

CHARTER FOR CARE OF CHILDREN IN HOSPITALS

The Indian Academy of Pediatrics and the Indian Pediatrics in particular, have been in the forefront of the struggle towards the achievement of the Rights of the Child in the last decade. Some of the notable successes of these efforts are issues related to breast feeding, immunization, protection of the child consumer and provision of primary pediatric care. One of the major issues which has escaped our attention all these years is the plight of the children in the hospitals. Like all adults, children do suffer from illnesses and need admission and care in our hospitals which unfortunately are not tuned for such care. Firstly, the rules and regulations of the hospitals including those specially built for children are terribly adult oriented. Secondly, even though a vast majority of the population attending the hospitals especially the emergency care facilities, are children, very little planning has been made towards the care of children in these special care areas of most of the hospitals. There is a proliferation of hospitals and nursing homes in the private sector too especially in the cities and towns and the Government itself is in the process of upgrading of the primary care facilities to a higher level. Very little planning for pediatric care has been made during the construction of the hospitals or in the provision of facilities for children and their attendants.

The results are all there in front of us. The time is just ripe for us to think and act

as to how we can improve the care of children in hospitals and establish what we feel are the minimum facilities to be provided in these hospitals for care of children.

Even the developed countries are now concerned about the care of children in hospitals and have recently agreed upon the European Charter for Children in Hospitals. When Dr. R.N. Srivastava, the previous editor of Indian Pediatrics, forwarded us the copy of this charter we thought it would be just and proper to elicit responses from some of the senior pediatricians. We got responses from a few and the edited versions are published hereunder. We hope that this will generate a healthy dialogue leading to a consensus as to what should be the minimum charter of demands for the care of children in our hospitals. We earnestly look forward to your responses.

**P.S.N. Menon,
R.K. Puri,**
Indian Pediatrics.

1. European Charter for Children in Hospital

In May 1988, representatives from Belgium, Denmark, England, Finland, France, Iceland, Italy, the Netherlands, Norway, Federal Republic of Germany, Sweden and Switzerland participated in the first European Conference on Children in Hospital and agreed upon the following European Charter for Children in Hospital:

The right to the best possible medical treatment is a fundamental right, especially for children.

1. Children shall be admitted to hospital only if the care they require cannot be equally well provided at home or on a day basis.
2. Children in hospital shall have the right to have their parents or parent substitute with them at all times.
3. Accommodation should be offered to all parents, and they should be helped and encouraged to stay. Parents should not need to incur additional costs or suffer loss of income. In order to share in the care of their child, parents should be kept informed about ward routine and their active participation encouraged.
4. Children and patients shall have the right to be informed in a manner appropriate to age and understanding. Steps should be taken to mitigate physical or emotional stress.
5. Children and parents have the right to informed participation in all decisions involving their health care. Every child shall be protected from unnecessary treatment and investigation.
6. Children shall be cared for together with children who have the same developmental needs and shall not be admitted to adult wards. There should be no age restriction for visitors to children in hospital.
7. Children shall have full opportunity for play, recreation and education suited to their age and condition and shall be in an environment designed, furnished, staffed and be equipped to meet their needs.
8. Children shall be cared for by staff whose training and skills enable them

to respond to the physical, emotional and development needs of children and families.

9. Continuity of care should be ensured by the team caring for the children.
10. Children shall be treated with tact and understanding and their privacy shall be respected at all times.

In developing countries, hospitals cannot possibly provide such amenities. It is, however, a matter of attitude and concern. Even in new children's hospitals and "Institutes", often no consideration is made for the mother and even minimum facilities are not provided.

I feel the IAP should also take up this matter and perhaps come up with some formal recommendations to the Government.

R.N. Srivastava,
Professor,
Division of Nephrology,
Department of Pediatrics,
The University of Texas, USA.

2. Charter for Indian Children in Hospitals

The aim of "Health for All" by the year 2000 is being actively promoted. It is prudent that we do our best for the most vulnerable section of our society, i.e., children. Utmost care and thought should be given while admitting children into a hospital. Important considerations on this aspect are given below:

1. Children shall be admitted only if the care they require cannot be equally well provided at home or on a day care basis.

2. All hospitalized children shall be permitted to have one parent or parent substitute stay with them at all times.
3. These attendants shall be provided suitable resting and toilet facilities. Every effort may be made to make available to them reasonable diet from the hospital free, at cost or subsidized rates.
4. Parents shall be made conversant with the ward routines and their active participation in the care of their child encouraged.
5. The child and the parent, appropriate to his/her understanding ability shall be explained about the nature of the illness, the procedures of investigation and treatment.
6. Physical and emotional stress concomitant to hospitalization, shall be minimized.
7. Only these procedures which are essential and likely to be beneficial shall be undertaken after their rationale fully explained. There will be no routine tests. Only the ones which help in the diagnosis, will be done.
8. Children shall be cared for in areas or ward specially designed for children. Mixing up with adults or very sick and noisy wards should be avoided.
9. The hospital shall provide suitable areas for recreation and dining in their own premises.
10. Those handling children in hospital should have adequate tact and sympathy and appreciate the tender loving care children need.
11. Their stay in the hospital shall be the minimum required. Irrational, unnecessary, 'observation' and 'academic' hospitalization shall be avoided. Hospitalization of the child creates socio-economic problems for the mother and the family, hence hospital stay should be scrutinized and minimized.
12. Day care procedures and operations shall be encouraged.
13. Visiting hours in children ward shall be made more flexible.
14. Hospital stay review committees shall be formed and made functional.

P.N. Taneja,
75, Golf Links,
New Delhi 110 003.

3. Charter for Children in Hospitals

Keeping in the interest of children as a priority, a charter for children in hospitals for their care must be established to provide them physical, mental and social comfort. The members of the Indian Academy of Pediatrics (IAP) who work in public or private institutions, should take a lead and start following a charter for the well being of the children. IAP can also approach the Government to adopt a similar charter and establish uniformity all over the country keeping the local sociocultural patterns in mind.

The following points require considerations while adopting the European Charter for India.

1. *Admission requirements:* It is always desirable not to disturb the natural environment of any child and more so when the

child is sick. With hospitalization not only the routine of the whole family is disturbed but some lose their daily earning too. Under these circumstances it is desirable that the admissions are restricted.

Very often children are hospitalized for sake of investigations which ordinarily can be done on a day care basis. Indian hospitals particularly those belonging to public sector mostly catering for the underprivileged class of people are overflowing with large number of admissions. Education of people regarding the hospital routines and ability to understand these problems on the part of medical and paramedical personnel can greatly improve the situation.

2. *Allowing parent/parent substitutes:*

One of the problem of allowing attendants in the hospital is to control overcrowding due to large number of accompanying relatives. Very often the siblings remain in the hospital as nobody may be at home to look after them.

3. *Accommodation for all parents and their active participation in ward routines:*

It is desirable that the mother is provided atleast with a comfortable place to rest and sleep. It should be possible to provide a locker in a common room where they can keep their essential belongings. The same room can also be provided with some sitting facilities, drinking water and separate toilet where the relatives can have their meals, a small nap if possible and meet with their daily needs.

Sharing in the care of their children is undertaken by most of our parents or the parent substitutes. This in turn helps to keep the child quiet, ensures better co-operation and helps to manage the children wards with few trained nurses available in most of our hospitals.

4. *Right for information and steps to mitigate physical and emotional stress:*

Basic ability to understand about the disease even in simple terminology is pre-requisite to this point of the charter. In India there is a vast difference in the knowledge, practices and beliefs about illness. The knowledge of underprivileged about parts of the body, organs, medication and investigations is very meagre. When even parents cannot understand about the illness, the question of talking to children is practically impossible. It may be difficult to tell them all about the various procedures because of fear and other beliefs. Perhaps awareness and importance of talking to parents and children about the illness and its management needs to be inculcated amongst medical and paramedical personnel especially for those working in general hospitals.

5. *Right for information and decision making and protection from unnecessary treatment and investigations:*

The question of informed participation and decision making, frequently does not arise in our country. It must be obligatory on the part of the administration to see that no child is deprived of any treatment, procedure or investigation due to inability on the part of the parents to pay. Lack of resources does not allow our profession to fortunately indulge in unnecessary investigation and treatment.

6. *Admission to adult wards, age restriction for visitors to children in hospital and common care for children:*

In most city and even large district hospitals children are not admitted in adult wards. There is no restriction to visitors of any age in our set-up. On the contrary our problem is restricting the excess visitors and resulting over-

crowding. In Civil Hospital, Ahmedabad, a creche is run to look after the siblings of admitted cases—as otherwise the siblings would be kept in the wards. This is of great help as mother can pay undivided attention to the sick child.

7. Opportunity for play, recreation and education: A few Medical College Hospitals do provide these facilities for admitted children. Women and students from voluntary social organizations spend some time with these children. Services of this nature must be routinely available to all hospitals where children are admitted. Very few schoolgoing children are hospitalized. Moreover, no trained teaching staff is employed by the hospitals or teaching institutions for such a responsibility. As the educational level improves and literacy rate goes up in due course of time, may be in next five years, this will be absolutely essential in our country too.

8. Care by trained staff, emotional and development needs of children and families: Except for the trained nurses no other staff is available too look after emotional and developmental needs of children. Mostly parents or parent substitutes, are only with the child and this is not the felt need of the day.

9. Continuity of care by the team caring for the children: This is ensured in most of our institutions, however, due to poverty, ignorance and lack of understanding the relatives fail to resort for follow up.

10. Treatment with tact and respect for privacy of children: Medical profession in our country is not geared to this kind of thinking. The teachers whom the future medical students follow must understand these important aspects while dealing with children.

Charter for Children in Hospital

The charter which could be adopted in our country is similar with few modifications:

1. Children shall be admitted to hospital only if the care they require cannot be equally well provided at home or on a day basis.
2. Accommodation and facilities for the daily requirements must be offered for the parents.
3. Children and patients shall have the right to be informed in a manner appropriate to age and understanding. Steps should be taken to mitigate physical or emotional stress.
4. Children and parents have the right to informed participation in all decisions involving their health care. Every child shall be protected from unnecessary treatment and investigations.
5. Children shall be cared for together with children who have the same developmental needs and shall not be admitted to adult wards. There should be restriction for visitors to children in hospital.
6. Children shall have full opportunity for play recreation and education suited to their age and condition and shall be in an environment designed, furnished, staffed and equipped to meet their needs.
7. Children shall be cared for by staff whose training and skills enable them to respond to the physical, emotional and development needs of children and families.

8. Continuity of care should be ensured by the team caring for the children.
9. Children shall be treated with tact and understanding and their privacy shall be respected at all times.
10. A creche should be available in all general hospitals; in all hospitals where large number of children and women are admitted. It is necessary to have some place where well children can be looked after.

All pediatricians should be requested to follow a charter as it will be of great help to the children. It is very desirable that we inculcate the same attitude for both private and public hospitals.

A.B. Desai,
Consultant Pediatrician,
204, Doctor House,
Nr. Parimal Crossing,
Ellisbridge,
Ahmedabad 380 006.

4. Mothers with their Children in the Hospital

It is the fundamental right of all children who are provided treatment and care in hospitals that the following guidelines should be applied for the benefit of child, mother, family, medical, paramedical and nursing staff.

1. Children should be admitted in the hospital for all serious illnesses and or problems which cannot be treated at home. This is particularly true in India where the socio-economic and educational status of large majority of parents especially from underprivileged groups is different from that of developed countries.

2. The child should have one of the parents or parent substitute to stay with him/her at all times. Such emotional support, love, affection and care is essential when the child is ill and will help in the early and rapid recovery.
3. In most of the hospitals in India in both general and private, there is a scarcity of nursing staff. A mother is the best nurse. With love, affection and concern for the child she will be the right person to give medicines to the child under the guidance of the nursing and medical staff. Mother or the mother figure in the hospital will learn better how to look after the child, e.g., how to give oral rehydration fluid and give medicines. She will be able to utilize the knowledge in future for early treatment at home.
4. Mother should also be given health education during the stay of the child in the hospital on immunizations, breast feeding, introduction of home made and cheap combination of well cooked foods. She should be taught the importance of cleanliness, sanitation, hand washing, proper disposal of excreta and clean home environment. Every mother should be given a growth chart and taught about growth monitoring.
5. The presence of mother will be of great relief to the nursing staff which is overburdened with work. Mother is the best and natural nurse. If little guidance is given she will become still better because she is concerned most in the care of the child. Hence, in developing countries like ours with inadequate nursing staff it is absolutely essential that the mother

should be with the child particularly younger children.

6. It is imperative that adequate facilities should be provided to them: These include a mother's room for her to relax, facilities to prepare food, toilet facilities and hand-washing.
7. Every diagnostic and therapeutic procedure to be done on the child should be explained to the mother and she is taken into confidence.

Some Points which might be Raised Against Keeping the Mother with the Child in the Hospital

1. There is overcrowding.
2. The wards become dirty particularly in general hospitals, especially where mothers from underprivileged communities stay with their children. They are poor and hence are likely to have dirty clothes and uncleanly habits. This can be overcome by supervision and educating them about healthy clean habits.

3. Some of the mothers and visitors may be carriers of diseases such as pulmonary tuberculosis.

4. Some mothers/parents might interfere with the treatment specially injections or invasive procedures. However, this can be overcome by proper explanation to the mothers and the family.

It may be emphasized that the primary concern of ours is the proper treatment and rapid recovery of the child with simultaneous health education of the mother for better care of the child even in future. This mother when she leaves the hospital will educate the other mothers if good care of the child is taken in the hospital. It should be emphasized that health education by these mothers is more educative to other mothers.

P.M. Udani,
*Professor Emeritus,
Institute of Child Health,
J.J. Group of Hospitals and
Department of Pediatrics,
Grant Medical College,
Bombay 400 008.*