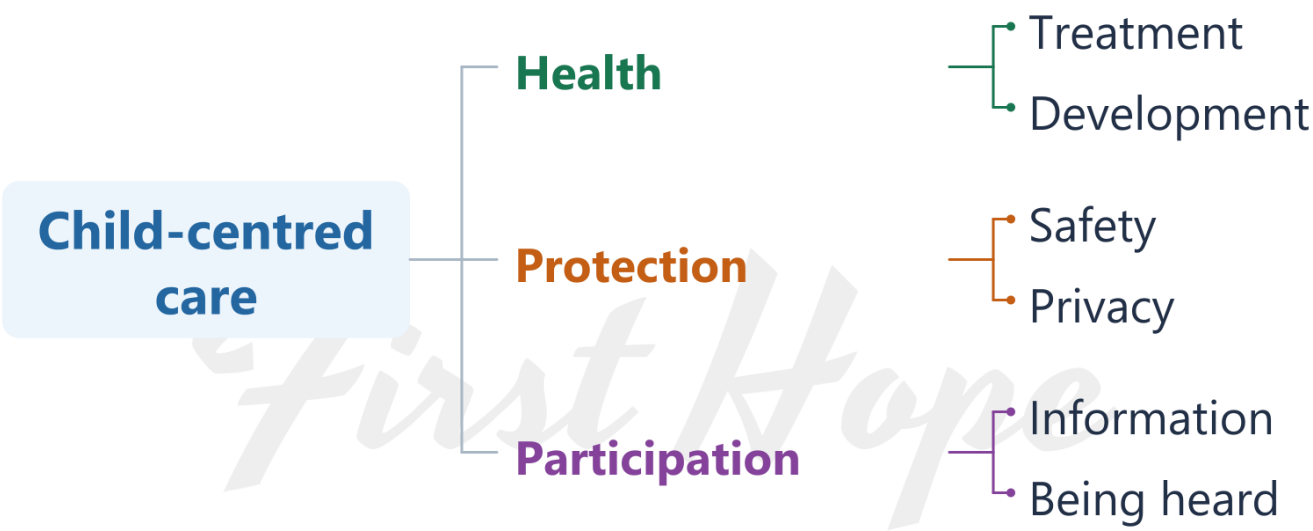
Pediatrics - Topic 32 - The role of the physician in the community

The Physician, the Child and the Community

- A child is a person with individual rights, needs, feelings and developing abilities.

Child-centred Responsibilities

- The physician works with the family while keeping the child's health and best interests central.
- Care should support survival, development, participation, dignity and protection from harm.
- A child's disability, sex, family income, caste, religion or social background must not reduce the quality of care offered.
- The child's views deserve increasing weight as understanding and maturity develop.



Ethical Principles in Everyday Care

1. **Promote Benefit and Reduce Harm**
   - Choose investigations and treatments that offer a reasonable benefit for the individual child.
   - Avoid painful tests, unnecessary antibiotics and repeated examinations that do not change care.
   - Use comfort measures and appropriate pain relief during necessary procedures.
2. **Respect Developing Autonomy**
   - Explain the proposed care directly to the child in suitable language.
   - Offer meaningful choices, such as the position for a non-urgent examination, when the choice is clinically safe.
   - Do not mistake quietness, fear or obedience for understanding and agreement.

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3. Provide Fair Care

- Allocate care according to clinical need and use transparent criteria when resources are limited.
- Help families obtain essential medicines, transport support and available financial assistance.
- Avoid commercial incentives that influence referrals or increase unnecessary treatment.

Parents as Partners in Care

Parental Permission and Explanation

- Parents or legal guardians usually provide permission for a minor's treatment and help the child follow the care plan.
- They should receive a clear explanation of the illness, proposed care, alternatives, important risks and likely costs.
- Their authority carries a responsibility to protect the child's welfare.

Limits of Authority and Guardianship Checks

- Parental preference does not give an unlimited right to expose a child to serious preventable harm.
- Check who has legal authority when guardianship, custody or family disagreement creates uncertainty.
- Do not assume that the accompanying adult is automatically the legal guardian.

Consent, Assent and Confidentiality

Meaningful Informed Consent

Explanation and Checking Understanding

- Explain why the intervention is needed and what the child may experience.
- Discuss material risks, reasonable alternatives and the likely consequences of delaying or declining care.
- Use an interpreter or communication aid when language or disability limits understanding.
- Ask the parent or guardian to explain the plan back in their own words.

Voluntary Decision and Procedure-specific Documentation

- Allow questions and a voluntary decision without threats or misleading reassurance.
- Document the discussion and obtain procedure-specific consent in the form required by law and institutional policy.

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- A signed general admission form does not replace a proper discussion before a significant procedure.

Assent and the Child's Developing Capacity

Assent and Assessment of Capacity

- Assent means the child's affirmative agreement after an explanation suited to their level of understanding.
- Parental permission and the child's assent are related but different parts of decision-making.
- Assess whether the child understands the problem, options and likely consequences and can express a preference.
- Illness, pain, fear, medication and communication barriers may temporarily affect this ability.
- Age alone does not fully describe decision-making capacity.

Legal Authority and Intervention-specific Decisions

- The legal authority to consent independently also depends on the intervention and the applicable law.
- Do not apply one universal age threshold to every examination, procedure or sensitive health service.

When a Child Resists Care

- Pause a non-urgent procedure and ask what is frightening or unacceptable to the child.
- Use preparation, distraction, analgesia and a trusted caregiver when appropriate.
- Seek senior advice if resistance continues or the proposed intervention is substantial.
- Urgent essential treatment requires a proportionate best-interest assessment and the relevant legal safeguards.

Privacy and Confidentiality

Privacy During Consultation and Examination

- Provide a private consultation area and expose only the body part that needs examination.
- Use an appropriate chaperone for intimate examinations and explain their role.
- Offer adolescents some private conversation when clinically appropriate and explain this routine practice to the family.

Confidentiality, Necessary Disclosure and Record Security

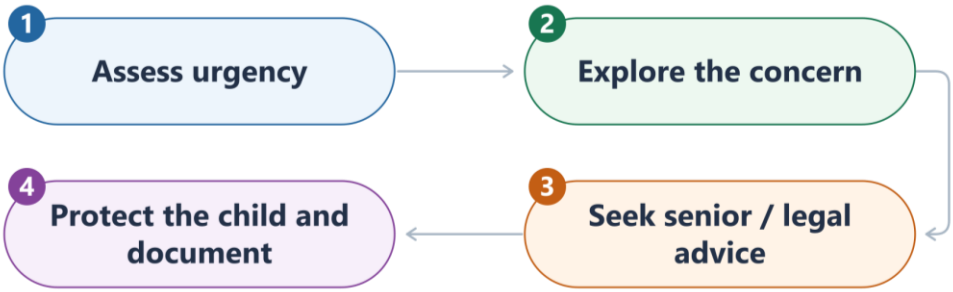
- Explain confidentiality and its limits before discussing sensitive information.
- Do not promise absolute secrecy when serious safety concerns or mandatory reporting duties may require disclosure.

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- Share only the information needed with the appropriate person or authority and document the reason.
- Store records securely and obtain appropriate permission before clinical photography or teaching use.
- Do not share identifiable clinical material through personal social media or casual messaging groups.

Refusal, Conflict and Protection from Harm

Responding to Refusal of Treatment



Understand the Reason

- Ask whether refusal reflects cost, fear, previous harm, religious belief, misunderstanding or distrust.
- Check understanding of the child's condition and the possible consequences of refusal.
- Offer a second opinion, feasible alternatives and practical help when these can resolve the concern.
- Document the proposed treatment, the explanation, the family's decision and the child's views.

Separate Urgent and Non-urgent Situations

- A stable child with time for discussion allows further counselling, senior review and a planned follow-up decision.
- Refusal that creates a serious risk of preventable harm requires urgent senior, safeguarding and legal or ethics advice.
- If delay threatens life or serious health damage, provide necessary emergency care within the applicable emergency legal framework.
- Do not delay essential stabilization while waiting for administrative paperwork or advance payment.
- Escalate unresolved disputes to the authorized child-protection or judicial process when required.
- A clinician should not make a complex disputed legal decision alone.

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Leaving Before Recommended Care Is Complete

- Explain the specific risks and offer safer alternatives, transfer arrangements and return instructions.
- Provide available records and a clear treatment or referral summary.
- A discharge-against-advice form does not end the clinician's responsibility to communicate or address a serious child-protection concern.
- Keep the option of returning for care open and avoid blaming language.

Suspected Abuse or Neglect

Recognition and Immediate Safety

- Consider maltreatment when injuries, behaviour or the history raise a reasonable concern.
- An inconsistent explanation, delayed presentation or an injury unsuitable for the child's developmental stage needs careful assessment.
- Poverty or difficulty reaching services alone should not be labelled as deliberate neglect.
- Treat injuries and urgent medical problems while assessing whether the child can return safely to the current setting.
- Use the institutional safeguarding team and the appropriate child-protection services.

Supportive Communication and Documentation

- Listen calmly and tell the child that disclosing harm was the right thing to do.
- Use open questions and avoid suggesting answers or repeatedly asking for a detailed account.
- Record the child's important words accurately and distinguish observations from interpretations.
- Document examination findings, dates, times, accompanying people and the actions taken.
- Preserve relevant samples and records through the required chain-of-custody process.
- An absence of visible injury does not exclude sexual abuse.

POCSO Responsibilities in India

Reporting Duty and Protection of Identity

- The Protection of Children from Sexual Offences Act protects persons below 18 years from specified sexual offences.
- Knowledge of an offence or apprehension that one is likely to occur must be reported to the Special Juvenile Police Unit or local police under the Act.
- Do not wait for proof from a medical examination before fulfilling the reporting duty.
- Explain the reporting requirement sensitively and protect the child's identity and safety.

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