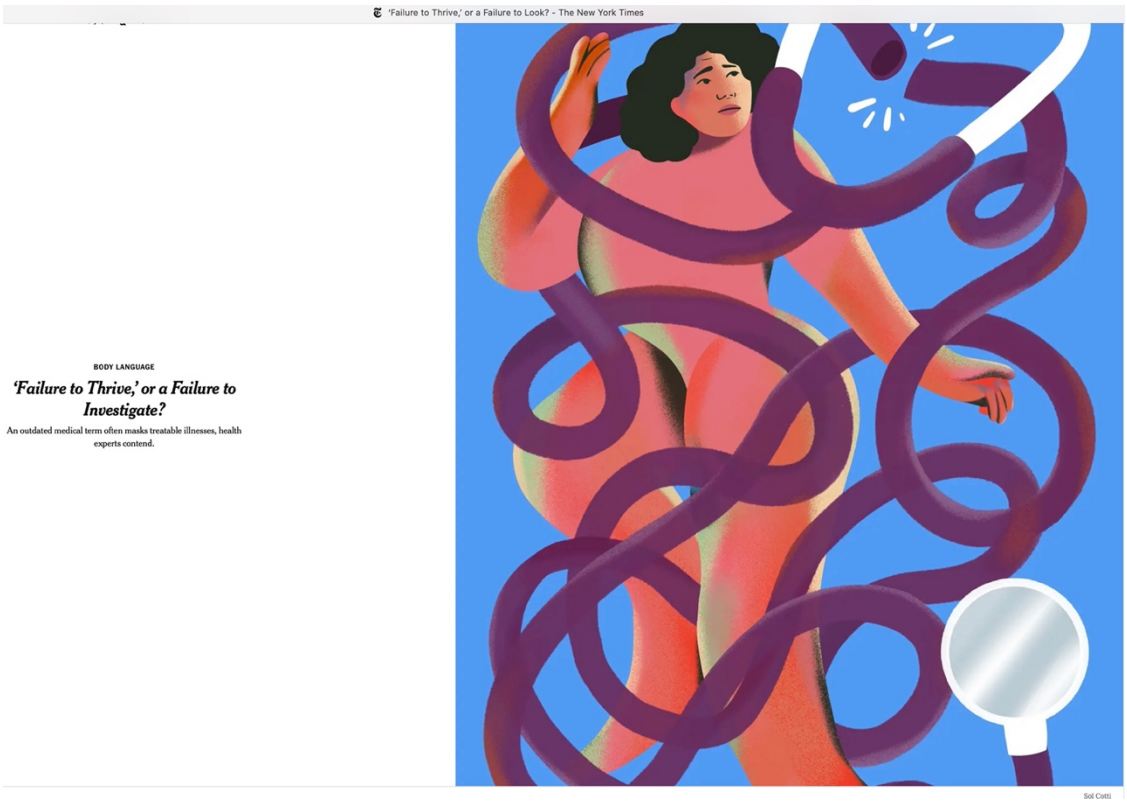

By Rachel E. Gross

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The word “failure” is rampant in medicine. Hearts, livers, lungs, and kidneys all “fail,” which simply means they cease to do their job. But the failures that patients tend to remember are the ones that seem to indict not an organ but an entire person. Just ask anyone who has been told that they have “failed” vaginal delivery (meaning that labor was slow or the cervix didn’t dilate) or “failed” chemotherapy (meaning that the tumor didn’t respond to treatment).

Worst among these phrases, many doctors say, is a common diagnosis for both infants and older adults: “failure to thrive.”

In pediatrics, the term refers to infants who struggle to hit key milestones in size, weight and cognitive development. When Dr. Deborah Frank, a retired pediatrician, was in medical school in the 1970s, the diagnosis meant one of two things: “Either you had major congenital heart disease or cystic fibrosis, or you had a bad mother,” she said. “Or maybe you had both.”

If the term sounds slightly accusatory, that’s because it is. It arose from the idea that struggling infants were ailing not because of any underlying disease or lack of nutrients but because of poor parenting.

The first known appearance of "failure to thrive" was in the 1933 edition of a medical textbook, "The Diseases of Infancy and Childhood." An explanation for the condition came near the end of World War II, when René Spitz, an Austrian psychoanalyst, observed that infants in a Mexican orphanage tended to be listless, scrawny and slow to develop.

This concerning syndrome, Spitz surmised, resulted from a lack of "maternal affection, maternal care and maternal love." Pediatrics took the idea and ran with it — "in the fine old tradition of mother-blaming," Dr. Frank said. (A similar psychoanalytic idea that became popular around this time was "refrigerator mother theory," which posited, incorrectly, that autism was caused by "cold mothering.")

That thinking remained in the mainstream in pediatrics until the 1980s, when some doctors began questioning whether, by blaming mothers, they had failed to pay enough attention to another key factor: nutrition. In 1984, Dr. Frank founded a pediatric clinic and food pantry at the Boston City Hospital for children growing up in poverty. She called it the Failure to Thrive Clinic.

While the intentions were sound, the undertones were not lost on some parents. A donor to the clinic, herself a mother, soon pointed out the obvious: "Who wants to bring their kid to the failure clinic?" Dr. Frank recalled being asked. She changed the name to the Grow Clinic.

Just as pediatricians were beginning to challenge the wisdom of this term, the use of "failure to thrive" spread to a new field, geriatrics. In 1976, three neurologists noted the similarity between this "well-defined pediatric syndrome" and a pattern of muscle wasting and cognitive decline in some of their older patients that led to sudden death. Before long, adult "failure to thrive" had become an official diagnosis and a research priority for the Institute of Medicine. Like a virus jumping from species to species, it had made the jump across specialties. And in this field, too, problems soon appeared.

Geriatrics is a field of sleuthing. To solve medical enigmas, doctors must become detectives, teasing out the effects of overlapping causes that include chronic conditions, acute injuries, social factors and the normal process of aging. It is a challenge that tests the patience of many doctors; the number of certified geriatricians in the United States, now just over 7,000, has been decreasing since 2017.

By masquerading as a diagnosis, the term “failure to thrive” cuts that sleuthing process short, shutting down inquiry before doctors can determine the real cause, said Dr. Clara Tsui, a geriatrician at St. Paul’s Hospital in Vancouver, British Columbia. Last month, she saw the label in the medical notes of an 82-year-old man with Alzheimer’s, who had fallen and hit his head. Even though a brain scan showed internal bleeding, the man had been diagnosed only with “failure to thrive” — which, Dr. Tsui noted, “is not a diagnosis at all.”

Dr. Martha Spencer, a geriatrician and colleague of Dr. Tsui at St. Paul’s, called the phrase vague, demeaning and ageist. “It baffles me as to why it’s lingered so long,” she said.

In 2020, Dr. Spencer and Dr. Tsui led a study that found that older patients who were given the label “failure to thrive” waited significantly longer to be admitted to a hospital. Once admitted, these patients experienced longer hospital stays, which are known to increase the risk of infection and other complications. By the time these patients were released, most of them — 88 percent — had received specific diagnoses, such as kidney failure or severe dehydration.

In other words, the authors concluded, the “failure” label tended to mask treatable illnesses, while burdening the patient with unnecessary delays in their care. A diagnosis of “failure” could become a self-fulfilling prophecy, leading doctors to assume that they were just another older patient on the inevitable path to decline. (Similarly, researchers have found that “acopia,” a bit of medicalese that literally means “not coping” and is still sometimes used in the U.K. and Australia, often leads doctors to overlook acute illnesses.)

The term is the diagnostic equivalent of throwing one’s hands up and saying there is nothing more to do, said Dr. Catherine Sarkisian, a geriatrician at the University of California, Los Angeles, School of Medicine: “‘We’re done here, you’re already going down the drain.’”

Dr. Sarkisian first encountered the geriatric incarnation of “failure to thrive” when both her grandmothers received the diagnosis, for different reasons. The label struck her as “arguably inappropriate” to apply to older adults, who were not expected to grow and develop in the same way young children are. “Maybe it’s OK not to thrive when you’re in your 90s, but your life is still worth living,” she said.

In 1996, Dr. Sarkisian and her mentor, Dr. Mark Lachs, argued that doctors ought to stop using the term. The general concept, though, was not new. As a resident, Dr. Lachs, now a geriatrician at Weill Cornell Medicine, often heard older patients labeled with 'the dwindles,' which was "basically lazy shorthand for 'I don't know what's going wrong and I haven't really evaluated and I can't find anything,'" he said.

In pediatrics, the term can also function as an unhelpful catchall diagnosis. "It's a wastebasket of things we put children into when we don't understand what the specific cause of their problems is," said Dr. Jeanne Lewandowski, a pediatric palliative care physician and chief of pediatrics at Corewell Health Beaumont Grosse Pointe Hospital in Detroit.

Dr. Lewandowski's concern differs from Dr. Spencer's: Many of her patients are nearing the end of their young lives, and there is nothing medicine can do for them. To her, "failure to thrive" is a way for doctors to avoid admitting that they don't have the answer, by foisting blame onto the patient instead.

"The challenge with these words is that somehow it's either the fault of the baby or the fault of the parent," Dr. Lewandowski said. "As if, if they only tried harder, they could have gotten better."

The diagnosis remains common in pediatrics, despite efforts in the literature to replace it with the more neutral "growth faltering." All 65 children that Dr. Lewandowski currently cares for in hospice had "failure to thrive" written somewhere in their charts, she said.

Geriatrics is slowly gravitating toward use of the term "frailty," which captures a vulnerability to stressors and relies on a more quantitative definition. Still, Dr. Spencer said she comes across "failure to thrive' several times a week. Her goal before retiring is to see her institution break the habit, and be more thoughtful in exploring the causes of an older patient's decline.

Achieving that will require doctors to have patience, and a willingness to spend more time in the discomfort of the unknown. "In medicine there's always a reluctance to say 'I don't know,'" she said. "We need to be curious, rather than dismissive."

https://www.nytimes.com/2024/05/13/science/medicine-geriatrics-failure-thrive.html