

# The Influence of Electronic and Internet Advances on Munchausen by Proxy

*Debra Esernio-Jenssen, MD*

*Randell Alexander, MD, PhD*

*Kenneth Feldman, MD*

*Beatrice Yorker, JD, RN, MS*

---

The purpose of this article is to describe how electronic and Internet advances have impacted both fabricators as well as the professionals who identify, treat, and study illness fabrication. Technologies available through the Internet that have influenced MBP include medical websites, social media, blogs, chat rooms, online consumer satisfaction surveys, and electronic medical records. All of these have influenced the presentations, evaluations, and interventions in cases of MBP. On the negative side, abusers have increased access to medical information that aids them in their deceptions, and electronic consumer ratings may deter healthcare providers from appropriate interventions. On the positive side, Internet activities, including searches, texts, and posts by an abuser, can be monitored for evidence of abuse, deception, and motive. This article examines the role that increasing access to searchable medical information plays on the ability to fabricate or induce illness, the influence social media has on those who fabricate illness, the evidence of abuse that these technologies can provide, and the potential for electronic medical records to aid in detection. It also discusses the backlash that is occurring via the Internet as well as innovative research using online discussion data.

## Internet Search Engines and Medical Websites

The advent of WebMD and related medical websites have made accessing detailed diagnostic and treatment options for hundreds of diseases, conditions, and disorders much easier than in the past. Early observations noted that people with fabricated illness as well as many perpetrators of MBP were either in the healthcare field or spent much time studying medical texts, typically requiring access to a library or professional education. Some gained significant familiarity with medical issues and language during hospital stays for prior illnesses in themselves or their children. Currently, however, anyone with access to the Internet can obtain a wealth of detailed medical information.

MBP abusers can now much more easily present their victims to medical professionals with a differential diagnosis, battery of desired tests and procedures, and requests for specific treatments. Following are additional examples of escalating behaviors in which a parent can use the Internet to perpetuate MBP:

1. *Fabrication to friends and family:* This consists of telling neighbors, friends, relatives, and unknown others on a social media platform (such as Facebook.com or CarePages.com) that a child has a medical, behavioral, developmental, or psychiatric condition that is not true.

2. *Fabrication with fundraising:* In the previous example, the abuser may additionally set up a GoFundMe.com or other fundraising account to obtain financial or other rewards.
3. *Fabrication to clinicians:* Abusers can learn how to convincingly present a coherent clinical history, increasing the chances that the unsuspecting clinician will believe the false story. An example is learning the potential signs and symptoms of autism (such as delayed speech acquisition, restricted interests, impaired reciprocal social communication, and repetitive patterns of behavior) so that the abuser can successfully lead the clinician to this diagnostic hypothesis.
4. *Simulating:* Abusers have downloaded clinical reports and medical scans to deceptively present to clinicians as belonging to the victim. An example includes a scan of a tumor or lab results suggesting the victim has a mitochondrial disorder.
5. *Induction:* Abusers have used the Internet to determine the most effective ways to induce signs or symptoms in their victims. An example of this is an abuser who underfeeds a victim to cause slowed motility, dehydration, and cachexia. The abuser may already have the goal of obtaining a feeding tube for the victim. Another example is an abuser who learns to induce an infection or vomiting. Weber (2018) shares examples of Internet searches such as “poop in veins” or the effects of specific medications that have been administered by mothers immediately prior to their children being treated for life-threatening conditions.

### Chat Rooms, Blogs, and Support Groups

Online chat rooms; websites for specific, rare, and complex diseases; and virtual support groups for parents of children with a variety of conditions can impart helpful information and comfort for patients and their families. However, MBP abusers have exploited them in a variety of ways. Feldman (2000) first described four cases in which individuals misused these groups by offering false stories of personal illness or crisis for reasons, such as garnering attention, mobilizing sympathy, acting out anger, or controlling others. He termed this activity Munchausen by Internet (MBI).

As an example, a woman with a long history of MBP behaviors joined a website that provided information and support for those seeking to adopt children. In this case, the MBP abuser solicited prospective parents to adopt her son, who was to be born in several months. She stated that she had previously adopted out one child and that her daughter had a severe disorder requiring her full attention. To be fair to her daughter, she indicated, she was seeking adoption for her unborn son. When the birth date arrived, she posted that the prospective adoptive parents had backed out, so she decided to parent her son herself. (In truth, she had found prospective adoptive parents via another source who had become very involved in her life, only to be disappointed after the birth of the boy when she declined to sign the adoption papers.)

Receiving much support from concerned individuals on the adoption website, this woman remained on the site by posting the many life-threatening medical events that her son experienced starting shortly after birth. (In truth, he was repeatedly hospitalized for falsified illnesses. The information she posted suggested a life-threatening situation rather than being an accurate portrayal of benign findings while her son was hospitalized.) Eventually, she was discovered by one of her supporters to be posting discrepant medical information about her son on another adoption site and was confronted online. Her response was to attempt to explain both sets of postings with a convoluted story and perhaps to solicit support from others on the site. She said that she had become a surrogate in order to “give joy to other couples.”

### Use of Social Media as Evidence

As suggested, social media can be used to provide evidence of illness falsification. When investigating cases of suspected APCF/CFIC/MCA, the more quickly that law enforcement can lock down and preserve accounts such as Facebook, Instagram, and other social media, the less time a suspected perpetrator has to remove them (Weber, 2018). Posts obtained from these sites often contain contradictions, blatantly false diagnoses, and extremely invasive photographs of children. Searches may include cell phones, computers, and other electronic devices,

looking for search histories and themes. Computer forensics may be able to recover such information even if a suspected perpetrator erases posts and texts.

Brown, Gonzalez, Wiester, Kelly, and Feldman (2014) described three children who presented with chronic, complex medical conditions that were ultimately diagnosed with APCF/CFIC/MCA. The diagnoses were made through chart review and separation of the children from their perpetrator, their mother. Once the mothers were excluded from the hospital, all three victims clinically improved and their symptoms decreased significantly. Protective services subsequently removed the children. In each case, the mother maintained a blog documenting her child's illness and hospitalizations.

Brown and colleagues (2014) described blog characteristics that were clues to the diagnosis. In addition, they described common blog themes: distortion patterns, escalation patterns, attention patterns, exposure of the children to public viewing, fundraising and charity, and attitudes toward medical providers. The mothers distorted their child's illness through exaggeration, misrepresentation, and frank deception of the child's symptoms. They reported that their child suffered from illnesses that were already medically excluded. Even though medical providers clearly informed the mothers that their child was not dying, all mothers represented their child's medical condition to being critically ill or nearing death. Mothers received attention from their online followers when describing the difficulties in caring for a sick child. All of the blogs exposed the children through posted images that sometimes depicted graphic images of medical interventions. This was especially concerning since children cannot assent or consent to such exposure. The authors termed this "medical porn"—showing one's child receiving invasive treatments in partial undress, when under any other circumstances, such photos would be considered child abuse. Two mothers reached out to charitable "wish" foundations, and others sought fundraising by establishing online donation sites. Finally, the mothers' posts displayed negative attitudes toward their children's medical providers. They often blogged that the physicians were incompetent and therefore would refuse to follow their recommendations.

They portrayed themselves as the medical experts, as being truly protective of their children with rare, undiagnosed disorders (Brown et al., 2014).

If the themes described here are discovered in the social media accounts of a suspected abuser, concern for MBP abuse and neglect should be heightened. However, it is important to note that parents of genuinely ill children, those who are well meaning and not abusive, also may share excessive or inaccurate medical information and inappropriate photos of their children, may disparage clinicians online, and may engage in fundraising. Thus, the assessment guidelines should be followed for proper diagnosis (APSAC Taskforce, 2018). Interested readers are referred to Box 1 for two recent case studies.

## **Impact of Online and Paper Clinician Rating Systems on MBP**

The goals of the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS), a formal public rating of physicians and hospitals regarding a patient's hospital stay, are designed to allow objective and meaningful comparisons of hospitals on topics that are important to patients and consumers. This also helps create new incentives for hospitals to improve quality of care and enhance accountability in health care by increasing transparency of the quality of hospital care provided in return for the public investment.

An unfortunate, unintended consequence of HCAHPS implementation may be that it rewards providers for acquiescing to patients' and parents' demands, even if it means excessive treatment. Although consumer ratings have many advantages, there are some instances in which they adversely influence appropriate medical care. A recent study, involving mostly emergency room physicians, revealed that 48% felt pressure to obtain better patient satisfaction scores. This pressure promoted inappropriate care, which included unnecessary antibiotic and opioid prescriptions, tests, procedures, and hospital admissions (Zgierska, Rabago, & Miller, 2014). Some healthcare agencies and physicians feel pressured

## **Box 1. Case Studies Involving Social Media.**

**Case 1.** A 5-month-old male with mild gastroesophageal reflux was admitted for the third time since birth—twice for a BRUE (brief resolved unexplained event) and then for “intractable” vomiting. He had three prior emergency department visits for serious symptoms, such as gasping episodes, turning blue, and difficulty breathing, reported by his mother but not corroborated by medical providers. All of his physical examinations were documented as normal. He was well appearing, afebrile, and occasionally having nasal congestion. His mother reported that he suffered from Hepatitis C and cystic fibrosis (both were fabrications). He received multiple intravenous line placements, chest x-rays, and blood work, all of which were normal. On the last admission, his mother made him a “Do Not Announce,” so no one could know where or why he was admitted. In the reception area outside the pediatric unit, a medical professional overheard the mother telling family members, “Doctors are telling me he’s terminal. I have to decide whether to pull the plug.”

A child protective services investigation ensued when this behavior was reported. This investigation revealed that the infant lived with his mother, but had frequent contact with his father and paternal grandmother. The mother had informed them that the infant suffered from terminal heart and lung disease. In addition, they discovered Facebook postings of images of the infant at different ages with a nasal cannula. She also described her difficulties coping with a sick infant. The father informed CPS that he had seen the mother administer oxygen via nasal cannula (never prescribed) and was instructed by the mother to administer albuterol via nebulizer every 20 minutes (never prescribed). The infant was voluntarily placed by his mother and subsequently thrived. Similar to Brown’s cases, this mother distorted, escalated, received attention, and exposed her infant through deceptive images via blogging. To maintain her ruse, she also inflicted unnecessary, and potentially traumatizing and/or harmful, medical treatments onto her child.

**Case 2.** This case involved two sisters, the eldest was 11 years old with at least 12 diagnoses, including Ehler Danlos syndrome, gastroparesis, and dysautonomia. She had 10 emergency department visits for dehydration, was evaluated at three different institutions and underwent extensive laboratory and radiologic investigations. She was wheelchair confined and slept in a hospital bed in her home. She recently was granted her “wish” for a shopping spree as her mother informed the foundation that her daughter was terminally ill and had less than six months to live.

Her mother invited all of her physicians to join a fund website page in her daughter’s name. There were multiple postings of her daughter in various emergency rooms attached to machines and intravenous lines. There were numerous followers sympathetic to the mother’s plight and her daughter’s intractable illnesses. The family had raised more than \$30,000. During the last admission for “dehydration,” her mother posted that her daughter was being transferred to an outside hospital for insertion of a central line. The multidisciplinary child protective team was consulted when the admitting team discovered this post.

The second sister was 8 years old with at least six diagnoses, including Ehler Danlos syndrome, chronic tonsillitis, and otitis media, for which she underwent adenoidectomy, tonsillectomy, and tube placement (despite no chronic effusion or hearing loss). She had multiple emergency department visits for varying ailments and had been evaluated with numerous medical tests at three different institutions. Her mother had applied to a foundation for a “wish” and had recently set up a fund page for her. Her fund page had recent images of the child walking with a cane.

In view of the fabricated blog, CPS became involved and the mother was excluded from the hospital. Both sisters had normal physical and neurologic examinations. Two hours after their mother left the hospital the sisters were dancing with their nurse. They remained in the hospital until they could be weaned off all their prescribed medication for their various diagnoses. They were placed in foster care and remained asymptomatic. They were reunited approximately six months later after their mother agreed and complied with all court ordered stipulations: admitting guilt, no longer having any medical decision making, undergoing mental health assessment, and participating in family therapy. The mother may still face criminal fraud charges based on her fundraising efforts and her obtaining “wish” awards for her daughters.

to comply with a caregiver's recommendations or agree to requests for referrals to specialists because they perceive that even a single poor "grade" would have dire consequences and that multiple negative survey responses could impact their standing in the community and even reimbursement rates. Reliance on consumer input may be deterring providers from curtailing excessive healthcare-seeking behavior or from considering illness fabrication, regardless of the cost and harm such behaviors cause.

## Electronic Health Records

There are advantages and disadvantages associated with the increased use of electronic medical records (EMR). Electronic records have improved readability as notes are now typed. Additionally, if participating in a program that allows the clinician to access records from other institutions, the evaluator may more quickly identify high-healthcare utilization, episodes of deception, discrepancies, and lack of continuity of care. However, current patient privacy regulations and EMRs that fail to speak to each other frustrate the goal of understanding past histories. EMR systems can display discrete flags that notify health users of possible concern, but not all systems or providers have adopted this practice. Pharmacy and insurance records can now potentially be tracked more easily. Theoretically, an insurance company could set up a proactive way to look at high utilizers of care to determine if their healthcare utilization makes sense or if further investigation is warranted. However, even if it is possible to obtain all past medical records, analysis of the records is often daunting as many MBP victims have extremely high numbers of healthcare contacts. Also, if providers "cut and paste" information from other providers into their notes, this promulgates unreliable histories or other false information (Squires & Squires, 2010).

Likewise, many EMRs utilize pre-checked information boxes, which must be actively unchecked if not applicable. Thus, it can be difficult to be sure that those checked boxes reflect true clinical observations, and it is sometimes difficult to ascertain who checked or unchecked a box (who saw or did not see a particular symptom or behavior). EMR reports are often lengthy and present all data with equal

weight, making it difficult to sift through them for significant information. Because they also import past information into current notes, it is difficult to identify what is new information or observations. In addition, physicians may be reluctant to document problematic parental behaviors if they think that the caregiver might read the record. Finally, EMRs do not interact with child protective services (CPS) records, with schools, or with all other medical centers.

## Backlash

### In the Press

In September 2002, a *Seattle Post Intelligencer* front-page article alleged that a series of families were being persecuted by MBP diagnoses. A more nuanced article in *People Magazine* followed later that year. In December 2013 (Kreiter), with an update in 2016 (Levenson), the *Boston Globe* published a series of articles raising questions about the diagnosis of medical child abuse, and more recently in July 2015, the *New York Times* published an article by Eichner, who wrote that this potentially fatal form of child abuse has been vastly overused and is a vehicle for physicians to retaliate against parents when parents disagree with them. She stated,

As I've researched medical child abuse over the past year, several advocacy and support groups for patients with rare diseases told me they had seen an alarming rise in medical child abuse charges: MitoAction (which supports patients with mito); the American Partnership for Eosinophilic Disorders (disorders relating to white blood cells); the Ehlers-Danlos National Foundation (a rare disorder of the connective tissues); and Dysautonomia International (autonomic nervous system disorders). Through these groups, I've surveyed 95 parents who have been accused, in 30 states.

Such articles in high-profile publications escalate alarm on the part of parents of children with genuine illness and fuel support for abusers. The *New York Times'* (2015) article initially failed to mention the central feature of MBP, which is a demonstrated pattern of deception, or to obtain collateral confirmatory data, given the need to counter

the expected deception among true MBP abusers. The author also erroneously asserted that lack of a diagnosis in a child with physical or psychiatric symptoms places that child at a significant risk for being reported to CPS. In fact, it is relatively common for children to have unclear diagnoses and extremely uncommon for suspected MBP to be reported to CPS. Rather, like all other forms of child abuse and neglect, MCA/MBP is more likely to be underreported. Common with all these articles, confidentiality laws prevented clinicians from discussing the true reasons for concern and referrals to CPS.

### Via Social Media Sites

In addition to the uses we have described, social media provides an opportunity for individuals to organize and advocate for caregivers who are being investigated or charged with this type of child abuse. Small groups of parents who have been suspected of MBP have utilized social media to coordinate and mobilize their efforts to lobby against those who assess, report, and manage families impacted by this form of abuse. One such website is sponsored by M.A.M.A. (Mother's against Munchausen Syndrome by Proxy Allegations (MSBP), [www.msbp.com](http://www.msbp.com)). Their mission "is to stop the assault on innocent parents from MSBP allegations and to reveal the ulterior motives of the accusers." Their membership includes individuals who report that they are falsely accused and who work diligently to educate others on situations in which there is a risk of misdiagnosis (Patrick, 1997). The truth of the cases cannot be determined by a website synopsis alone, but it includes parents who are believed to have abused or neglected their children via MBP. These individuals are encouraged to file lawsuits against clinicians and hospitals for incompetence, malpractice, and slander (McCulloch & Feldman, 2011). A similar site is at [MedicalKidnap.com](http://MedicalKidnap.com) (part of the Health Impact News network), which devotes itself to a variety of instances in which children are "taken away from their families for simply disagreeing with their doctors" (Mora-Kent, 2017). Facebook has been used to rally protesters to appear at court hearings, outside hospitals, and at professional board reviews of complaints filed against professionals. YouTube has been used to post videos of court hearings, protests, police encounters, hospitalizations, and other related events. At this time, false and personal information about involved

professionals may be posted online with relative immunity.

One blog (Luttner, 2015), titled "On Shaken Baby," posted an article in response to Brown and colleagues' (2014) caregiver blog article:

I fear that we are now facing a wave of inaccurate "medical child abuse" diagnoses—... Like shaken baby syndrome, the diagnosis of medical abuse rests on the subjective opinion of the child abuse experts, and it includes the assumption that the child's caretakers are lying, a combination that makes me very nervous. I'm not saying that medical child abuse doesn't happen, only that it's treacherous territory. Most disturbingly, the diagnosis, like shaken baby, is another opportunity for the families of children with rare or poorly understood medical conditions to be wrongfully accused of abuse. (3rd para. from end)

### Online Discussions As Data

Lawler and Kirakowski (2014) conducted a qualitative study of communications posted by individuals who self-identified as suffering from factitious disorder or Munchausen syndrome, gathered from two moderated online mental health support communities. One-hundred twenty-four posts by 57 members amounting to approximately 38,000 words were analyzed using grounded theory. Their analysis revealed that the motivation to induce or fabricate illness was conscious, and that fabricated illnesses met a variety of needs and were both long-term and episodic. Many of the individuals indicated that specific triggers preceded their fabrication, including stressors in their lives or circumstances they wanted to avoid. Over half of the writers described their illness fabrication as similar to an addiction, with the following feelings and behaviors that are consistent with the literature on addiction: shame; going to great lengths to avoid detection; the need to enact fabrication as stronger than the desire to stop; an overwhelming, uncontrollable compulsion to enact; and a cyclical nature to their behavior (p. 213). While this study was conducted on individuals who fabricated illness in themselves, some insights

can extend to those who fabricate illness in another, specifically their child. Bools, Neale, and Meadow (1994) found that 72% of mothers who had induced illness in their children had a history of their own FD. Theories of FDIA perpetrator motivation (Feldman, 2004) are consistent with the motives revealed by these narratives, such as triggering events, the compulsive nature of illness fabrication, the lengths to avoid detection, and the shame associated with the behavior. This study also illustrates how online chat rooms and communications written in a blog or forum provide large sources of narrative data that can be captured for qualitative analysis.

### **Victim Perspectives**

Anderson, Feldman, and Bryce (2017) studied the narratives from 356 posts written by 348 members of an online discussion following a 2007 Dr. Phil show on medical child abuse. The researchers analyzed 37 self-reported cases of being a victim of MCA, nine of which were reports from family members or survivors of situations in which a mother had been formally documented as having engaged in MCA. The data supported the literature regarding motivations of perpetrators. Three themes identified in the narratives were previous experiences of abuse, manipulation, and attention seeking. Another factor considered to be an important motivation was control, either because the perpetrators lacked control in other aspects of their lives or because they gained gratification from the deceitful stories of heroism they told. Mothers who perpetrate MCA seemed to find that fabricated illness provided a reprieve from marital conflict or became a pattern of trying to re-engage a spouse into family life.

Of concern was the fact that almost all of the self-reported victims had made multiple attempts to report the abuse—to social services, the police, or other family members. As in the Gypsy Blanchard case (Dean, 2016), each time the victims reported, their concerns were dismissed. This study highlights the premise that this type of abuse is under-recognized and that there is a powerful need for professionals in all disciplines to be more aware of MCA.

### **Conclusions**

MBP is a serious form of child abuse and neglect

that is complicated to diagnose, which is further compounded by the increased clinical sophistication afforded by the Internet. Social media and blogs are commonly used to access medical knowledge, share information about a sick child, and receive social and monetary support. They also provide forums for suspected perpetrators to organize against the diagnosis and child protection. Fortunately, the same technology can be used to detect illness falsification, provide evidence in prosecutions, and avert future abuse. The Internet has also contributed to avenues for qualitative research on FD and FDIA. The impact of patient satisfaction surveys and electronic medical records on healthcare providers as they deal with this type of child abuse warrants further study.

### **About the Authors**

**Debra Esernio-Jenssen, MD, FAAP**, is Section Chief of Child Protection Medicine at the Lehigh Valley Children's Hospital in Allentown, Pennsylvania. She is Professor of Pediatrics at the Morsani College of Medicine. She is both Board Certified in Child Abuse Pediatrics and General Pediatrics. In 2007, she was invited to join the Ray Helfer Society and served on the Board of the American Professional Society on the Abuse of Children.

**Randell Alexander, MD, PhD**, is Professor of Pediatrics, the University of Florida—Jacksonville; a member of the International Advisory Board for the National Center on Shaken Baby Syndrome; President of the Academy on Violence and Abuse; and chair of the Committee on Child Abuse Florida Chapter, American Academy of Pediatrics.

**Kenneth Feldman, MD**, is an attending physician at Seattle Children's and Clinical Professor of Pediatrics at University of Washington, School, General Pediatrics. He was Medical Director of the Children's Protection Program and maintains a 1½-day primary care practice. He previously attended the emergency department, general wards, and intensive care unit at Children's.

**Beatrice Yorker, JD, RN, FAAN**, is Professor Emerita of Nursing and Criminal Justice at California State University, Los Angeles. She has published on case law of Munchausen by proxy, covert video surveillance, Munchausen by proxy among healthcare professionals, and serial murder in hospitals.

## The Influence of Electronic and Internet Advances on Munchausen by Proxy

- Anderson, A., Feldman, M. D., & Bryce, J. (2017). Munchausen by proxy: A qualitative investigation into online perceptions of medical child abuse. *Journal of Forensic Sciences*. doi: 10.1111/1556-4029.13610 Available online at: [onlinelibrary.wiley.com](http://onlinelibrary.wiley.com)
- APSAC Taskforce. (2018). Munchausen by proxy: Clinical and case management guidance. *APSAC Advisor*, 30(1), 8–31.
- Bools, C., Neale, B., & Meadow, R. (1994). Munchausen syndrome by proxy: A study of psychopathology. *Child Abuse & Neglect*, 18(9), 773-788.
- Brown, A. N., Gonzalez, G. R., Wiester, R. T., Kelly, M. C., & Feldman, K. W. (2014). Caretaker blogs in caregiver- fabricated illness in a child: A window into a caretaker's thinking? *Child Abuse & Neglect*, 38, 488–497.
- Dean, M. (2016, August 18). *Dee Dee wanted her daughter to be sick, Gypsy wanted her mom to be murdered*. Retrieved from [https://www.buzzfeed.com/michelledean/dee-dee-wanted-her-daughter-to-be-sick-gypsy-wanted-her-mom?utm\\_term=.jmRYJjen1#.agm42vIkG](https://www.buzzfeed.com/michelledean/dee-dee-wanted-her-daughter-to-be-sick-gypsy-wanted-her-mom?utm_term=.jmRYJjen1#.agm42vIkG)
- Eichner, M. (2015, July 11). The new child abuse panic [Opinion]. *New York Times*. Retrieved from: <https://www.nytimes.com/2015/07/12/opinion/sunday/the-new-child-abuse-panic.html>
- Feldman, M. D. (2000). Munchausen by Internet: Detecting factitious illness and crisis on the Internet. *Southern Medical Journal*, 93, 669–672.
- Feldman, M. D. (2004). *Playing sick? Untangling the web of Munchausen syndrome, Munchausen by proxy, malingering, and factitious disorder*. New York: Brunner-Routledge.
- Kreiter, S. (2013, December 15). *A medical collision with a child in the middle*. Boston Globe. Retrieved from: <https://www.bostonglobe.com/metro/2013/12/15/justina/vnwzbbNdiodSD7WDT6xZI/story.html>
- Lawler, A., & Kirakowski, J. (2014). When the lie is the truth: Grounded theory analysis of an online support group for factitious disorder. *Psychiatry Research*, 218, 209–218.
- Levenson, M. (2016, February 25). Parents sue Boston Children's Hospital for negligence. *Boston Globe*. Retrieved from <https://www.bostonglobe.com/metro/2016/02/25/parents-justina-pelletier-sue-boston-children-hospital-for-negligence/jCrlgTQBVikJtokEnIFBmN/story.html>
- Luttner, S. (2015, June 12). "Medical child abuse"—Be careful what you post [Web log post]. Retrieved from <https://onsbs.com/2015/06/12/medical-child-abuse-be-careful-what-you-post/> Printed with permission.



- Mora-Kent, O. (2017). *World renowned medical anthropologist compares Munchausen syndrome by proxy labeling to witch hunts*. Retrieved from [www.medicalkidnap.com](http://www.medicalkidnap.com)
- McCulloch, V., & Feldman, M. D. (2011, November). Munchausen by proxy by Internet. *Child Abuse & Neglect*, 35(11), 965—966.
- Patrick, J. (1997, April). *Mothers against Munchausen syndrome by proxy allegations*. Retrieved from [www.msbp.com](http://www.msbp.com).
- Squires, J. E., & Squires, R. H. (2010). Munchausen syndrome by proxy: Ongoing clinical challenges. *Journal of Pediatric Gastroenterology and Nutrition*, 51, 248–253.
- Weber, M. (2018). Investigating factitious disorder imposed on another or medical child abuse. *APSAC Advisor*, 30(1) 53-59.
- Zgierska, A., Rabago, D., & Miller, M. M. (2014). Impact of patient satisfaction ratings on physicians and clinical care. *Patient Preference and Adherence*, 8, 437–446.

