Module 3

Respecting Children’s Rights in Pediatric Practice

A Course for Health Professionals

Children’s Rights and Child Health
### Learning Objectives for Module 3

1. Identify the rights of the child that have particular implications for clinical practice

2. Understand the conflicts and approaches to resolution when a child’s rights conflict with those of his/her parent’s

3. Describe three changes in clinical practice that would more fully implement respect for children’s rights

### Content of Module 3

This module introduces the three key articles of the Convention, Articles 5, 12 and 16, that have implications for the daily practice of Pediatrics and the relationships between children and their doctors, nurses, and other health care providers. If implemented together, these principles will contribute to a practice that is more inclusive and respectful of children than has traditionally been the case. Although the term “competence” used in this and other modules has a formal legal definition, it is used in this context to mean “decision-making capacity.” A lower age limit is not defined for engaging children in decision making given: a) the varying developmental capacities of individual children, and b) the breadth of opportunities for decision-making that can be offered to even young children.

### Table 1

<table>
<thead>
<tr>
<th>Principal Articles of the Convention That Inform Health Practice</th>
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<tr>
<td><strong>Article 5: The right of children to respect for their evolving capacities</strong></td>
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<tr>
<td>This article defines:</td>
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<tr>
<td>• The obligation of the provider to explore with the child their level of understanding of any proposed treatment, their views on it and their competence to make a decision on whether or not to consent to treatment.</td>
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<td>• The need to work collaboratively with both children and their parents and to involve them as fully as possible in treatment decisions.</td>
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<td>• Questions about when a child is competent to give or refuse consent to treatment when the parent takes an opposing view.</td>
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**Article 12: The right to be listened to and taken seriously**

This article defines:
- The entitlement of all children who are capable of expressing a view to do so.
- The entitlement of all children to comment on all matters affecting them, without restriction to any aspect of the child’s life.
- The obligation to extend due regard and consideration to the views of children.
- The weight to be given to their views in accordance with their age and maturity.

**Article 16: The right to privacy and respect for confidentiality**

This article defines:
- The requirement to respect the confidentiality of adolescents to seek medical help.
- The need to develop and promote explicit policies on who is entitled to confidential advice and information.
- The need for clarification on the law relating to confidential treatment of minors and to develop policy accordingly.

The Convention does not give children the right to self-determination or autonomy. Rather, it recognizes that children have the right to express their views and have them given proper consideration. As children acquire necessary competencies, the right to take increasing responsibility for decisions should transfer to them.

**Activities and Discussion**

Activities in this module encourage you to draw on your own practice/experience to consider:
- How decisions are made with, for and about children; and,
- What attitudes are reflected in your practice toward: a) children’s levels of understanding, b) their rights to information, and c) their rights to consultation with respect to decisions that are made about their health? It is important to clarify exactly what is meant by the concept of involving children in matters that affect them.

As you prepare for the Activities, please consider cases from your practice/experience that involve critical questions/issues related to the rights of children to be informed and involved in decision making related to their own health. Specifically, consider recent cases that describe a situation where there has been a question about:
- whether or not to involve a child in a medical decision,
- whether to override the wishes of a competent child, and/or
- breaching the confidentiality of a child.
Examples of Case Scenarios describing such issues include:

- A 13 year old wants contraception, but is unwilling for her parents to be informed.
- A 10 year old is diagnosed with cancer that is likely to be terminal, but surgery could offer temporary alleviation of pain.
- A child has HIV transmitted from the mother. Should the child be told? Why or why not? What are the implications for the mother’s privacy?
- A school vaccination program – should individual children be consulted and asked for permission?
- A six year old refuses a medically necessary injection.

Activity 3.1

Activity 3.1 will use your and your colleague’s case studies to consider how to protect children’s rights in clinical practice.

Activity 3.1
Protecting Children’s Rights in Clinical Practice

First: Describe a case as follows:

1. Briefly outline circumstances of the case.
2. Highlight the nature of the decision to be made.
3. Describe who was involved and why.
4. State the outcome and how it was reached.

Next: Think about or discuss the following questions relative to the case:

1. Were the child’s rights fully respected in this case?
2. If not, why not?
3. What could have been done differently?
Discussion

*How Are Children’s Rights Respected In Your Practice?* The following questions each raise issues that should be considered as pediatricians and other health care providers address the necessity and complexity of integrating a rights-based approach to practice.

1. **Do you create time to explain to your patients exactly what is happening to them, or do you simply provide information to the parents?**

   Is information provided at a level that can be understood by the child?

   What negative implications could there be in your practice if you were to provide information directly to the child? For example, it would take time, it might cause the child distress and/or the parents might object.

   What might be the benefits that would override these problems? Children might be less anxious and feel more in control. They may be better prepared for what is happening. Parents could be better equipped to help the child.

   The child could be more able to co-operate if s/he knows what is happening and is better able to articulate problems.

2. **At what age do you consider children to be competent to take responsibility for their own health care?**

   Does it depend on the individual child?

   Does it depend on the particular experiences of the child?

   How do/can you assess competence?

   How do you negotiate between parents and children when there is a difference in their opinions as to whether a treatment should be provided, or when a child wants information withheld from parents?

3. **What do you feel are the barriers to greater participation by children in their own health care?**

   How might these barriers be overcome?

4. **What changes might be necessary in your practice or hospital to move toward a culture of greater respect for children’s participation in their own health care?**
The following Table presents concrete and relatively simple strategies that can be used to begin the development of a rights-respecting practice of Pediatrics.

Table 1

**Practical Strategies for Involving Children In their Health Care**

- Develop child-friendly information targeted at different age groups and abilities.

- Make sure that time is given to explain fully to children about their condition, what is happening to them, what treatments are proposed, what options are available, implications of all the options, side effects of treatments and the likelihood of pain and discomfort.

- Give children the opportunity to ask questions and explore their concerns. Deal with them honestly and fully.

- Give children time to consider what they want. For example, if a child is frightened of injections, work with them to explore what might be done to alleviate their fear.

- Develop policies on confidentiality and make sure that all relevant staff as well as children and young people are aware of them.

- Develop policies on consent to treatment (where there is scope for professional judgment within the law), and make sure that all relevant staff and children and young people are aware of them.

- Provide training for all staff on the Convention on the Rights of the Child and its implications for practice.

- Develop and display a Charter of Rights for Children prominently in all health centers, clinics and hospitals.
Activity 3.2

Recognizing and Resolving Potential Conflicts Between Parental Rights and Children’s Rights

Activity 3.2 is meant to help you recognize and resolve potential conflicts between parental rights and children’s rights.

Identify cases that you have encountered in which conflicts existed between the rights of children and those of their parents.

Examples:

- A teenage girl, who has been brought to see you by her mother, is pregnant
- A ten year old boy needs treatment for a chronic condition but his parents refuse to give consent
- A disabled child refuses a painful corrective treatment which the parents want to undertake
- A child reveals that she is being abused by a family member
- A mother with HIV/AIDS wants to breast feed her baby

Address these questions and consider their relevance to the cases(s) you chose to discuss and/or others you have encountered

1. Which rights are at stake for the child and parent?
2. Which rights would you prioritize? Why?
3. How might you resolve the potential conflict?

Discussion

Conflicts of rights arise between individuals and between groups of individuals. For example, the exercise of the right to freedom of expression by one person might lead to denial of the right to protection from discrimination for another. Similarly, a conflict of rights can arise between parents and children. However, it is important to remember that parental rights and responsibilities exist primarily in order to protect and promote their children’s rights. In other words, parental rights and responsibilities cannot be exercised in contravention of children’s rights. Furthermore, as children acquire the capacity to exercise rights on their own behalf, parental rights and responsibilities recede.
Key Rights of Parents and Children Relevant to Child Health

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<thead>
<tr>
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<td>Right to privacy and confidentiality</td>
<td>Right to give consent to treatment</td>
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<tr>
<td>Right to be listened to and taken seriously</td>
<td>Right to provide direction and guidance</td>
</tr>
<tr>
<td>Right to life</td>
<td>Right to privacy and confidentiality</td>
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<tr>
<td>Right to the best possible health</td>
<td>Right to bring up a child according to own religion, culture and philosophical convictions</td>
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<tr>
<td>Right to respect for evolving capacity</td>
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<td>Right to respect for physical integrity and to protection from all forms of violence or abuse</td>
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In reality, the conflict is often between different rights of the child. For example, where a child refuses a necessary treatment that the parent wishes them to receive, the real conflict is not between the parent and the child, but rather about the child’s right to respect for their physical integrity and to have their views taken seriously, and their right to the best possible health.

When the rights of parents and children conflict, resolution may require that you consider the potential implications of the loss of rights.

Example: When protecting the parents’ right to raise their child according to their own religion could lead to the child’s death, as might arise where the parents are Jehovah’s Witnesses and the child needs a blood transfusion, then clearly the child’s right to life must be afforded priority. If it is not possible to achieve that outcome by negotiation or mediation, it may be necessary to have recourse to the courts to protect the child’s right to life.

In other situations, the balance is less clear cut.

Example: A child might want a medical condition kept confidential and not shared with her parents. However, if the law does not permit treatment of a minor without parental consent, such confidentiality will mean that the child cannot receive medical help. Thus the child’s right to privacy is in potential conflict with her or his right to the best possible health. Withholding information from the parents will deny them the opportunity to exercise their responsibility as a parent to protect their child’s health and give consent to a needed treatment. On the other hand, the parent’s reaction to the child’s condition may result in rejection or violence toward the child, for example, if she is HIV positive or pregnant.

There are no right and wrong answers to these complex situations. Each individual circumstance must be considered on its own merits. However, the approach to resolving conflicts of interests must be through reference to how best to promote the rights of the child.
Arguments For and Against Respecting the Views of Children

AGAINST

- **Children lack the competence or experience to participate.** Children have different levels of competence with respect to different aspects of their lives. Even very small children can tell you what they like or dislike about being in the hospital and why, and can produce ideas for making their stay less frightening and distressing.

- **Children must learn to take responsibility before they can be granted rights.** One of the more effective ways of encouraging children to accept responsibility is to first respect their rights. If doctors listen to children, give them time to articulate their concerns, and provide them with appropriate information, children will acquire the confidence and the ability to contribute effectively to their own health care.

- **Giving children rights to be heard burdens them unnecessarily.** Article 12 does not impose an obligation on children to participate in decisions. Rather, it provides a right for children to do so.

- **It will lead to lack of respect for parents.** Listening to children is about respecting them and helping them learn to value the importance of respecting others. It is not about teaching them to ignore their parents. Listening is a way of resolving conflict, finding solutions and promoting understanding – these can only be beneficial for family life.

FOR

- **It enables them to get answers** to any questions they may have and avoids misunderstanding.

- **They feel more respected.**

- **It relieves their anxieties** and helps them cope with the treatment.

- **It gives them confidence.** If they are involved in the process of treatment, they will not have fears that action will be taken without their knowledge or understanding.

- **It encourages co-operation.** If children lack information, they are likely to be more frightened and therefore less willing or able to co-operate in treatment. In turn, interventions will be more painful and distressing.

- **It avoids unnecessary distress** when information is withheld, children may worry unnecessarily about what is going to happen to them.

- **It leads to better understanding** of children’s own health care needs.

- **It encourages them to take more responsibility for their own health.**
Conclusion

The key points of this Module focus on the translation of the principles of children’s rights and the articles of the Convention into practice. Ultimately, promoting active participation of children in their own health care will accomplish many positive outcomes for them.

- Children are entitled to be actively involved in their own health care from the earliest possible ages.

- Involvement means listening to children and taking their views seriously, respecting their evolving competence to take responsibility for themselves and recognizing the importance of confidentiality, particularly for adolescents.

- Participation of children is important in principle. All people are entitled to be consulted over decisions that affect them. Considerable practical benefits for both the quality of care and the child’s general well being will result from engaging them in health decisions.

- Implementation of a commitment to involve children will necessitate changes in practice. Training of all medical and para-medical staff dealing with children, making time available to listen to and talk with children, provision of child-friendly information and development of codes of practice and polices to promote good practice will all be necessary.

- Implementing a culture of respect for children should be undertaken through a process of consulting with children themselves on what issues matter to them and what they would like to see change and how.

Additional Reading

The recognition that children are subjects of rights is central to the philosophy of the Convention. Children are not merely passive recipients of adult care and protection. Rather, they are social actors entitled to contribute to the exercise of their rights and to participate in decisions that affect them. Such an approach has profound implications for the traditional relationships between children and doctors, and indeed between children and their parents.

More Information About Articles 5, 12 and 16

The principle that children are entitled to be listened to and have their views respected is contained in Articles 5, 12 and 16.
**Article 5. The right to respect for evolving capacity.** Article 5 stresses that parents have the right and the responsibility to provide direction and guidance to their children. However, it goes on to state that such guidance must be directed to the promotion of the child’s rights and be provided “in a manner consistent with their evolving capacities.”

This raises two issues. First, a fundamental role of parents is to protect and promote the rights of their children. As was discussed previously, parental guidance and direction must be directed toward the best interests of the child. Second, as children gain in competence, the responsibility for exercising their rights transfers gradually to them. In other words, parental rights to make decisions on behalf of their children recedes as children acquire the experience and understanding with which to make decisions for themselves.

So what does this mean in the context of health care? The primary question has to do with the right of the child to give consent to examination and treatment. Traditionally, when the patient is a minor, the doctor must seek consent of the parent or legal guardian before treating a child. However, Article 5 implies that once the child is capable of understanding the nature of the proposed treatment, its implications and all available options, that child should be able to give consent on his or her own behalf. This raises significant potential challenges to traditional practice.

- It implies an obligation on the part of the doctor to explore with the child their level of understanding of any proposed treatment, their views on it, and the child’s competence to make a decision on whether or not to consent to the treatment.

- It implies a need to work collaboratively with both children and their parents, to involve them as fully as possible in the treatment being offered and in making any decisions about the child’s health.

- It poses questions as to when a child is competent to give consent or to refuse consent to a treatment when the parent takes an opposing view.

In many countries the age of consent to treatment is prescribed by law and is often defined as an age older than when children generally acquire the competence to make informed decisions. Although doctors must comply with these laws, the philosophy of the Convention would require that doctors begin to recognize the need to involve children more fully in decisions relating to their health, help parents recognize the importance of respecting their active involvement and encourage an approach to decision-making which is open, participative and informed.

**Article 12: The right to be listened to and taken seriously.** Closely linked with the need to consider children’s emerging competence, is the principle that all children capable of expressing a view are entitled to express that view on all matters affecting them and to have their views given due regard in accordance with the age and maturity of the child. This principle places a clear obligation on adults to listen to children and
consider what they say seriously. It is important to understand the implications of this right.

- **All children are capable of expressing a view.** There is no lower age limit at which children are incapable of expressing their views. Very small children have views, fears and concerns. Article 12 requires that adults create the time and be willing to hear those views and give them respect. The extent to which they are able to fulfill the child’s wishes will depend on the issue, the choices available their implications and the child’s capacity to understand the issue. But the child’s view is not invalid because of youth: a five year old, as well as a 16 year old, has a right to be listened to, but it may be necessary to explore different means of enabling a young child to articulate his or her concerns. A disabled child or a child with communication difficulties may need additional help in expressing views, but they are equally entitled to do so.

- **All children are entitled to views on all matters affecting them.** Article 12 is not restricted to any aspect of the child’s life. Whether it is decisions within the family, in school, in the hospital or in matters of public policy, children are entitled to be consulted and involved. It is important to recognize that many decisions traditionally taken by adults have an impact on children, e.g., the location and design of a hospital, the way in which clinics are organized, the management of hospital wards, policies regarding sexual and reproductive health, etc. These are all areas where children, and their parents, can make a useful contribution if properly consulted.

- **All children are entitled to have their views given due regard.** There is little point in listening to children, if there is no commitment to consider what they say. This means being prepared to create the time to hear what they think and feel, and to give serious consideration to what they say. This does not mean there is an obligation to always comply with a child’s view – but their views should not be dismissed simply because they are young or because they do not coincide with those of the adults involved.

- **In accordance with age and maturity, the weight given to a child’s views will depend on their level of understanding of the issue.** This does not simply mean that older children’s views will be given more weight. There is clear evidence, for example, that young children, who have experienced major surgery and frequent medical interventions, can have a profound understanding of the life and death implications of choices affecting them and are capable of making choices, if properly supported by adults around them. As in Article 5, the more competent a child, the more emphasis should be placed on their wishes and views.

**Article 16: The right to privacy.** Article 16 of the Convention provides that children are entitled to respect for their privacy. Linked with the previous two principles – respecting children’s competence to make decisions for themselves and ensure that children’s views are listened to, the right to privacy raises the question of respecting the confidentiality of a child seeking medical care.
What issues and at what age will a child be entitled to the provision of advice, information and/or diagnosis from a doctor without their parents being informed? Although doctors must comply with legislation governing parent-child relationships, there is scope for professional judgment. It is important to develop a code of practice that recognizes, as much as possible within the law, that children are entitled to seek advice and information in confidence.

Respect for confidentiality is of particular importance for adolescents. They are likely to avoid seeking medical help, if they fear that they will not be seen without their parents or that if seen alone, their parents will be notified. Clear and well-publicized policies that confidentiality will be respected will encourage adolescents to approach their doctor and feel free to discuss their situation more frankly and explicitly than might otherwise be the case. The outcome will certainly be better access to health care and earlier interventions to promote good health.

Resistance to respecting the views of children.

In many countries there is considerable resistance to the idea that children should be consulted and listened to. It counters long-standing presumptions that adults know best and that children lack competence. It raises fears of children lacking respect for their elders and operating outside their control. In practice, however, consulting children produces more gains than losses. Arguments against respecting the views of children often include the following.

- **Children lack the competence or experience to participate.** Children have different levels of competence with respect to different aspects of their lives. Even very small children can tell you what they like or dislike about being in the hospital and can produce ideas for making their stay less frightening and distressing. Provided they are given appropriate support, adequate information and are allowed to express themselves in ways that are meaningful to them (pictures, poems, drama, photographs, as well as more conventional discussions, interviews and group work), all children can participate in issues that are important to them. For example, in the UK, children as young as 4-5 years old have been enabled to take responsibility for their own pain relief. Provided the child has an ability to understand the relationship between the analgesic and their own pain, coupled with the manual dexterity to operate the box containing the drug, they have proved perfectly able to administer it safely and sensibly. The outcome is not only less pain for children who can judge their own levels of need at the appropriate times, but less anxiety and stress for children freed from the fear of pain.

- **Children must learn to take responsibility before they can be granted rights.** One of the more effective ways of encouraging children to accept responsibility is to first respect their rights. If doctors listen to children, give them time to articulate their concerns, and provide them with appropriate information, children will acquire the confidence and the ability to contribute effectively to their own health care.
• **Giving children rights to be heard burdens them unnecessarily.** Article 12 does not impose an *obligation* on children to participate in decisions. Rather, it provides a *right* for children to do so. Some children will want their parents to retain full responsibility for taking decisions. Some will want to share it with their parents. Others may feel that as it is their life and future at issue, it should be their responsibility to make choices. It is an unrealistic view of childhood to imagine that they are not making decisions and taking responsibilities from a very early age. Even small children make decisions about friendships, coping with parental divorce and negotiating between parents in conflict, deciding what games to play and negotiating rules.

• **It will lead to lack of respect for parents.** Listening to children is about respecting them and helping them learn to value the importance of respecting others. It is not about teaching them to ignore their parents. Indeed, Article 29 of the Convention states that one of the aims of education is to teach children respect for their parents. Listening is a way of resolving conflict, finding solutions and promoting understanding – these can only be beneficial for family life. It can be difficult for some parents to respect children’s rights to participate when they themselves have never been respected as subjects of rights. This does not imply the need to retreat from encouraging children to participate, but rather the need to be sensitive in doing so. Children should not be led to believe that they alone have a right to have a voice, wherever possible, their families should be involved in the process.

**Implications of Involving Children**

If children are to be involved in decisions that affect their health care, they need information about their condition, options for treatment, possible outcomes of different choices and the degree of likely pain and discomfort. Many parents and professionals feel concern that providing children with information about their medical condition might be painful for them to accept, and argue that it is better to protect children from difficult information. However, research findings indicate that children do want access to information, even when it means facing difficult issues. Promoting active participation in their own health care accomplishes many positive outcomes for children. It enables children to get answers to any questions they may have and avoids misunderstanding. If no one explains fully what is happening to you as a child, there is no opportunity to ask questions, allay concerns and dispel myths and fears. It will also encourage the child to seek information throughout the treatment process, if they feel confident that doctors respect their right to know.

• **It makes children feel more respected.** The vulnerability associated with being ill, in pain and dependent on others is helped if children feel that they are respected, listened to and that their views will be valued and taken seriously.
• **It relieves anxieties and helps them better cope with treatment.** If they have information about their condition, they are better able to understand and cope with what is happening to their bodies and why things are happening the way they are.

• **It gives them confidence.** If they are involved in the process of treatment, they will not have fears that actions will be taken without their knowledge or understanding.

• **It encourages co-operation.** If children lack information, they are likely to be more frightened and therefore less willing or able to co-operate in treatment. In turn, interventions will be more painful and distressing.

• **It avoids unnecessary distress.** When information is withheld, children may worry unnecessarily about what is going to happen to them. Often their imagination will create risks far worse than reality. If they have information, they can prepare appropriately for what is happening and receive necessary support, counseling and/or comfort.

• **It leads to better understanding of their own health care needs.**

• **It encourages them to take more responsibility for their own health.**

The way information is given is crucial. It must to be given in ways that are consistent with the child’s understanding. It should preferably be provided by someone with whom the child knows and trusts. Parents should be as fully involved as possible. Time must be made available to enable the child to ask questions both immediately and after any treatments. Importantly, the child needs to feel safe and confident that their concerns will be taken seriously when decisions are being made.

**Practical Lessons in Listening To and Respecting Children**

In most countries of the world, children are not listened to and adults are resistant, if not actively hostile, to the concept of children as participants. Creating real change in implementing the principles of the Convention on the Rights of the Child will necessitate concerted action on the part of health professionals. Consulting with children themselves in the development of any changes to policy and practice is an important part of the process, and will more likely lead to enduring and effective change. Some suggestions follow:

• **Consider information targeted at different age group and abilities.** For example, what happens when a child goes into a hospital, what information sheets contain about certain conditions, what rights children have as patients, how to make a complaint if something goes wrong, information about getting advice on sexual and reproductive health, drug addiction, and where to go if children are being sexually abused.
• **Make sure that time is given to explain fully to children about their condition.** This includes discussions as to what is happening to them, what treatments are proposed, what options are available, implications of all the options, side effects of treatments, and the likelihood of pain and discomfort.

• **Give children the opportunity to ask questions and explore their concerns and deal with them honestly and fully.**

• **Give children time to consider what they want.** For example, if a child is frightened of injections, work with them to explore what might be done to alleviate their fear.

• **Develop policies on confidentiality.** Make sure that all relevant staff, as well as children and young people, are aware of them.

• **Develop policies on consent to treatment.** Make sure that all relevant staff and children and young people are aware of them.

• **Provide training for all staff on the Convention on the Rights of the Child and its implications for practice.**

• **Develop a Charter of Rights for Children.** Prominently display the Charter in all ambulatory and inpatient facilities.

    Implementing a culture of respect for children should be undertaken through a process of consulting with children themselves on what issues matter to them and what they would like to see change and how.
Optional Handouts

Module Three

Respecting Children’s Rights in Pediatric Practice
Children’s Rights Informing Health Practice

Article 5. The right of children to respect for their evolving capacities.

- Health professionals are obligated to explore with children their level of understanding of any proposed treatment, their views on it and their competence to make a decision on whether or not to consent to the treatment.
- Health professionals must work collaboratively with both children and their parents to involve them as fully as possible in the treatment being offered and in any decisions that need to be taken.
- Due regard must be given to the child’s competence to give or refuse consent to a treatment when the parent takes an opposing view.

Article 12. The right of children to be listened to and taken seriously.

- All children capable of expressing a view are entitled to do so.
- Children are entitled to do so with respect to all matters affecting them; it is not restricted to any aspect of a child’s life.
- Children’s views must be given due regard; there is little point in listening to children if there is no commitment to give consideration to what they say.
- The weight given to their views must be in accordance with their age and maturity.

Article 16. The right of children to privacy and respect for confidentiality.

- Respecting confidentiality will encourage adolescents to seek medical help.
- There is a need to develop and promote explicit policies on who is entitled to confidential advice and information.
- There is a need for clarification on laws relating to confidential treatment of minors and to develop policy accordingly.
Argument Against Respecting the Views of Children

- **Children lack the competence or experience to participate.** Children have different levels of competence with respect to different aspects of their lives. Even very small children can tell you what they like or dislike about being in the hospital and why, and can produce ideas for making their stay less frightening and distressing.

- **Children must learn to take responsibility before they can be granted rights.** One of the more effective ways of encouraging children to accept responsibility is to first respect their rights. If doctors listen to children, give them time to articulate their concerns and provide them with appropriate information, children will acquire the confidence and the ability to contribute effectively to their own health care.

- **Giving children rights to be heard burdens them unnecessarily.** Article 12 does not impose an *obligation* on children to participate in decisions. Rather, it provides a *right* for children to do so.

- **It will lead to lack of respect for parents.** Listening to children is about respecting them and helping them learn to value the importance of respecting others. It is not about teaching them to ignore their parents. Listening is a way of resolving conflict, finding solutions and promoting understanding – these can only be beneficial for family life.

Arguments in Favor of Respecting the Views of Children

- It enables them to get answers to any questions they may have and avoids misunderstanding.
- They feel more respected.
- It relieves their anxieties and helps them cope with the treatment.
- It gives them confidence. If they are involved in the process of treatment, they will not have fears that action will be taken without their knowledge or understanding.
- It encourages co-operation. If children lack information, they are likely to be more frightened and therefore less willing or able to co-operate in treatment. In turn, interventions will be more painful and distressing.
- It avoids unnecessary distress when information is withheld, children may worry unnecessarily about what is going to happen to them.
- It leads to better understanding of their own health care needs.
- It encourages them to take more responsibility for their own health.
Practical Strategies for Promoting Children’s Participation in their Health Care

- Develop child-friendly information targeted at different age groups and abilities.

- Make sure that time is given to explain fully to children about their condition, what is happening to them, what treatments are proposed, what options are available, implications of all the options, side effects of treatments and the likelihood of pain and discomfort.

- Give children the opportunity to ask questions and explore their concerns and deal with them honestly and fully.

- Give children time to consider what they want. For example, if a child is frightened of injections, work with them to explore what might be done to alleviate their fear.

- Develop policies on confidentiality and make sure that all relevant staff as well as children and young people are aware of them.

- Develop policies on consent to treatment (where there is scope for professional judgment within the law) and make sure that all relevant staff and children and young people are aware of them.

- Provide training for all staff on the Convention on the Rights of the Child and its implications for practice.

- Develop a Charter of Rights for Children that is prominently displayed in all health centers, clinics and hospitals.
An Outline for a Charter of Children’s Rights

The following is a draft outline of suggestions that could be included in a charter of children’s rights. In developing such a charter, it will be necessary to consult with children themselves on what they feel should be covered and how they would like it to be worded.

If I am seeking, needing or receiving health care, I have a right to the following.

- I have the right to the best possible treatment and care.
- I have the right to be listened to and have my views taken seriously.
- I have the right to be given information that will help me understand my treatment.
- I have the right to ask for advice, information and support.
- I have the right to be asked before anyone touches me.
- I have the right to respect for my privacy.
- I have an equal right to treatment and care, regardless of my sex, abilities or disabilities, color, race or religion.
- I have the right not to be hurt or humiliated.
Key Lessons to be Drawn from Session Three

- Children are entitled to be actively involved in their own health care from the earliest possible ages.

- Involvement means listening to children and taking their views seriously, respecting their evolving competence to take responsibility for themselves and recognizing the importance of confidentiality, particularly for adolescents.

- Participation of children is important in principle. All people are entitled to be consulted over decisions that affect them. Considerable practical benefits in enhancing both the quality of care possible and the child’s general well-being will result from engaging them in health decisions.

- Implementation of a commitment to involve children will necessitate considerable changes in practice. Training of all medical and para-medical staff dealing with children, making time available to listen to and talk with children, provision of child-friendly information and development of codes of practice and polices to promote good practice will be necessary.

- Implementing a culture of respect for children should be undertaken through a process of consulting with children themselves on what issues matter to them and what they would like to see change and how.
Power Point Presentation

Module Three

Respecting Children’s Rights in Pediatric Practice