirm that, whenever parents separate, the children's medical monitoring is split amongst several practitioners, for instance if one of the parents relocates. This alters the quality of continuity of medical care to the child or young person. The inconveniences connected to this situation are often related to a deficient communication between the attending physicians, which is in turn a consequence of the parental conflict (Table 1, quote 3). The fragmentation of the medical monitoring connected to the absence of coordination between general practitioners complicates obtaining the parental consent for certain treatments. In Belgium, this consent is mandatory for non-emergency surgical procedures, psychotherapies and long-term cares, even after the divorce (Table 1, quote 4). The difficulties to monitor these children are also connected to the fact that two generalists can practice in a different way, for instance if one of the two GPs practices homeopathy (Table 1, quote 5).

Attitudes of the general practitioner facing the fragmentation of the continuous medical monitoring: Some practitioners communicate with the other colleague. Analysis of the discussions demonstrates that this approach, which is recommended by the Board of Physicians, is efficient but rarely possible, due to practical reasons.

GL-2 pages 4 & 5

"In front of the mother, I contacted the doctor out in the province and between him and I, we created a linked notebook where we wrote everything down…"

Consequences of the divorce on the child, as observed by the GP (Table 2, quotes 1-8)

Children without any particular problems: The GP reports that some children do not suffer any negative psychological or

• Psychological/behavioural disorders Acute of chronic anxiety; phobia; panic attacks; depressions; self-destructing behaviours; substance abuse; eating disorders; secondary encopresis or enuresis; psychotic decompensation;… ***Quote 1*** *"The mother pressed charges against her ex-husband and since then, the oldest girl retreated into herself while the youngest one is having more psychological difficulties."*
• Physical health issues Abnormal recurrence of common pathologies; repetitive sprains or fractures; bad control of chronic pathologies (eczema, asthma); treatment incoherencies; late vaccination; alteration of the general health state (growth curve, hygiene…) ***Quote 2*** *"They would fall like every other kid but in addition, they would really break something–once the collar-bone, once the foot–it was when the family was in conflict, because it was really painful. "*
• Delayed consequences Over three years after the separation and/or amongst young people aged 15+; psychological disorders; academic difficulties (primary, secondary or upper-level education) ***Quote 3*** *"The parents had been divorced for a few years already and this boy–he was 18–was really depressive since his parents' divorce."*
• Special status of the illness The child "utilizes" his illness or symptoms to mobilize his parents, avoid going to school,… ***Quote 4*** *"Every time the parents were together, he was doing great, he was no longer in pain…"*
• Somatoform disorders Stomach pain; digestive disorders; headaches and other types of pain; hyperventilation crises; secondary enuresis; anorexia; bulimia;… ***Quote 5*** *"… at 3 am, she was vomiting and vomiting, so I had to have her hospitalized, but the health check was totally normal, and every time the mother would say ' she doesn't tolerate anything.'"*
• Academic difficulties Stigmatization; abnormal absenteeism; decline of performances; repetitive failure; school phobia; behavioural problems; instrumental disorders; attention disorders;… ***Quote 6*** ***"****There was a conflict between the paternal in-laws and the mother, fights and a disengagement from school."*
• Overmedication ***Quote 7*** *"… it really is the need to over-represent the child. As soon as the child is in custody, he's being brought to us 36 times, and if there isn't 4 times the dose of antibiotics, there isn't enough."*
• Abuse Psychological; neglect; violence; ***Quote 8*** *"the father was really crushing them, he was using huge insults, really putting the children down…"*

Table 2: Negative consequences on the child following a divorce.

medical consequences after the separation. The most often described environment for this ideal situation is the absence of parental conflict within the context of a shared custody.

GL-8 page 2

"They did this the smart way. They continue to share the responsibilities and this works really well for the children."

Negative consequences on the child (Table 2 quotes 1-8): The transcripts' analysis reveals that the difficulties encountered by children following the separation represent the primary concern for general practitioners. The most often mentioned issues are psychological and behavioural disturbances, somatoform or physical disorders and difficulties in school. The transcript's analysis reveals long-term negative consequences for these children. Participants also observe that children "exploit" their illness, either consciously or not, in order to draw the adults' attention and even sometimes to reunite parents in conflict. General practitioners consider a recurring conflict context after the separation to be the main causing factor. A parent who exhibits psychological difficulties is described as another risk for the child.

GL-5 page 6 & 7

"The mother is doing really really badly, she is depressed, she's got nothing but her kids and they're dropping out of school…"

An impoverished family environment is also recognized as a risk factor for children.

GL- 5 pages 13 & 14

"A blended[k] family with five kids of all ages. And they found themselves in a pitiful situation, with nothing to eat, no heat."

Attitudes of the GP concerning negative consequences on the child (Table 3): The transcripts reveal that practitioners support the children by talking directly to them, if possible without a parent being present (Table 3, quotes 1 and 2).

The GP sometimes tries to solve the issues by referring to various professionals (physicians and others) (Table 3, quote 3). Since parental conflict is recognized as an important factor causing medical and/or psychological health problems, a popular option is to research the family disagreements and try to manage them to help the child (Table 3, quote 4).

Some practitioners do not communicate directly with the children, do not refer them to other professionals and avoid managing conflicts, as they consider this goes beyond their range of action (Table 3, quote 5). A practitioner sometimes tries to improve a child's situation by supporting a parent in distress (Table 3, quote 6).

About preventing negative consequences on the child: Some practitioners observe that by encouraging the children to speak out at the time of separation, issues can be diagnosed and be at least partly resolved.

[k]Blended family: a blended family consists of a couple of adults-married or not - and at least one child born from one of the spouses' previous union. Children living with both of their parents and half-siblings are also part of a blended family (Cf. INSEE (FR): http://www.insee.fr/fr/methodes/default.asp?page=definitions/famille-recomposee.htm)

GL-7 page 10

"Your mom and dad are about to separate, does that make you sad? I give them the opportunity to articulate words and the usual answer is 'I am sad'…"

Participants also wonder if prevention should not be organized systematically in the case of a parental separation.

GL-4 pages 22 & 23

"We should almost impose two, three meetings, in order to evaluate the situation for the parents, make sure the child knows he has nothing to do with it, to avoid future problems."

Whenever parents actively prepare their separation, practitioners indeed observe fewer difficulties for the children later on.

GL-1 page 23

"Some parents work as a couple, even after the separation, when they want to preserve their parenting role. And this gives good results."

Influences of the type of child custody observed by general practitioners

It appears that the child's living arrangements after the separation influence both the practitioner's work and the child's development.

Custody shared: Custody shared between the two parents decreases the risk of fragmentation of the child's continuous medical monitoring and its consequences, while also allowing the practitioner to maintain a leading medical role within the family.

GL-2 page 8

"There were these parents with joint custody, who lived really close by one another. I remained everybody's doctor."

If there is no conflict, this type of custody can be ideal for the child; but in the context of parental disagreements, this environment can become detrimental because of the chronic exposition to conflict (see note vii).

GL- 3 pages 7 & 8

"She was not doing well. It was a joint custody. I saw each parent a few days apart and the problem was not with the child, the problem was between them…"

Custody maintained principally by one parent: It complicates the family doctor's practice, as this encourages the fragmentation of the child's continuous medical monitoring and everything connected with it.

GL-5 pages 3 & 4

"Since the child is most often at his mom's, there must be another colleague in the area she lives in."

Participants note that this type of custody can also "protect" children from post-separation conflicts, precisely thanks to their lesser exposition to these conflicts.

GL-5 page 9

Listen to the child's complaint

Speak directly to the child

Psychologically support the child

Quote 1 "Whenever she comes to see me, she talks about her father and she often asks me: is my daddy nice? The mother is there, looking at me, and of course I answer: with you he is…"

Quote 2 *"We should almost separate them, have two consultations, one for the child and one for the parents…"*

Refer the child to a psychologist or psychiatrist

Refer the child to another provider

1-Other specialists
2-Psycho-medicosocial centers
3-Paramedical: physical and speech therapists
4-Juridical services
5-Pluridisciplinary centers

Quote 3 *"Four kids who were out of control. I referred them to a psychologist."*

Manage the conflict between parents
1-Speak to both parents
2-Suggest solutions to both parents

Quote 4 *"The problem was not with the child but between the two of them. I asked to see the parents and this made things move a bit…"*

• Not part of the practitioner's responsibilities
1-Speak to one parent only
2-Only manage physical issues
3-Not manage psycho-social issues
4-Not speak directly to the child

Quote 5 *"What excuse would I use to talk to this child? You need permission to talk to a child. It is a conflict, a private matter, in which I have no stand."*

Listen to the parents' complaint and support them

Quote 6 *"She came to see me because her child was complaining of stomach pain. Specialists did not find anything… so I listened to the mother."*

Table 3: Negative consequences on the child: the practitioner's attitudes.

"I follow a couple with a six year old girl. The mother has sole custody and between the adults, things are pretty bad. But the child is doing very well, she has no problem."

General practitioners believe another major risk is one of the parents disinvesting in the child.

GL-1 page 7

"I think not seeing their father constitutes an important trauma for children. In an eight year old child, it translated into difficulties in school."

A blended family: Can also be a source of problems for children.

GL-3 page14

"One day they're at dad's, another at mom's, so they don't really have their own space. They're faced with children who always remain in the house. It's not easy."

The conflict after the separation

Major influence of the parental conflict after the separation (Figure 1) was frequently mentioned and includes various situations: mutual disrespect or vilification, juridical conflict, verbal or physical abuse, disagreement about the custody or education of the child.

The transcripts' analysis shows that the practitioners' professional difficulties and, even more so, the risks to the child are primarily connected to the parental conflict.

GL-6 page 13

"When things were good between the parents, things were good for the kid. But whenever a quarrel broke out, the kid was having troubles. This summarizes the situation."

For general practitioners, parental separation does not constitute a risk *per se*; on the contrary, the child's situation can improve with a divorce, when the latter puts an end to conflicts.

GL-8 page 2

"They separated and the children–both very young–who had been witnessing their parents constant arguing, improved at all levels as soon as the separation occurred."

Influence of the GP's attitudes towards the conflict and the child's evolution: According to the transcripts' analysis, the GP "manager of conflicts", unlike the GP "non-manager of conflicts", demonstrates a series of behaviours, which appear to be beneficial to the child and without any particular risks for his practice (Table 4, quotes 1-21).

GL-6 pages 12 & 13

"Then I said I wanted to contact her husband. She gave me his information and things went well… I told him 'Listen, you need to cool down a bit, because with each argument, fight or insult, the kid's in the middle. You have to watch out'…"

The transcripts bring to light the telling signs of conflicts and other informative elements about a child's situation (Table 5, quotes 1-4). Yet, our analysis shows that practitioners do not always know the children's family situation and are not necessarily aware of the importance of this information in supporting their medical and psychological needs.

GL-5 page 19

The practitioner's attitudes regarding the conflict	**"Manager"** ***Quote 1*** *"I always try to calm things down, in everybody's interest, ..."*	**"Non-Manager** ***Quote 2*** *"the more experiences we have, the more we tell ourselves that it could go wrong. We're going to be manipulated so let's be careful."*
Neutrality	***Quote 3*** *"above all let's not say anything bad against one parent or the other. That's what matters most when it comes to children."*	***Quote 4*** *"the most important thing for me is to try to remain neutral…"*
Listen to the parent's complaint	***Quote 5*** *"we have to show the parents that we are truly interested in their lives."*	***Quote 6*** *"I hear their complaint but remain neutral at all costs. You shouldn't invest yourself into the conflict."*
Contact both parents ***Quote 7*** *"I contacted the other parent... things got better for the child." (GL-6 pg 12)*	***Quote 8*** *"I always try to have both parents so that we can discuss the issue, even individually."*	-
Speak directly to the child ***Quote 9:*** *"he told me a little bit about how things were going… and the issue got resolved." (GL-1 pg 2)*	***Quote 10*** *"I asked the mother if I could see the child alone, and he told me how things were going."*	-
Psychological support of the child ***Quote 11*** *"simply by saying this, his school results improved." (GL-4 pg 5)*	***Quote 12*** *"I see children of separated couples, I am the trustee of part of their history."*	-
Refer the child to other providers ***Quote 13*** *"psychologist, children's judge, foster home… Now he's doing well." (GL-1 pg 8)*	***Quote 15*** *"he has problems at school… I asked for a second opinion."*	-
GP's exploitation	***Quote 16*** *"Each parent wants to convince me. So I try to make them both more sensitive to the child's well-being."*	***Quote 17*** *"they constantly try to take advantage of us, they go to the doc – their "buddy" – for an official report… Let's take care of the physical only."*
Legal and/or deontological issues for the GP	***Quote 18*** *"it always ended up in court… I got tired of it. I told the mother 'now I'm contacting the father.'"*	***Quote 19*** *"the father believed I was working for the other side… and I ended up in front of the Board."*
Motivation	**Help the child** ***Quote 20*** *"I also always try to have both parents… for the child's sake."*	**Avoid being exploited** ***Quote 21*** *"from experience I recommend caution, deontology…"*

Table 4: Influences of the GP's attitudes regarding the conflict.

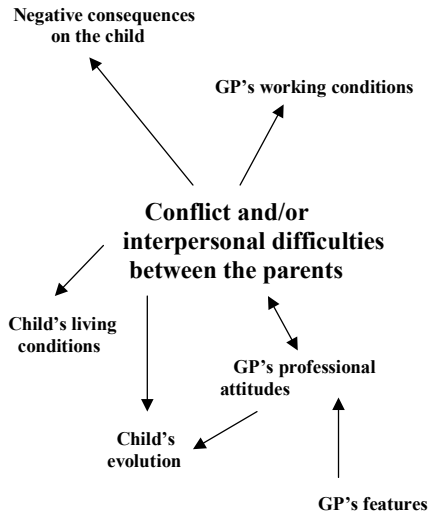

Figure 1: Follow-up of children of separated parents by the GPs: Consequences of the parental conflict after the divorce.

General data	*Data indicative of a conflict*
Family structure **Parental separation** **Type of child custody** **Quality of family interpersonal relationship**	**→ Perspective of a juridical decision** ***Quote 1*** *"we're in the context of a separated couple… things are not good at all… we're 8-10 days away from a juridical decision…* **→ Joint custody > Sole custody by one of the parents** ***Quote 2*** *"you have to admit that this shared custody is a difficult thing… Look Doctor, he has a cold again, all of it because there's humidity at his father's…"* **→ Request of a certificate on the weekend or during the holidays in the case of a parental separation** ***Quote 3*** *"the mother asked me for a certificate because he goes to psychomotor therapy on Saturday morning… I got an angry phone call from the father because I prevented him from seeing his child."* **→ Request for an official report of injury or abuse in the case of a parental separation** ***Quote 4*** *"Every time he or she comes back from my ex, he's sick. She asked me for an official report… it was always the mother blaming the ex-husband."*

Table 5: Must-be collected data regarding the family environment.

"After all, I don't always know if they're separated or not separated. Actually, I don't ask…"

Discussion and Conclusion

In our country, for over 20 years, the Board of Physicians has been pointing out complex and recurring situations when following children of separated (or divorced) parents in primary care. Thus the continuous medical monitoring is often fragmented between two or more generalists because of relocation, conflicts or family blending. *Some recent studies show an association between bad management of chronic diseases such as child diabetes 1 and parental discord; one reason could be the lack of coherent follow-up of the young patient* [9,10]. Some parents look for sickness certificates to justify the fact that a child cannot be handed over to the other parent. Others seek a report of abuse or neglect, the child would have suffered from in the other household, or just hope that the GP will side with them in the conflicts with their ex-spouse. Sometimes, a parent can also pressure the GP by imposing or refusing a given treatment, even when the code of medical ethics stipulates the need for both parents' consent. *An Australian case study also reports the risk for the general practitioner to be in the middle of a conflict between separated parents. In 1996, the National Board of Physicians expressed an opinion about these matters, prescribing that the medical monitoring of children should preferably be performed by a single attending physician, or at least that any action pertaining to a child's health should be coordinated by all the GPs ensuring his care* [11]. This recommendation also emphasised the physicians' duty of impartiality and their obligation to be rigorous when writing certain types of documents (reports, certificates). Before our research, we did not know to which extent GPs were actually able to follow these advices. Moreover, there were some questions about the quality of care received by these young patients and their general health state. Let us note that the 2005-2006 yearly report by the General Delegate of the Children's Rights from the French-speaking Community confirms the recurrence of physical and psychological abuse suffered by many children of separated parents [12].

Our qualitative study in focus groups, centred on the professional experience of the participating generalists, reveals that the GPs almost never succeed in following the recommendations of the Board, that the continuous medical monitoring of these children remains fragmented and that, in their opinion, the quality of care is affected due to the interruption, the accumulation or the repeated modifications of preventive (for instance vaccinations) and curative treatments, or of strategies aimed at chronic and other pathologies. Our work also confirms that the exploitation of family doctors by some parents may cause the GP to infringe the code of deontology, which can in turn aggravate the parental conflicts and the situation of these children. At the same time, the study brought to light several solutions to improve the practice of the GP in these situations (Tables 3 and 5). For example, by regularly updating his knowledge of the family situation (Parents still together)? If not, what type of custody? Any ongoing judgment regarding the custody? Quality of the relationship between ex-spouses? Conflicts?), the generalist decreases the risk of being exploited by families and can simultaneously better assess the child's situation. By speaking directly to the child, if possible without a parent's presence, the family doctor can get a better sense of his psychological health and can thus better monitor his care. In the rare cases when the various generalists following the same child manage to communicate between them, the analysis in focus group reveals that the continuous medical monitoring of that child improves effectively.

The study in focus group also shows that the GPs detected in these children specific health problems, which the participants associated with the harshness of their personal experience, leading to anxiety, depression, behavioural problems, academic difficulties and psychosomatic manifestations. What raised questions were that generalists also frequently mentioned purely physical pathologies: a higher recurrence of respiratory infections, injuries, fractures, alteration in the growth curve (Table 2). Thus another question arises from this qualitative research centred on primary care practitioners. If the GPs, who by definition only detect pathologies with a high prevalence, regularly observe specific health problems amongst children of separated or divorced parents, the hypothesis to be confirmed would be that parental separation (or divorce) constitutes an independent risk factor for the child, which needs to be accounted for in primary care. What does the literature say about this topic? Some American and European works quantifying the specific health problem within a non-selected paediatric population do exist. Here are some examples:

- The study of 102,000 American families between 2002 and 2003 observed - after an adjustment of the socio-economic data - that children of separated couples suffer significantly more from dental, respiratory or traumatic problems and that these children present more behavioural or school issues, which increases their recourse to specialised care [9].

- Several authors identify divorce as one of the "adverse childhood experiences" significantly increasing the initiation to alcohol consumption before age 14 in the USA [13], the risk of suicide attempt in adulthood across the Atlantic [14], a slowdown of growth in a British cohort study [15], the frequency of severe infections for a cohort of children aged 0 to 15 in Denmark [16], or the risk of cancers connected to tobacco and alcohol consumption amongst Swedish adults [17]. In Belgium, a survey carried out between 1992 and 2002, which followed 27,500 families [18], showed an accumulation of particular situations in the case of a separation; in a single-parent household, the custodial adult often suffers psychologically (44,4% versus 25% $p<0.05$) and in 10% cases (versus 0 $p<0.001$), children never see their father. But whatever the custody type, these children live in a less privileged environment, accumulate more school absences and delays, and their parents smoke daily in up to 40% cases (versus 24% $p<0.05$), which, notably, doubles the probability of tobacco addiction in adulthood. These Belgian results can be linked to an article from 2002 published in a Canadian journal, which concludes that parental separation favours an accumulation of risk factors for the child, i.e. pauperisation, the actual or symbolical absence of one of the parents, long-lasting conflicts between the parents or inter-generational, and parental psychopathologies [19].

- Still in Belgium, every 4 years, 12,000 young people aged 10 to 19 from the French-speaking Community fill out the questionnaire "*Health Behaviour of School-Aged Children (HBSC)*". Following our qualitative study by GPs, the researchers in charge of HBSC 2006 agreed to analyse their data according to the family situation; children of separated couples suffered more from somatoform disorders, psychological issues, academic difficulties, excess weight; these children were more sedentary, their diet less healthy, they consumed more medicines, tobacco and alcohol, and more often had a negative perception of their health (results expressed in OR going from 1.10 to 2.15 according to the items with $p<0.001$) [20,21].

These results raise several questions: Does *parental separation* constitute an independent risk factor for the somatic and behavioural health of a non-selected paediatric population and does it imply any difficulties of following these children in primary care? If this is the case, how can the GP detect the children who are affected by this situation and therefore potentially require a particular monitoring of their physical and/or psychological health? If parental separation-the way it happens today-indeed constitutes an independent risk factor, should the GP be proactive in terms of prevention by informing the parents, even maybe future parents? Finally, what would be the consequences in terms of public health? Although we certainly cannot question people's right to separate, it would yet be useful to detect the circumstances that could favour the health problems of affected children. These important questions deserve other thorough researches. *Among others, we should try to objectivise the consequences for children who are experiencing parental separation (or divorce). To this end, studies will be organized either exploratory transversal or better still of the prospective kind.*

Declarations

The scientific committee warranted the ethics; the participating physicians accepted to partake after full knowledge; no names–patients or physicians–were spoken, revealed or recorded.

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Conflict of Interest

None. Any author had financial interests of connections, direct or indirect, or other situations that might raise the question of bias in the work reported or the conclusions, implications or opinion stated.

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