

immunization is being given by the parents in the child's interest, but if, as McCormick states, such a large majority of physicians and parents advocate violence against children (ie, spanking), why should we trust them to make other decisions regarding painful procedures for children?

McCormick and the researchers he quotes in his article in the *Journal of the American Medical Association*<sup>2</sup> on the attitudes of physicians toward corporal punishment seem unable to discover what 70% of family physicians already know from their own experience: spanking is a moral and effective method of child discipline by parents.

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In reply

It was not my intention to suggest that all spanking supporters are mean in motivation or lacking in character. For most parents, the conscious and honorable motivation for discipline is to raise a respectful, productive, self-directed citizen. Yet, we use an act that exemplifies some of the very behavior we deplore, that does not engender respect for elder and order, and that does not teach self-direction. Our empiric acceptance of spanking is contradictory and involves more than simple acceptance of the wisdom of our elders.<sup>1</sup>

If spanking were effective or harmless it would be an acceptable tool of discipline. In fact, spanking is not more effective than other methods. When some of the most important goals of discipline are considered, it is less effective. The lesson is to hit and to misbehave only when punishment is unlikely. The effects of spanking are more subtle than appreciated. In addition, our perceptions are not more accurate because we are physicians or psychologists.

If spanking affected hemoglobin, then perhaps the question would have been resolved long ago. However, the literature on corporal punishment is of no less quality than literature

dealing with other issues of behavior and mind. The science that supports many daily actions of family physicians is no more conclusive. Physicians swear to, first, do no harm. When almost all the science on corporal punishment contraindicates its use, when not a single study, weak or strong, finds it safe and effective, is it responsible to contradict this science? Dare we take the chance of doing the harm we swore to avoid? Mongan's assertion that violence has increased in schools that do not use corporal punishment is further evidence of a need to consult the literature rather than rely on what may be faulty perceptions. Schools that have eliminated corporal punishment note no deterioration in student behavior.<sup>2</sup> Although the cited study was done in the 1970s, evidence and opinion against corporal punishment continue to accumulate.<sup>3-8</sup>

I thank Mongan for reminding us that corporal punishment is not the only source of our problems with violence. Strong, healthy families can be a foundation to fight many of the ills of our society. But corporal punishment is not needed to have a strong, healthy family. It is not my intention to divert concern away from poverty, substance abuse, and the media. But spanking is a violence problem, a "primordial violence" problem<sup>9</sup> that must not be ignored by physicians.

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