Guest editorial

The rights of children to health care

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It is remarkable that malnutrition is still implicated in more than half the deaths of children worldwide. Malnutrition renders children chronically prone to illness and impairs intellectual development. It is within the power of governments to change this grievous legacy - our world can feed our world's children. Yet despite the United Nations Convention on the Rights of the Child, article 24.2C, that governments have a responsibility to combat disease and malnutrition through the process of adequate nutritious food, malnutrition, in the view of UNICEF, remains the world's most silent emergency.¹ Malnutrition is caused by poverty and perpetuates poverty. Child malnutrition is not confined to developing countries. In the industrialised countries with widening income disparities the nutritional status of children is threatened. Even when relatively mild, malnutrition is associated with the child's increased risk of dying. In the face of such overwhelming problems worldwide and the lack of political will to solve them, what can the individual physician do to reinforce the need to promote the health of children?

The Council of the World Medical Association at its meeting in Montevideo this year prepared a Declaration on the Rights of the Child to Health Care.² It emphasises the general principles which underpin the UN Convention on the Rights of the Child, which includes the need to combat disease and malnutrition. Every child has an inherent right to life as well as the right of access to the appropriate facilities for health promotion, the prevention and treatment of illness and the rehabilitation of health. Physicians and other health care providers have a responsibility to acknowledge and promote these rights, and to urge the provision of the material and human resources to uphold and fulfil them.

The initiative for the declaration came from the Chilean Medical Association. Children's physicians in Chile are very concerned about the plight of children in hospitals, who are in a very similar situation as pertained in the UK in the fifties. Proposals were put forward to the World Medical

Association to support the Chilean physicians in their quest to put pressure on the health authorities for change. Further discussions in the World Medical Association resulted in a working group being set up, with representatives from the Chilean, Israeli, Canadian and British medical associations. The group produced a wider statement on the rights of the child to health care. The document has been sent for consultation to all the sixty to seventy national medical associations which comprise the World Medical Association for their approval. There is then a joint "ownership" of the statement and the document therefore carries the full weight of the World Medical Association and its constituent national associations. When it is formally passed through the World Medical Assembly in Ottawa this October it should form an international bench-mark against which children's services worldwide can be compared.

Specifically, the declaration includes statements on the quality of care which should be provided to children and the need for the health care team to have the special training and skills necessary to enable them to respond appropriately to the medical, physical, emotional and developmental needs of children and their families.

The autonomy of the child is given particular emphasis with regard to consent to diagnostic procedures, treatment and research. The wishes of the child should be taken into account in such decision making and should be given increasing weight, dependent on his/her capacity of understanding. The child who, in the judgment of the physician is fully mature, is entitled to make her/his own decisions about health care. Likewise a child needs to keep fully informed about her/his health status and medical condition apart from any exceptional circumstances.³ The obligation on physicians and health care workers to maintain confidentiality of identifiable personal and medical information applies as much in the child patient as it does to those who are adult. Children in institutions such as hospitals need protecting and the declaration confirms that a child should

only be admitted to hospital if the care he/she requires cannot be provided at home or on a day-care basis. The facilities should be child-centred and allow unrestricted visiting.

Child abuse has previously been discussed in depth by the World Medical Association and reference is made to the association's detailed guidelines in a statement on child abuse and neglect originally drawn up in Singapore in 1984 and amended recently in Indonesia. Indeed the special rapporteur to the United Nations, Mr Vitit Mun-tarbhorn, has drawn attention to the increasing international sale of children, child pornography and child prostitution.⁴ The exploitation of children in the labour market may deprive them of their childhoods and of educational opportunities and potentially endanger their present and future health. The devaluation of children degrades society.

The dignity of the child patient is emphasised by the World Medical Association statement:

"The child patient should be treated at all times with tact and understanding and with respect for his or her dignity and privacy."

The "value of children" has been studied as a social psychological construct, with reference to the values attributed to children by parents two decades ago.⁵ Three main value types were identified - utilitarian, which related to the economic material benefits of children, both when they are young and when they grow up as adults; secondly, the psychological values related to love, joy, pride and companionship; and thirdly, the social values expressed by adults when they are seen to have a family. Not surprisingly the utilitarian economic values are stronger in less developed countries and related to the higher fertility rates, while the

psychological values are more appreciated in the affluent societies where sufficient satisfaction can be obtained from one to two children rather than more, so the drive for fertility is less.

UNICEF recognises at this time that the needs and the rights of children should be put at the very centre of development strategy. Mr James P. Grant's stated to the Third Committee of the 49th Assembly of the United Nations in New York in 1994 that "the argument about our children's rights is based neither on institutional vested interests nor sentimentality about the young; it is based on the fact that childhood is a period when minds and bodies, values and personalities are being formed, and during which even temporary deprivation is capable of inflicting life-long damage and distortion on human development".⁴ The necessity for this focused yet holistic approach involves health care. The World Medical Association Declaration will provide the opportunity for all physicians within their national medical associations to influence their governments to effect change for the common good.

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References

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