

Is it true: ‘parents are like doctors, but siblings are like nurses?’

At its most simplified form, doctors and nurses work collaboratively to ensure that life is preserved. Similarly, parents’ most primitive function is to foster the survival of their offspring. From an ethological perspective, caregiving is seen as a complex behavioural mechanism that aids survival through providing nourishment and teaching skills necessary for reproduction (Bowlby, 1982)¹. It is believed that these behavioural patterns make humans better adapted to their evolutionary niche - hence improving their survival rate not just on an individual level but to protect the species’ gene pool. Numerous studies² show that to survive within the natural world, early humans would strategically organise themselves into small social networks. Thus, showing how attachments are formed due to a neurobiological process that is “*deeply wired into human architecture*”³. As such, in support of the statement, parallels can be made between doctor and parental roles given they share a common objective to care for their child/patient.

However, one characteristic that is unaccounted for within the statement is that parental care extends far beyond what is considered necessary for survival. Whilst staying in contact with parents is partially a symptom of adhering to social norms, a more significant reason may be the intimacy of the relationship⁴. After a demanding day of tending to multiple patients, the job of a healthcare worker stops. The same cannot be applied to parents whose ‘shift’ is never finished.

The clinical setting of a hospital (intensified by the uniform and formality of exchanges) is an organisational structure designed to maximise health outcomes. During the COVID-19 crisis, approximately 2.5% of patients needed mechanical ventilation⁵. With a spectre of equipment shortages, medics, are forced to distribute these scarce resources based on “*who is most likely to survive*”⁶. These decisions are not made in isolation as the patient’s medical team must abide by ethical principles, policies, and protocols established by governing bodies⁷. Even medics themselves are a limited resource so have to ration their time and skills to each patient. Therefore, the medic-patient relationship cannot be similar to the parent-child

¹ Bowlby, J. (1982). “Attachment and loss: Retrospect and prospect”. *American Journal of Orthopsychiatry*, 52(4), 664–678. <https://doi.org/10.1111/j.1939-0025.1982.tb01456.x>

² Reis, Harry T., and W. Andrew Collins. 2004. “Relationships, Human Behavior, and Psychological Science.” *Current Directions in Psychological Science* 13 (6): 233–37. https://www.jstor.org/stable/pdf/20182964.pdf?ab_segments=0%2525252Fbasic_search_gsv2%2525252Fcontrol&refreqid=excelsior%3Af9ba48952983e9e46f64d4bc96f97a14.

³Ibid., 234.

⁴ Lee, Thomas R., Jay A. Mancini, and Joseph W. Maxwell. 1990. “Sibling Relationships in Adulthood: Contact Patterns and Motivations.” *Journal of Marriage and Family* 52 (2): 431–40. <https://doi.org/10.2307/353037>.

⁵ Guan, Wei-jie, Zheng-yi Ni, Yu Hu, Wen-hua Liang, Chun-quan Ou, Jian-xing He, Lei Liu, et al. 2020. “Clinical Characteristics of Coronavirus Disease 2019 in China.” *New England Journal of Medicine* 382 (18): 1708–20. <https://doi.org/10.1056/nejmoa2002032>.

⁶ Kisner, Jordan. 2020. “Who Decides Which COVID-19 Patients Get Ventilators?” *The Atlantic*. The Atlantic. December 8, 2020. <https://www.theatlantic.com/magazine/archive/2021/01/covid-ethics-committee/617261/>.

⁷“Deciding Who Gets the Ventilator: Will Some Lives Be Lost Unlawfully? | Journal of Medical Ethics Blog.” 2020. *Journal of Medical Ethics Blog*. April 12, 2020. <https://blogs.bmj.com/medical-ethics/2020/04/12/deciding-who-gets-the-ventilator-will-some-lives-be-lost-unlawfully/>.

relationship as it would interfere with their ability to perform their job. In contrast, parents are driven more by their emotional compass. In the case of Alfie Evans, the medical team at the Alder Hey Hospital came to the unanimous conclusion that, *“Alfie’s brain had been so corroded by his Neurodegenerative Brain Disorder that there was simply no prospect of recovery”* and that he should transition into palliative care as further medical intervention would be *“futile”*⁸. Despite, receiving world-class medical advice, Alfie’s parents sought to appeal this motion. In doing so they ignored evidence provided by scientific reasoning to follow the arguably more primitive instinct to fight for their offspring. This aligns with criticisms of Bowlby’s theory of attachment in that it fails to recognise the interconnectedness of emotion and caregiving⁹.

In support of the statement, both hospitals and families can be described as hierarchical systems. The family systems theory¹⁰ suggests that families are complex interactive systems, comprised of individuals and dyads. The concept of hierarchy is used to explain how families arrange themselves into subsystems based on defining characteristics such as generation or gender (Minuchin, 1974). This can be translated into the hospital environment as the different departments could represent these subsystems. Furthermore, medics work as a part of a hierarchy (as reflected by their names - junior or senior doctor), and yet, irrespective of their social status, they must work cohesively as a unit. Perceiving medical institutions as organised wholes is also a concept explored in the family systems theory; referred to as ‘holism’ (Cox & Paley, 2003). The similarities between how families and hospitals operate within a wider context, suggest that the roles of siblings and parents are comparable to that of nurses and doctors.

However, the ordered structure of a hospital system greatly contrasts a familial one. Parental and sibling relationships are bi-directional as they rely on both members to actively participate in its formation. Therefore, rather than interpreting the child as the ‘patient’, perhaps a more appropriate comparison would be that of a doctor-in-training as they contribute to the system’s dynamic but are still developing the appropriate skills to one day be capable of handling more responsibility. Furthermore, hospitals are constructed for patients but not for specific individual patients as they do not constitute a permanent part of the system. Similarly, healthcare workers are interchangeable and in many cases changing doctors is beneficial e.g., a patient may transition from a general practitioner to a specialist doctor for more targeted treatment. This disagrees with the statement as the parental role is normally only replaced in exceptional circumstances.

The International Labour Organisation, (ILO), released a report attempting to define and distinguish between the roles of healthcare workers and summarised that doctors, *“diagnose...based on scientific principles”* whereas nurses *“treat and care”* through applying,

⁸“ON APPEAL from the HIGH COURT of JUSTICE.” 2018. <https://www.judiciary.uk/wp-content/uploads/2018/05/evans-v-alder-hey-appeal-judgment.pdf>.

⁹ Shaver, Phillip R., and R. Chris Fraley. 2000. “Attachment Theory and Caregiving.” *Psychological Inquiry* 11 (2): 109–14. https://www.jstor.org/stable/pdf/1449026.pdf?ab_segments=0%252Fbasic_search_gsv2%252Fcontrol&efreqid=excelsior%3A228b9a621e5d6849882170dc2f3cccd.

¹⁰ “Family Systems Theory - an Overview (Pdf) | ScienceDirect Topics.” 2012. Sciencedirect.com. 2012. <https://www.sciencedirect.com/topics/medicine-and-dentistry/family-systems-theory/pdf>.

“preventive and curative measures”¹¹. Unlike doctors whose status within the hospital hierarchy is regularly emphasised, the role of nurses is often undermined and inadequately appreciated¹². Although Florence Nightingale's Notes on Nursing was published in 1859¹³, it addresses a contemporary issue that doctor-nurse collaboration should be egalitarian to optimise the effectiveness of patient care. The World Health Organisation, (WHO), is campaigning to correct the misconception that nursing is menial by ensuring health policies, “stimulate investments by national governments in the nursing workforce”¹⁴. Whilst, nurses can be described as the unrecognised backbone of medical institutions, in most cases, the same cannot be said for siblings. Blake (1989) stated that “the notion that older siblings...function in loco parentis assumes too much about sibling goodwill and maturity”. Ergo, the statement overestimates the role of siblings and plays into the slightly derogatory/misleading idea that nurses are reliant on the scientific supremacy of doctors. Therefore, in my opinion, nurses may be more analogous to parents than siblings.

Due to a global decline in fertility rates¹⁵ and societal changes, the notion of the ‘traditional’ family that consists of more than one child, at least in the developed world, is becoming outdated. Estimates indicate that only-child families will compose half of all families in the UK within the next 7 years¹⁶. Given that nurses play a core role within hospitals it can be inferred that the statement suggests that a one-child family system is not ideal as the only child is being deprived of a certain type of care. Whilst the majority of people may share the belief that children benefit from having siblings, empirical research does not always support this position. The resource dilution theory¹⁷ suggests that on average, the introduction of a sibling is detrimental to a child as they deplete available resources. From this perspective, siblings are considered competitors, and this notion is mirrored in studies investigating sibling rivalry¹⁸. Therefore, siblings could be perceived as fellow patients as they share a sense of camaraderie but are primarily focused on their own outcome.

On the other hand, sibling children have been found to have higher rates of peer prestige which is linked to higher levels of social competence. Through frequent interaction and exposure to older siblings’ social awareness, they develop an understanding of inner states (Brody & Murray, 2001). Zajonc and Markus (1975) suggested that older children also benefit

¹¹“REPORT of the POLICY DIALOGUE MEETING on the NURSING WORKFORCE.” 2017.

<https://www.who.int/hrh/news/2017/NursingApril2017-2.pdf>.

¹³ Sampson, Deborah. "The Central Role of Nursing in Health Care." *Journal of Health Services Research & Policy* 13, no. 3 (2008): 185-87. <http://www.jstor.org/stable/26751618>.

¹⁴“NURSING WORKFORCE.” 2017.

¹⁵Vollset, Stein Emil, Emily Goren, Chun-Wei Yuan, Jackie Cao, Amanda E Smith, Thomas Hsiao, Catherine Bisignano, et al. 2020. “Fertility, Mortality, Migration, and Population Scenarios for 195 Countries and Territories from 2017 to 2100: A Forecasting Analysis for the Global Burden of Disease Study.” *The Lancet* 396 (10258): 1285–1306. [https://doi.org/10.1016/s0140-6736\(20\)30677-2](https://doi.org/10.1016/s0140-6736(20)30677-2).

¹⁶“Divorces in England and Wales - Office for National Statistics.” 2020. [ons.gov.uk](https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/divorce/datasets/divorcesinenglandandwales). 2020.

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/divorce/datasets/divorcesinenglandandwales>.

¹⁷ McHale, Susan M., Kimberly A. Updegraff, and Shawn D. Whiteman. 2012. “Sibling Relationships and Influences in Childhood and Adolescence.” *Journal of Marriage and Family* 74 (5): 913–30. https://www.jstor.org/stable/pdf/41678766.pdf?ab_segments=0%252Fbasic_search_solr_cloud%252Fcontrol&refreqid=excelsior%3A43c70b262f385babb6a4e0224acd25e8

¹⁸Smith, Peter, and Craig Hart. n.d. “Blackwell Handbook of Childhood Social Development.” <https://gacbe.ac.in/images/E%20books/Blackwell%20Handbook%20of%20Childhood%20Social%20Development.pdf#page=179>.

from younger siblings as through adopting the teacher role they learn to be more affiliative. However, these studies establish associations rather than causal relationships. There is evidence that indicates the presence of other variables - that interpersonal skills can be due to individual differences or learnt from peer interaction¹⁹. Overall, although there are benefits to having at least one sibling, the role of the nurse is significantly more necessary within a hospital system. It also shows that the statement is not applicable to many families and given the predicted decrease in fertility rates over the coming decades (as shown in Figure 1) this will become increasingly evident.

Women are having fewer children

Global fertility rate (livebirths per woman)

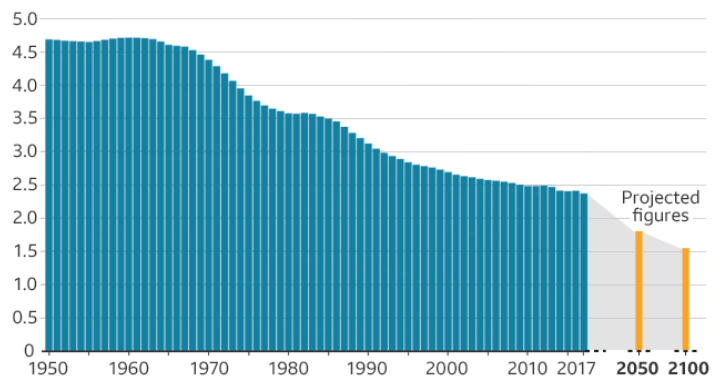


Figure 1: Continuing decline in global fertility rates calculated to the end of the century. (Source: Institute for Health Metrics and Evaluation at the University of Washington)

In recent years, the NHS has been suffering from an exodus of healthcare workers. In 2017 alone, 9000 doctors left the NHS, with one of the most significant factors being low salary²⁰. In contrast, family relationships are not rewarding in monetary or professional terms. In fact, across the Western world parenthood often negatively affects career prospects, wealth, and can even diminish well-being (Nomaguchi, Milkie & Bianchi, 2005). Thus, showing that at the margin healthcare workers decide to pursue a medical career partially due to the incentive of an income, whereas parents will have a family despite the detrimental factors that come alongside having children.

To conclude, the analogy draws some pertinent parallels between hospitals and families operating as interdependent systems and how parents like doctors and nurses are caregivers. Nonetheless, I disagree with the statement as I believe it is an oversimplified paradigm of family. The overriding factor is that caring for family cannot be taught through formal education as is simply intrinsic to the human condition. Therefore, the statement fails to capture the essence of intrafamily relationships – they are intimate, nuanced, dysfunctional, and differing from one family to the next. Within this comparison, complexity has been traded for a formalised representation which in turn loses the profundity and idiosyncratic nature which makes the parent-child/sibling relationship unlike any other.

¹⁹Ibid., 223-238

²⁰ “Why Are so Many Doctors Quitting the NHS?—It’s Time to Ask the Right Questions - the BMJ.” 2019. The BMJ. January 25, 2019. <https://blogs.bmj.com/bmj/2019/01/25/why-are-so-many-doctors-quitting-the-nhs-its-time-to-ask-the-right-questions/>.

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