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Original Paper

The Boy Who Wouldn't Eat Pomegranates (an Attention-Deficit Hyperactivity Disorder, ADHD, Allegory)

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Abstract

An allegorical vignette describing the pathway of diagnosis and treatment of controversial societal disorders which may exist in children, using Attention-Deficit Hyperactivity Disorder (ADHD) as an example and template. The child's perspective is described as well as potential pitfalls of the "therapeutic" process beyond simple clinical modalities. Finally the impact of such practice is questioned at a societal level and is made relevant to our contemporary understanding of Medicine.

Keywords

Attention-Deficit Hyperactivity Disorder (ADHD), bias, categorical, diagnosis, Diagnostic and Statistical Manual of Mental Disorders (DSM-5), dimensional, Evidence-Based Medicine, misdiagnosis, Oppositional Defiant Disorder (ODD)

1. Introduction

In the following article, please read the text first, ignoring descriptors contained within brackets "[]".

A recent study of American physicians (Peckham, 2016) found those aged over 46 years reported that biases affect patient treatment negatively; they offer less time and are less friendly. For physicians aged 45 years or younger, the reverse holds, with biases resulting in more positive patient interactions. As I approach that notational milestone, I ponder whether my clinical experiences improve or hinder my skills as a doctor.

2. Method

2.1 Diagnosis as a Cultural Concept

Critique and skepticism are essential elements in the practice of Medicine. Any theory is only as strong as its ability to withstand critical appraisal. In his divisive work (2014), Craig Newnes (retired editor of the Journal of Critical Psychology, Counseling and Psychotherapy and Director of Psychological Therapies for Shropshire, UK) asks some uncomfortable questions. He asserts that under the aegis of scientism, "branding" (diagnostic labels and drugs) and the Psy-complex professions; there lies much hypocrisy, self-interest and confusion. While some of it may be dismissed as a rant against the status quo, consumerism and his own professional identity, Newnes challenges current mental health service provision, the "drive to prescribe" and reiterates the importance of culture and perspective in patient care. Do you see what I see?

2.2 Diagnostic and Statistical Manual of Mental Disorders (*DSM-5)*

The doctor-patient relationship is inherently unbalanced, principally in the field of medical knowledge and the power of providing a diagnosis. The *Diagnostic and Statistical Manual of Mental Disorders* (*DSM-5*, American Psychiatric Association, 2013) is the most widely accepted nomenclature used by clinicians and researchers for the classification of mental disorders. To be able to diagnose mental illness it is implied that one must have faith in one's tools, yet many doctors do not (Cassels, 2014).

2.3 Case Study, Billy

Consider Billy, the boy labeled as the "boy who wouldn't eat pomegranates". We might describe Billy categorically as a pomegranate eater or not [has Attention-deficit Hyperactivity Disorder, ADHD, or not]; or in a dimensional context: he likes them sometimes [he can't concentrate if he hasn't had enough sleep and/or there is a lot of background activity or noise].

It might be that pomegranates are an accepted staple of societal diet and to not eat them is an anomaly (such as being a teetotaler in an alcohol-using society). There may be a push to consume them or buy them [fill a prescription]. At school, if all of the other kids are eating pomegranates, should you too (even if you don't need to?) [societal "peer pressure"].

3. Result

Belonging is a basic human need. It drives our emotions and not fitting-in adversely affects one's self-esteem, mood and daily functioning. Many aspects of our lives are beyond our volitional control: genetics, intellectual ability, learning style, sensory preferences and personality trait(s).

Doctors might extol the nutritional, antioxidant and anti-inflammatory virtues of eating pomegranates [Evidence-based Medicine] and formulate dietary [read as ADHD treatment] guidelines. Since pomegranates are deemed to be so good to daily health and rated as "safe", public health officials and/or politicians may consider supplementing them in other foods and even the water supply [Public

Health policy/Population Medicine]. If Billy mentions that he is allergic or intolerant to pomegranates, some may not believe him and he risks being excluded and stigmatized [food allergies/intolerances]. Why is he being so "difficult" against all of the "evidence" [moral objectors to immunization]? What makes Billy so "special"? Who is ostracising whom?

Maybe it's all down to Billy's parents. They liked pomegranates when they were kids and grew up eating pomegranates so he should too. After all, they say that pomegranates never did them any harm [doctor's personal perspective]! Maybe Billy doesn't eat pomegranates now because he was force-fed them too often as a child? He probably will make his own mind up about them one day (like going to church and religion) but because he is not yet a "mature minor", for now his parents have the right to decide what Billy eats or not. Billy doesn't think that is fair—it's his body after all, he counters. This antagonism means that Billy is labeled with Oppositional Defiant Disorder (ODD). Maybe he just doesn't like the seeds?

Because Billy refuses to cooperate and eat pomegranates at school, his teachers describe him as "disruptive" and requiring 1:1 attention. They suggest he sees a doctor. Billy's father is irritated by this and doesn't think there is a problem. He feels the teacher should mind her own business. Dad's brother (Billy's paternal uncle) was just like this when he was Billy's age. Billy's mother is a little overwhelmed and mildly embarrassed as they didn't have this problem with his siblings [again social stigma].

All this talk makes Billy start to worry that there may be something wrong with him; like his sense of taste [vision] and smell [hearing] don't work, but his parents had those tested and they were found to be normal. So what if he likes the taste of lychees [atypical, kinaesthetic learner] over pomegranates; many of his friends do too! He is told that he will see a specialist doctor [paediatrician] and will have the day off school. Billy wonders if it matters whether the doctor he will see likes pomegranates or not [subjective specialist's viewpoint].

The doctor can't tell whether Billy's dislike for pomegranates is a genetic or environmental determinant. He could prescribe some pomegranate vitamins (so Billy doesn't have to eat the raw fruit) but his parents think this is an easy way out, too expensive, "unnatural" ("he is too young to be on medication" they cry) and doesn't it just caters to his behaviour and not "fix" the problem? Apparently they knew of a case where one child went on the tablets and now wouldn't eat anything [adverse effects, making the matter worse]! Grandma weighs in and says that she never had this problem in her day. "Too few boundaries", she chides and goes back to smoking [lack of personal insight into health determinants of others]. Billy feels that smoking is worse than not eating pomegranates, but they don't listen to him [often a child's opinion and autonomy are correct but not factored into their health care decisions].

At school the bullying starts and people even throw a pomegranate at Billy which splatters his clothes. The red juice looks like blood though it distracts people from noticing his tears. Billy has never really

liked school or had anything against pomegranates, though some of his best friends do like them [spectrum of disorder severity and treatment tolerance]. The bullying does make Billy feel sick in the mornings and he doesn't attend some days [onset of secondary anxiety, possible treatment-related negative effects].

Billy is taken to see another specialist [psychologist] who will perform taste-testing [psychometric assessments] to see if he has a "sensory deficit" or a "processing disorder". Most of the test samples taste similar to Billy [imprecise testing process] and after a while he just chooses any answer to make the process end quicker [false-positive results]. One of Billy's friends has a totally different idea about what constitutes palatable food and yet they are both "diagnosed" with the same condition [Predominantly Inattentive and Hyperactive-Impulsive ADHD have different phenotypes though are classified as the same disorder, ADHD]! Maybe the specialist's test samples have gone out of date and need to be updated [revalidation]? Maybe they used the Asian *umami* sample during the consultation and not the Australian (sweet, salty, bitter and sour) ones [population error]? There are other tests out there which are suggested Billy should complete but they are very expensive [poor access to appropriate health care] and Billy is not very interested ["assessment fatigue"]. His classmates keep asking why he is taken out of school so often [disruption to schooling due to frequent medical appointments and ostracisation].

As Billy isn't taking the pomegranate vitamin supplement (he tried them unwillingly for a few days but they "didn't work") [lack of appropriate treatment duration, e.g., three months with atomoxetine], the doctor wants to trial a medicine which will change the signals in his taste buds so that pomegranates are more palatable [restore "chemical imbalance"/neurotransmitter function]. Billy would take these until he develops a taste for pomegranates on his own over time [pre-frontal cortex maturation with age]. It all sounds like the same thing to Billy. So that he doesn't have to go to more specialists and take medicines, Billy agrees to start eating pomegranates [reluctant assent to therapy in children]. He is actually only pretending to and is secretly throwing them away [poor adherence to medication regimens in adolescence]. However the plan seems to be working as it gets his parents and teachers off his back and they all think that Billy is now doing well [placebo effect]. Maybe Billy never needed to eat pomegranates in the first place [misdiagnosis] and should have just pretended to [societal conformity]?

4. Discussion

If you re-read the story, replacing ADHD for not eating pomegranates and now substituting the descriptors contained within the brackets, the narrative "journey" and zeitgeist for the condition is paralleled. Actually, any condition and treatment for which controversy and societal discord exist may be used, e.g., gluten-intolerance, Lyme Disease, Autism Spectrum Disorder (ASD), etc.

The real tragedy is that Billy is labeled as "the boy who *wouldn't* eat pomegranates", as if it was totally

his choice to act in that manner. Rather it would have been more apt for Billy to be referred to as "the boy who didn't eat pomegranates" as that is a description of his behaviour and does not involve a judgment or value statement.

As doctors age, we should continue to question the tenements, ideals and philosophy of the profession we have dedicated our lives to. We must ensure that we, and our patients, are open to new ideas and do not become "fussy eaters" [rejecters of new Medical information which may be against accepted "norms"]. We must also respect that our tastes differ, as do those of the next generation.

And we haven't even mentioned the pomegranate sellers [Big Pharma]!

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