



# Humour sans frontiers?

## Experiences of clown doctoring at a distance by telemedicine

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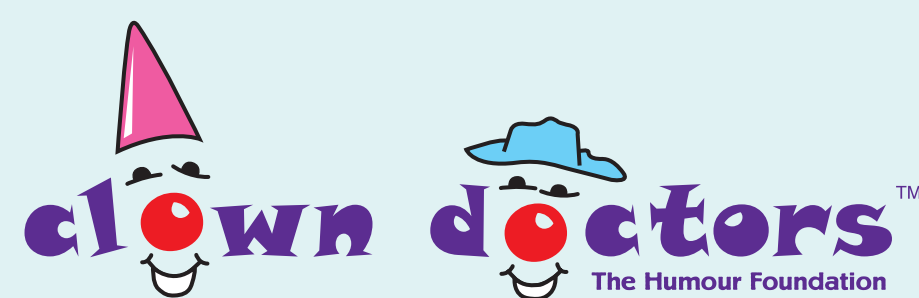
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### ● Introduction

Humour has been shown to have physiological benefits including the potential to reduce the perception of pain, reduce stress and to benefit the immune system. For sick children, humour has been used to relieve the stress of being hospitalised or to achieve co-operation during invasive procedures. "Clown Therapy" is a well established part of the routine in many children's hospitals, including the Royal Children's Hospital (RCH) in Brisbane which has an active Clown Doctor™ Programme. This work investigated whether telemedicine could improve equity of access to humour for children hospitalised away from the nearest clown-enabled hospital.

### ● Aims

Clown doctoring relies on being able to engage children. The aim of this work was to assess the feasibility of doing so at a distance using telemedicine.

### ● Methods

The Clown Doctors developed and refined a programme that could be delivered by video. Paediatric units in three hospitals already had existing child-friendly telemedicine systems. These units were wireless, able to be easily moved to the bedside and were designed primarily for clinical consultations. The three

hospitals were all distant from the RCH (range 160km-2,000km). On a weekly basis, the Clown Doctors linked from the RCH to children at the three hospitals. Humour was delivered at an individual child's bedside or to a room containing several children as appropriate on the day.

### ● Results

In the first 12 months of teleclowning, 29 sessions were held involving 92 children. The median number of children per session was 3 (range 1-6). Total session time was 670 minutes (median 20 minutes, range 10-30 minutes). Clowning was well accepted in two of the hospitals. One hospital had a small number of paediatric admissions and hence had less need for clown visitations. Overall, the Clown Doctors found it feasible to deliver their humour at a distance. Engagement was difficult with the youngest of the children though it is unclear whether this was as a result of the telemedicine delivery modality.

### ● Conclusions

Clown doctoring at a distance appears to be technically and practically feasible albeit with modification to the clowning routine and when targeted away from the youngest of children.

### ● Acknowledgements

We would like to thank the Brisbane Clown Doctors (Drs Bob, B Bubbly, Gizmo, Kerfuffle, Reddy, Tickle-Me-Please and Wobble) for their hilarious contributions.

