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As one of the pioneering companies of professional clowns working on pediatric wards in France ("*Le Rire Medecin*", founded in 1991)<sup>1</sup>, it was with great interest that we read "Clown Doctors as a Treatment for Preoperative Anxiety In Children: A Randomized, Prospective Study" (Vagnoli et al, *Pediatrics* 2005, vol 116 - N° 4; pp 563-567) reporting beneficial lowering of preoperative anxiety both in children and their parents. We welcome the study as a serious attempt to evaluate the therapeutic value of clowns in hospitals objectively, but in the light of our experience also feel it may be useful to underline a number of significant criteria that were not taken into account in the study and which might have had an impact on the results recorded by the authors.

Establishment of staff cooperation and understanding is vitally important in the success of working with clowns in a hospital environment and great care should be exercised in achieving this before any evaluation begins. The recorded comments by medical staff of hindrance in their professional activities, despite the averred beneficial effects of the presence of clowns, should have been investigated further, either by extending the questionnaire given to survey opinions of medical personnel (Table 1 in the article) to ascertain the actual causes of dissatisfaction with greater accuracy or at least by broadening the discussion of reasons behind the opinions given.

Our principal concern however involves more fundamental issues raised by this study. Fifteen years experience has taught us that a number of factors should not be underestimated in the success of "clown doctors" in pediatrics. Briefly, these factors include professionalism of the actor-clowns, their continuous vocational training and long-term presence as part of the medical team as well as frequency of interventions. None of these points are clarified in the article.

The study fails to indicate whether the clowns were professionals, amateurs or voluntary workers. Equally, no information is given about their experience of working in a hospital environment.<sup>2</sup> Considering the study was carried out on children hospitalized for minor day surgery, it seems unlikely they had time to become accustomed to interaction with clowns. But above all, since the nursing team were the least satisfied group, it is unfortunate no information is supplied about how the doctors and nurses were briefed beforehand, or whether the invasion of clowns was organised for the purposes of the study over the six-month study period without any preliminary preparation of staff. Evidence for the latter assumption comes from the type of comments recorded by unhappy medical staff (Table 8 in the article), who complained about slower induction times, interference in staff-child communication and overcrowded conditions, all of which indicate a lack of staff preparedness and motivation.

Familiarity is a decisive parameter in relations between clowns and medical staff. This can only happen by taking the time needed to

overcome initial embarrassments – such as coping with additional noise on the ward or allaying fears in very young children. More importantly, long-term relationships build up confidence on all sides when the positive effects of comfort and sometimes euphoria can be witnessed on a regular basis. Living through difficult experiences together also helps build up an undeniable mutual respect between clowns and medical teams.

Other aspects of the study that might be improved include the possible bias introduced by asking the clowns themselves to evaluate their effect on the children. Despite the correlation of these results with those of the independent observers, the only purpose of this self-evaluation questionnaire seems to have been to test the reliability of the clowns in indirectly assessing anxiety in the children they accompanied. The study is also a little vague on the conditions in which clown groups and non-clown groups were allocated and scheduled. We presume that each group was unaware of the other but if this was not the case, vexation or jealousy among children in the non-clown group could possibly influence their preoperative anxiety state. Conducting a study on the effect of clowns on children (and their parents) experiencing stress and anxiety prior to operation seems an interesting choice, since clowns are often effective in situations where improvisation and sensitivity are called for. Future studies we hope will also include evaluations of the effect of clowns visiting children with chronic pathologies where a bond of familiarity has been allowed to develop. Perhaps such studies could also adopt a more qualitative approach, or sociological angle, analysing for example a given situation before and after introduction of a long-term program involving clowns.

Finally, the above criticisms are in no way intended to disparage the study in question which we consider of great interest and most pertinent to the question of clowns working in hospitals. In particular, the use of an adapted Yale anxiety scale is to be applauded and we can only hope that as for all aspects of medical care, the efficacy of clowns on children's wards should continue to be evaluated as objectively as possible, even if they cannot be fully considered as primary health care (in the same sense as anxiolytic drugs). The process of integrating clowns into hospital health care is complex and requires time but we must continue seeking and developing all pathways that improve the quality of life of children in hospital.

1 c.f. Cloning on Children's Wards, D. Oppenheim, O. Hartmann, C. Simmonds, *The Lancet*, Vol.350, 20/27 December, 1997, pp.1838-40

2 However, the clown company's name given at the end of the article enables further information to be found by searching for their web site.