



July 19, 2014

Dear Parents,

As of the date of this letter, I have been practicing in San Antonio for 15 years. In one month, I'll be taking my first child to college. If you are receiving this letter, you have a child who is 16 or older and you have either seen one or more of your children graduate from High School or are about to. I am over due in this letter. I have realized in the past few months as I'm making this transition, I need to help you parents prepare for a transition from me as your child's Pediatrician. Wow, that is honestly really hard for me to write those words. I'm a little possessive and I don't want to let any of my patients go. However, I know it's in their best interest to help your child make a smooth transition.

Here is our new policy for Heritage Pediatrics. We, as we always have, enjoy and desire to see your children through High School. Once they graduate from High School, we will be available to see them for their first year out of High School and help write prescriptions during this time. However, during this year, we will help you identify a physician who can continue their care. We have identified 4 physicians who we personally know and have spoken to about accepting our patients. All of these physicians are willing to not only see your child, but also continue writing prescriptions including stimulant medicines for ADD/ADHD. Please contact our office for a list of these doctors. Students who are currently entering their Junior year of college will be allowed to continue to see me through college graduation since a year from now they will only have one year left of college. It would seem inefficient to have them find a doctor for one year and then be looking for a new doctor in a year as many will be transitioning after college to a new city.

I have told you in letters and on our website that I really see the importance of yearly visits. I hope I will be able to see your child for a 16, 17 and 18 year old check-up. At 16, I routinely check a hemoglobin for anemia and a lipid screen (we now screen at 10 or 11 and then again at 16 years old) and finish the Gardasil/HPV series if it hasn't been completed. At 17, I routinely give the 2nd Menactra (5 years after the first which I usually give at 12) which you child will need before college. At 18, I routinely give one last Tdap (tetanus and pertussis/ "whooping cough" shot). Most of my patients have gotten a tetanus from me every 5 years. After this tetanus at 18, I recommend going every 10 years unless they cut themselves on anything dirty between 5 and 10 years after their last tetanus or if it has been more than 5 years and they are traveling out of the country for more than a week.

During the physical exam part of the visit I occasionally find a mild scoliosis (anything significant was most likely seen in the early teen years) which gives me the opportunity to talk about posture, core strength, and stretching as a way to develop a strong back for years to come. Sometimes we talk about acne and treatment possibilities. Very rarely I might hear an irregular heartbeat or a murmur that I have never heard before. I use this time to start talking to both boys and girls about regular self-testicular or self-breast exams. I talk to boys about testicular torsion (twisting—they have 8 hours to get it un-twisted so I talk about respecting non-traumatic pain) and what the signs of a hernia are.

However, most teenagers are really pretty healthy at this time in their life and there aren't a lot of findings I discover on physical exam. Yet, despite this, I still see the real value in reviewing what I have talked to your adolescents about over the past few years and reinforcing what you are telling them. Studies still show that you parents still are the most influential people in your adolescent's life. I see myself as a spoke in the wheel to back you up. I also find that most teenagers forget the things I told them last year in the office. This is why I now "quiz" them every year about what are the 4 things that are important to be healthy: eating healthy, calcium, exercise, and sleep; and the 2 things that are important in every relationship (clearly not an exhaustive list): communication and respectively disagreeing (learning how to agree to disagree and stay in relationship). I do feel like when I quiz them (I haven't failed anyone yet), it further engrains it into their heads and they know they will be quizzed the next year, too. I have been talking to them since they were 10 and 11 about being a thinker. I don't want them to regret decisions. This clearly relates to drinking, drugs, smoking and sexuality, but it's so much more including cheating, gossip, movies, sneaking out at night, etc.

A huge theme of the 16-18 year old visit is "relationships". I tell them that the rest of their life will be about relationships. Occasionally a patient will ask me what S: self-aware; C: content or comfortable in our own skin; or P: pray for protection has to do with their health. I tell them the same thing I told you when they were born in my new parent / introduction letter, "I see my responsibility as your doctor to not only treat the sore throats and earaches, but



also to treat the whole person. This includes physical, emotional, social, and spiritual issues.” I believe, and science confirms, that the emotional, social and spiritual aspects affect the physical health of all of us.

Since your adolescent was 12, we have talked a lot about sexuality from physical development, to modesty and pornography, to sex itself. As I was talking to a recent graduate about these issues, he told me, “Dr. Fitch, your generation is just more uptight about sex. My generation is more comfortable, relaxed ...casual when it comes to sex.” My response to this young man was that I completely agreed with him. He then went on to say that you can do things to reduce the risk of pregnancy and STDs. I again agreed with him and we talked about what risk reduction really meant. When condoms are used perfectly and 100% of the time (neither are very common in adolescents) the risk reduction for all STDs (except HIV which is 90%) is 50% or less. Studies show that the incidence of STDs on state universities are between 1 in every 2 or 3 students. Furthermore, 80% of the guys and 60% of the girls don’t know they have them. Another study showed that 60% of college students have had oral sex in the last 30 days. So, I told him he had to decide, knowing that STDs were common and most don’t know they have them, if a flip of a coin risk reduction is a risk he is willing to take. But, then I asked him a question that shocked him. I asked him what condom he had to protect his brain. I tell all teenagers that though avoiding pregnancy and STDs are certainly reasons to wait on becoming sexually active, the most compelling medical reason to me is the emotional or brain aspect of sex. We know about the biochemical bond that oxytocin and vasopressin creates between the brains of two people who are sexually intimate. When this relationship that has been physical ends, it’s hard and it’s painful. But, psychologists have noticed over the years a dramatic increase in what they call an Attachment Disorder where a person has a hard time developing emotional connectedness with another person. As they researched this, the surprise connection was the increased incidence with the greater the number of sexual partners one has had. I told this young man that his generation was growing up with terms like “hooking up” and “friends with benefits” and there are even movies with these titles. Yet, no one is telling them how psychologically devastating this casual sex behavior is having on the brain. I have learned over the years that I can’t “fix” any of my patients, but I do hope that conversations like these will help these adolescents to think and reinforce what they are hearing from you.

I hope this letter summarizes why I think it’s important to have yearly visits with your adolescent. If your adolescent falls into the category of needing to transition, perhaps we can schedule one last transitional well visit. Since I spend 30-40 minutes in these visits, they are at limited times; it can be difficult to schedule all of my adolescent patients in the summer months. So, please schedule these throughout the year. My receptionist will work with you to find a time.

Again, as I said in the beginning, it’s hard to write this letter as it anticipates the end of a doctor / patient relationship. It has been and continues to be a privilege to be your child’s Pediatrician. Now, I am committed to helping your adolescent make a smooth transition to their next medical home.

Sincerely,

John T. Fitch, Jr., M.D.