

**The Rights of the Hospitalized Child:
An Adaptation of the UN Convention on the Rights of the Child
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Introduction

During the first quarter of 1999, the idea of promoting and implementing the United Nations Convention on the Rights of the Child or UNCRC in the hospital setting was introduced by ARCI Cultura e Sviluppo (ARCS), an Italian non-government organization with a strong record in UNCRC advocacy, to the Department of Pediatrics (DoP) of the University of the Philippines-Manila, College of Medicine-Philippine General Hospital (UPCM-PGH).

The main premise of the concept paper that served as the seed of this handbook is that *hospitalized children are a particularly vulnerable group whose needs and rights might not be fulfilled due to the established routines or other priorities of the health care system*. The reality is that in a lot of cases, the child-friendly hospital approach is superficial and the elaboration of children's rights in the hospital setting and specification towards responsible practice is still wanting. Hence, the initiative to develop a higher level of consciousness and sensitivity towards children's rights in a hospital environment.

A steering committee was subsequently formed in May 1999 in order to work together towards the following objectives:

- increase or develop awareness on children's rights and on the relevance of the UNCRC to health care and health issues among health care professionals;
- translate the principles of UNCRC into the hospital everyday practice; and
- develop a set of guidelines in order to improve the quality of care offered to children and by creating a child-friendly atmosphere and promoting child health.

The process underwent in brief:

- *Consultations*. Participatory meetings were conducted throughout the process of conceptualization up to the finalization of the handbook.
- *Survey*. In May 1999, a quick survey was conducted about UNCRC awareness among children, parents, guardian and hospital personnel composed of doctors, interns, clerks, nurses, nursing attendants, security guards and institutional workers.
- *Launching*. In June 1999, the project, "UNCRC and the Hospitalized Child" was launched in UPCM-PGH and the result of the survey was presented.
- *Workshops*. Following the launching was a series of workshops facilitated by the training and education team of Lunduyan Para sa Pagpapalaganap, Pagtataguyod at Pagtatanggol ng Karapatang Pambata, an NGO promoting children's rights.

- Situational Analysis Workshop- a group of health care personnel participated in a one-day small group discussion on problems, issues, needs and concerns of their profession/situation using the UNCRC as the framework.

- Formulation of General and Specific Guidelines—initial drafts were made by various working groups representing the Department of Emergency Medical Services (DEMS), Pediatric Intensive Care Unit, Nursery, School and Entertainment, and the Section of Adolescent Medicine. Sensitive issues like “Do Not Resuscitate” order, health research, media exposure of interventions were also addressed by the working groups.
 - A series of workshops were held to sum up all the guidelines drafted by the various working groups and cluster them according to the survival, development, protection and participation rights of children in each of the specific staged of hospitalization.
 - Consultation with older children in both patients and out-patients settings to gather their perspective and recommendations to further improve hospital based health care services to children was conducted.
- *Presentation.* In December 1999, the operationalization of UNCRC in the hospital setting was again put into focus in a Bioethics Symposium conducted together with Bioethics Committee of UP College of Medicine. The symposium stressed on the promotion of children’s rights in the medical academic community.

To further galvanize the impact of the initiative within the larger PGH community, a publication synthesizing all the insights gathered from the survey and workshops were further explored, hence the formulation of the Handbook on implementing the rights of the hospitalized child.

The end users of the Handbook

Although the initial intention originated within the confines of the Department of Pediatrics, the Handbook was later designed to address the whole hospital system. Interdependence of people’s functions, processes and places within the hospital prompted the institutionalization of the promotion and recognition of the Rights of the Hospitalized Child.

Target users are all PGH employees and members of administration. They are divided into three categories:

- Primary users are those with frequent direct contact with children. These include consultants, fellows, residents, interns, nurses, clerks, psychologists, psychiatrists, nursing aides, and students.
- Secondary users are those with less frequents direct contact with children. These include medical technologists, social workers, janitors, security guards, office personnel, and others.
- Tertiary users are those with indirect contact with but those actions and decisions affect the way health care is delivered. These include hospital administrations, policy-makers, and others.

The use of the handbook

Whether you are a student, medical practitioner, hospital personnel or administrator, this handbook will:

- Educate you by presenting a different perspective of medical ethics by using the UNCRC as a framework;
- Improve your perception of children, the way you deal with children and their families and the way you carry out your functions and make decisions that affect the lives of children;
- Deepen your analysis of your role in promoting children's rights not just in work environment but also in your own family and community through further suggested readings; and
- Orient you on the attributes of a child-friendly hospital and personnel.

Beneficiaries of this Handbook

Although the people working with children in the hospital environment are the target users in mind, the hospitalized children, whether an out-patient or in confinement, are envisioned to be the ultimate beneficiaries of this effort, as well as the parents and guardians who accompany the child patients throughout their journey towards wellness.

Aside from a pioneering approach, both the medical and non-medical practitioner as well as the larger UPCM-PGH community can view this step as an step forward for a more holistic approach to the delivery of health care, adding a deeper shade of quality to the delivery of health service to hospitalized children.

Parts of the Handbook

Facts about the UNCRC. This section outlines the history of the UNCRC as an internationally recognized instrument to which the Philippines is a signatory and bound to implement within its own socio-economic, political and cultural context.

Principles of UNCRC and its relevance in the medical practice. This section contains the general principles guiding the UNCRC, namely:

- best interest of the child,
- non-discrimination,
- survival and development, and
- participation

This section also includes the views of medical practitioners regarding the relevance of UNCRC in their profession.

Principles and Articles of UNCRC as translated to Specific Guidelines. This section goes into the specifics of incorporating the principles and articles into the daily activities of hospital-based childcare from the Emergency Department of Admission, Treatment and Discharge; and in the Out-patient Department. It stresses the important role of the hospital administration and personnel in upholding children's rights are everyday practice.

Checklists to ensure respect for children's rights. This section translates the Specific Guidelines into checklists formats addressed to the Medical and Para-medical Practitioners, Hospital Personnel and Administration and based on the following elements of a child friendly hospital.:

- safe environment,
- caring environment,
- child-sensitive medical procedure and treatment,
- available information and open communication,
- accessible development opportunities,
- protection from further abuses and preservation of dignity, and
- significant value on children's participation.

Declaration of the UPCM-PGH Commitment to Children. The synthesis of the Specific Guidelines is presented in this section as a declaration of commitment of the UPCM-PGH to children's rights.

This section also outlines the direction this effort should take in the near future.

Facts about the UNCRC

The history of this international legal instrument traces its roots as far back as the Geneva Declaration in 1923 and even earlier to the year 1913. Following are some significant events in the struggle for children's rights.

- 1913 – Birth of the idea of an International association for the protection of children
- 1923 – Formulation of the Declaration of the Rights of the Child also known as the Geneva Declaration.
- 1924 – Adoption of the Declaration of the Rights of the Child by the League of Nations (Geneva, 26 September)
- 1948 – Proclamation by the United Nations General Assembly of the universal Declaration of Human Rights. The rights and liberties of children are implicitly included in this declaration.
- 1959 – Unanimous adoption of the UN General Assembly, on 20 November of the Declaration of the Rights of the Child, composed of 10 main principles. This text however has no legal force.
- 1979 – Observance of the International Year of the Child to celebrate the 20th anniversary of the Declaration of the Rights of the Child spearheaded by the United Nations.
- 1989 – Adoption by the United Nations General Assembly on 20 November of the UN Convention on the Rights of the Child.
- 1990 – Ratification of the Convention by 20 states.

How acquainted are you about children's rights? The survey says that,

- 120 out of 125 are aware of children's rights in general and media was the source of the majority (53%) while 13 respondents (10.8% got information from PGH.
- 111 out of 125 respondents have not had an opportunity to read the UNCRC.
- those who are not aware of children's rights are guided by what is basically good, conscience, human rights and universal right to life and good health

Source: Survey conducted by UP-PGH Department of Pediatrics in June 1999

The UNCRC contains the following:

- the Preamble provides the context of the Convention;
- Article 1 gives the definition of the child;
- Article 2 to 40 provides the guiding principles and rights of the children;
- Article 41 declares the UNCRC to be a minimum set of standards, deferring to *existing higher standards contained in the Law of the State Party and International Law in force for the state*;
- Article 42 stresses the *State Parties make the principles and provisions of the Convention widely known, by appropriate active means, to adults and children alike*; and
- Articles 43 to 54 discussed the monitoring and implementation of the Convention

The UNCRC, as a comprehensive framework of minimum standards for the wellbeing of children, is by far the fastest ratified convention by some 150 government in its first four years.

The Philippines was the 31st country to ratify the Convention. Former President Corazon Aquino signed the Convention on August 21, 1990.

After knowing the beginnings of the UNCRC the next section shall discuss its conceptual foundation.

Principles of the UNCRC and its Relevance to the Health Care Service

The UNCRC was established based on the general recognition that children are a vulnerable group of society. These vulnerabilities bestowed on children were influenced by adults' perception of children, and children's and adults' role in various socio-economic and cultural contexts. An important innovation in the UNCRC is the promotion of the children's competencies as an approach for intervention. Although this innovation is not yet widely spread, it demonstrates that the UNCRC is not just a set of rules to be straightforwardly applied but it is also a tool to affect a process of cultural change. It is not just a set of laws but a framework that could orient the relations between adults and children.

The hospital is just one of the settings where children are especially vulnerable in all aspects: physical, social, mental, emotional, spiritual and cultural. Most often, medical intervention is disproportionately focused on physical recovery and the child's competencies are completely overlooked.

Points of view on the relevance of UNCRC - The survey says that:

- majority considers the UNCRC to be a guiding principle for the development and welfare of children;
- doctors view UNCRC as relevant to their profession because :
 - they work with children;
 - they need guidance to make ethical decisions and treatment and care; and
 - they believe that improving health requires observance of human rights;
- child-patients view UNCRC as relevant because:
 - children need to be protected from abusive practices;
 - children need love and care to grow healthy; and
 - children need support of adults.

Article 24.1 of the UNCRC stresses that State Parties recognize the rights of the child to the enjoyment of the highest attainable standard of health and facilities for the treatment of the illness and rehabilitation of health. State parties shall strive to ensure that no child is deprived of his or her rights of access to such health care services. The Philippines being a State Party, Filipino health professionals, caregivers and hospital personnel have explicit roles in supporting the state in adhering to the Convention.

First, you must know: who are the children?

Article 1 of UNCRC defines the child as any person under 18, unless national laws recognize the age of the majority earlier. However, this article does not limit State Parties to declare their own age of majority. In the Philippine law, R.A. 7610 or the Special Protection of Children Against Child Abuse, exploitation and Discrimination Act defines the child *as persons below eighteen (18) years of age, or those over but are unable to fully take care of themselves from abuse, neglect, cruelty, exploitation or discrimination because of physical or mental disability or condition.*

In the hospital setting, respecting and ensuring children's rights means that you have a responsibility to make health services appropriate, accessible, available and affordable. The general principles of the UNCRC that states children's right to universality, comprehensiveness and indivisibility can guide you.

There are times that cultural biases and socio-economic barriers prohibit fast and effective delivery of health service. As a basic principle, the UNCRC promotes non-discrimination. Article 2 declares *that State Parties shall respect and ensure the rights set forth in the present Convention to each child within their jurisdiction without discrimination of any kind, irrespective of the child's or his or her parent's/ legal guardian's race, color, sex, language, religion, political or other opinion, national ethnic or social origin, property, disability, birth or other status.*

In your practice, have you ever reflected if everything you do and decide are genuinely for the best of the child? What are the parameters for your decisions?

Adults, doctors or not, have preconditioned ways of dealing with a child, healthy or sick, based on their perception of the role of an adult in a child's life. Article 3 encourages a conscious effort to make all interventions be in the *best interests of the child.* It states that *in all actions concerning children, whether undertaken by public or private social welfare institutions, court of law, administrative authorities or legislative bodies, the best interest of the child shall be a primary consideration.*

Article 6 adds a critical dimension to the mission of many medical practitioners, which traditionally is "to save lives" by looking at a child's life as dynamic, the UNCRC places equal emphasis on a child's right to develop and not just to survive. The article says that *State Parties recognize that every child has the inherent right to life. State parties shall ensure to the maximum extent possible the survival and development of the child.*

Lastly, the Convention puts substantial consideration on the child's participation. Article 12 says that *State Parties shall assure to the child who is capable of forming his or her views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.* This should pose a challenge to you in the hospital setting to develop a new level of

consciousness, i.e. taking into considerations child's ability to contribute to matters concerning his or her situation in all decisions making processes.

These four principles are universal, but its universality should be culturally contextualized.

The challenge lies in how to contextualize and at the same time integrate knowledge of UNCRC into hospital policies and practice, to continuously improve on built-in hospital routines.

The next section shall provide you with some pointers on how to translate rights from a set of legal standards of praxis in child-friendly hospital.

Specific Guidelines for UNCRC Implementation

Hospital processes and medical procedures, the steady influx and long lines of patients, toxic cases and cramped spaces in a tertiary setting like the UP-PGH tend to consume the energies of medical and para-medical practitioners. Amid the drama, survival is obviously the paramount concern.

Unintentionally, the little steps to make the child's hospital experience child-friendly are overlooked or forgotten because of constraints in time, attitude and even resources, whether it be technical, knowledge-based equipment or facilities.

Despite these constraints, achieving child-friendly culture in a hospital setting is possible. The first step is knowing children's rights and taking stock of the elements that ensure children's rights; second, contextualizing those rights to one's setting, and third, consciously keeping the rights alive in everyday practice.

Knowing children's rights according to the four broad areas

In the health care system, *survival* is the most commonly known right of the children that health workers uphold when they make decisions that are "in the best interest of the child." A child is entitled to more rights than his or her recovery from illness, and the UNCRC enumerates rights falling under three more broad areas, namely, development, protection, and participation, thereby also recognizing the child as a *whole person* entitled to optimum *quality* as well as *quantity* of life.

These four broad categories of rights are equally important and mutually reciprocal. Only in ensuring these rights can the health care system deliver service that is holistic, appropriate and effective.

- *Survival Rights* refer to all those that the child needs in order to live. In the hospital environment, survival is giving safe, efficacious and cost effective medical care at the appropriate time. Survival rights include the right to life; to adequate standard of living; to health; and to parental care and support.
- *Development Rights* refer to all those that the child needs in order to become mentally, spiritually, socially, emotionally healthy person. Development rights include the right to freedom of association; to appropriate information; to education; and to leisure, recreation and cultural activities.

- *Protection Rights* refer to all those that child needs to be protected from abuse, neglect and exploitation in all forms, whether physical, mental, emotional or sexual. Protection rights include the right to preservation of identity; to family reunification; against illicit transfer and non-return; to protection from abuse, neglect and sexual exploitation.
- *Participation Rights* are all those that the child needs to be able to be one with a group and to be a part in decision-making concerning his or her welfare and development. Participation rights include the right to name and nationality; to opinion; to freedom of expression; to freedom of thought, conscience and religion; and protection of privacy.

Checklists to ensure respect for Children's Rights: Keeping Children's Rights alive in everyday practice

Here are some elements to be considered in ensuring the survival, development, and protection and participation rights of the hospitalized children. See what you can do to make these happen.

- Safe environment
- Caring environment
- Child-sensitive medical procedures and treatment
- Available information and open communication
- Accessible development opportunities
- Protection from further abuses and preservation of dignity
- Significance of value on children's participation

When asked about their recommendations to improve the service in the hospital, child-patients of UP-PGH had these to say ...

DURING CONSULTATIONS

- Add more staff to speed up the process.
- Require doctors to readily and clearly explain about the patient's illness, what should and should not be done under the circumstances.

DURING ADMISSION

- Add more service counters in the admission areas to lessen the waiting period.
- Add more facilities.
- Teach patients the proper use of the facilities to maintain them longer e.g. toilets.

DURING CONFINEMENT

- Doctors should explain the purpose and not just give instructions on taking medications.
- Administration should put up strategic signage with the directions to different departments and offices.
- Administration should put up information boards on hospital rules and regulations
- Administration should add more toilet facilities. Patients and parents should help in proper maintenance of the toilets.

Safe environment

Amid the rush and confusion, *safety first* is a must.

Checklist for administration

- Allocate sufficient resources for sanitation and hygiene, proper ventilation and lighting, safety equipment and life-saving machines.
- Design and implement safe waste management within the hospital vicinity.
- Mobilize parents and guardian to implement cleanliness, hygiene and order within the hospital wards and surroundings.
- Display prominent signs on security measures and exit routes in case of emergency.
- Implement a safety program:
 - Provide a regular personnel training and orientation on safety measures, disaster management, and workplace management
 - Implement regular preventive maintenance and repair equipment;
 - Inform employees about the system of hazard reporting;
 - Implement a protocol for accident investigation; and
 - Evaluate the impact of the safety management covering the buildings, grounds, equipment and facilities on patient care.

Checklist for employees

- Observe measures to prevent spread of infection:
 - ensure personal cleanliness and proper hygiene at all times;
 - use personal protective paraphernalia and equipment; and
 - practice proper waste disposal
- Keep oneself updated on safety measures; proper use of equipment; workplace management, by attending seminars or orientation sessions.
- Immediately report to the appropriate office any deficiencies, problems and user errors on equipment.
- Be aware of one's responsibilities in the implementation of the management safety program.

Caring environment

Everybody must have heard of *Tender Loving Care* or TLC

Checklist for medical and paramedical practitioners

- Wear or use child-friendly attire and accessories whenever possible.
- Allow parent's access to their child especially at the Neonatal Intensive Care Unit (NICU) and Pediatric Intensive Care Unit (PICU) except:

- when there is an ongoing procedure
 - when service rounds are being conducted; and
 - any other circumstance where the attending physician feels that the parent's presence may compromise the care of the child.
- Be sensitive towards patient's feelings especially when procedures are being done.
- Allow a dying child to access to his or her family whenever possible in a manner that will not disrupt care of the other patients.

Checklist for employees and administration

- Provide patients with appropriate medical equipment and supplies at all times.
- Render care regardless of patient's race, faith, sex, age, disability and ability to pay for services.
- Respect patient's personal property that are brought to the hospital ward.
- Provide temporary accommodation to parents/guardian., or, at very least, chairs and tables.

Child-sensitive medical procedures and treatment

Service without compassion and sensitivity leaves the child cold and shivering despite the availability of medicine and technology

Checklist for the medical and paramedical practitioners

- Identify the medical needs of children with optimal consultant supervision.
- Cohort patients according to their illness or conditions
- Do procedures with utmost care and consideration to patient's comfort.
- Administer proper sedation and/or anesthesia in cases involving painful and invasive procedures, especially in post-operative care. *A sedation protocol must be followed in all areas where procedures are being done.*
- Provide adequate sedation and/or analgesia to all patients on mechanical ventilation. *Under no circumstances shall neuromuscular blockade be done without the benefit of adequate sedation and/or analgesia.*
- When a "do not resuscitate" (DNR) order has been issued, provide the patient with comfort measures until the time of demise. *A "do not resuscitate" protocol must be followed.*
 - doctors must ensure that all forms of medical management have been thoroughly exhausted prior to calling the DNR.;
 - parents, guardian, relatives must be given time and space to be with the child to accommodate the grief and sense of loss;
 - a priest or appropriate person of faith must be summoned to the bedside to give the final rites;
 - all medical personnel must safeguard the dignity of the child within the last hours;
 - proper decorum must be observed by all medical personnel within the vicinity; and

- if and when an autopsy is required, it should be discussed with the family only after the child has expired, and the need for a post mortem examination fully and sensitively explained preferably by the child's primary physician.
- Any decision to discontinue care must be approved by the patient, based on his or her evolving capacity, and his or her parents and physicians, and should adhere to the highest ethical standard.

Available information and open communication

The saying "*what you don't know won't hurt you*," does not apply to patients and hospitals.

Checklist for Employees

- Introduce self including one's name, position and role in patient's management during the first encounter, or whenever needed.
 - Take time to know the child personally.
 - Use simple language in explaining:
 - the nature of the illness;
 - diagnostic tests needed and its results;
 - side effects of medication;
 - complications of invasive procedures or surgery;
 - procedures that might be painful and invasive; and
 - referral procedure.
 - Entertain all questions regarding their health condition with patience and compassion.
 - Secure written consent for procedures and treatment that require such.
 - Inform patients/parents/guardian about:
 - their obligations vis-à-vis the hospital's scope of obligation and services; and
 - hospital policies, rules and regulations
 - Conduct rounds on patients at least once everyday, or more frequently, if patient's status is unstable.
 - Educate parents/guardian as to the maintenance of asepsis and hygiene especially at the NICU and PICU.
 - Educate parents and guardian on children's rights.
 - Together with the patients and guardian, evaluate the patient's hospital stay as to whether children's rights were respected.
 - Make thoughtful discharge plans:
 - whenever possible, anticipate discharge early, to give the family a few days to prepare; and
 - to ensure compliance, educate the patient and family about discharge plans as many times as needed, prior to and not just on the day of discharge.
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Checklist for the administration

- require all medical and para-medical personnel to conduct a discharge evaluation with patients/guardian on how the rights of hospitalized children are implemented during the course of the patient's stay in the hospital.
- Use the evaluation results for improving the way services are carried out.
- Require all personnel to undergo orientation on children's rights to make sure they know the standards of serving children and the guidelines on implementing the rights of hospitalized children.
- Educate employees on improving their communication with children.
- Develop the position of being a children's rights' advocate in the hospital.
- Set up a complaints desk specifically to entertain inquiries and problems concerning children's issues. The complaints procedure should be clearly communicated to patients/parents/guardian and hospital personnel.
- Investigate and document complaints about any of the following:
 - Abuse, neglect, and/or exploitation committed against a child and any member of his or family by any of the personnel; and
 - Deficiency in materials or equipment that may be harmful to the patient.
- Put up posters and sign boards in strategic places and distribute educational materials on:
 - children's rights;
 - facts and figures about specific illnesses;
 - hospital rules and regulations;
 - hospital maps with clear directions and emergency escape routes; and
 - Directory of organizations and support groups providing different forms of assistance to patients.

Accessible development opportunities

The hospital is not just a place for physical healing and recovery but also a place to stay mentally, socially and spiritually healthy.

Checklist for the school personnel

- Open services and programs to:
 - ambulatory, chronically or non-chronically ill, hospitalized or non-hospitalized children who cannot attend regular school; and
 - both sexes of any belief, faith and religion; socio-economic status and mental capacity.
- Refer children with developmental delay, such as autism which are beyond the expertise of regular personnel, to experts.
- Actively recruit patients from pediatric wards by regularly making rounds.
- Provide personalized programs like:
 - group and small class placement;

- tutorial or bedside tutorial;
 - review classes for the Philippine Educational Placement Test (PEPT);
 - school placement; and
 - vocational courses.
- Provide facilities that stimulate intellectual, physical, social and emotional development like age-appropriate books, videos, toys, materials for drawing and painting, whenever possible.
- Link chronically-ill school-aged patients to Special Education (SPED) classes offered by Department of Education, Culture and Sports (DECS).
- Encourage patients to participate in a weekly socialization hour at the playroom to promote self-expression and self-confidence.
- Provide entertainment to awake patients in PICU. *Only child-friendly TV shows and movies should be shown at the ward.*
- Hold multi-disciplinary conferences regularly.
- Provide follow-up for patients doing a homebound program.

Protection from further abuse and preservation of dignity

A child need not suffer indignity but must be aided to survive with dignity.

Checklist for medical and para-medical practitioners

- Conduct history-taking in a private manner, so that patient's confidentiality is not compromised.
- At the Out-Patient Department (OPD), explain the need for a complete history and assure patient of confidentiality except:
 - when patient is suicidal;
 - when the patient plans harm to others;
 - when sexual or physical abuse or other forms of child maltreatment is present or suspected;
 - if the patient is engaging in behavior that is potentially harmful to self and others; and
 - if the diagnosis is life threatening.
- Do all procedures in the privacy of the treatment room except when medically contraindicated, e.g. in an emergency situation.
- Continue to provide patients with privacy and dignity in the conduct of:
 - resuscitation- blinds, curtains or dividers should be used and non-relatives should be ushered out of the resuscitation area;
 - breast palpation, genital examination and rectal examination- should be explained prior to the procedure and in private location *Always ensure that a female patient is accompanied by a female assistant or relative whenever a male doctor is conducting the examination;* and
 - counseling- should be conducted in an area conducive for interviews and disclosures of sensitive issues.

- Under normal circumstances, problems should first be processed with the patient. If possible, encourage the child to disclose to parents/guardian his or her problems with or without the presence of the doctor. The doctor should be available to explain to the parents the details of the medical concerns, if necessary.
- When disclosure is not in conflict with the best interest of the child, disclose to parents/guardian about adolescent's problem only if:
 - it is life threatening to patients or to others; and
 - parental intervention is extremely necessary.
- Conduct medical discussions out of the hearing range of the patient and his or her family.
- Release any information regarding the patient only to the patient's parents or legal guardian:
 - patient identification bracelets/tags and bed labels must not include the diagnosis; and
 - telephone inquiries regarding the patient must not be entertained, unless the caller is readily identifiable as either patient.
- Discuss the patient's case with sensitivity:
 - during rounds, health care personnel shall refer to their patients by their patients by their first names;
 - in medical conferences, where people who are not directly involved in the patient's management are present, the patient's anonymity should be preserved by observing the following:
 - the real name should not be revealed;
 - if pictures of the patient must be shown, identifying features and sensitive parts of the body must be covered appropriately; and
 - patients must not be referred to as cases, e.g. "This is a case of _____," and rather they must be addressed as "The patient is a _____."
- Require ethical review of health research protocol involving children.
 - Type of research:
 - ensure that children will not be involved in research that might equally be carried out with adults;
 - ensure that the purpose of research is relevant to the health needs of children; and
 - require ethical review of health research protocols involving children.
 - Consent:
 - obtain a freely given informed consent in writing from the patient and parents/guardian;
 - obtain the consent of the child-patient to the extent of his or her capabilities; and
 - make sure that the consent have been explained thoroughly to the patient using the appropriate language. To check,

- request the patient to explain the content of the consent in his or her words; and
 - request the patient to enumerate the implications of signing the consent form.
- Risk and benefits:
 - explain the risk to the patient according to his or her evolving capacity, if he or she is involved in a scientific study;
 - ensure that the risk presented by interventions not intended to benefit the child-subject is low and commensurate with the importance of the knowledge to be gained;
 - for clinical drug trials, the inherent risk of the research must be less than the benefit to be derived by the child from the use of drug, with the guarantee of treatment of adverse action;
 - ensure that interventions which are intended to provide therapeutic benefit are likely to be at least as advantageous to the individual child-subject as any other alternative; and
 - assure that the parents/guardian that they can abstain or withdraw their child anytime without losing benefits due their child
 - Confidentiality:
 - safeguard the confidentiality of children when discussing results and during presentation of health research papers;
 - assure that the child's refusal to participate in research must always be respected unless according to the research protocol the child would receive therapy for which there is no medically-acceptable alternative; and
 - report any suspected case of abuse to the proper authorities, with the patient's/parents'/guardian's knowledge. In the UPCM-PGH, the Child Protection Unit (CPU) receive such reports. A written report on initial impressions should be submitted to the CPU upon referral of the patient.

The CPU has a multi-disciplinary team that specializes in providing services to abused children in this order:

- consent of parents/guardian for physical examination and reporting to authority
- intake (basic information) interview by a social worker;
- child interview (details of incident) by a doctor and a social worker;
- physical examination
- safety plan
- mental health screening by a child psychiatrist; and
- home visit by a social worker.

Checklist for the administration

- Put up a complaint desk, with trained personnel to address matters concerning children.
- Ensure that complaints procedures are communicated to the patients/parents/guardian.
- Provide adequate examination rooms, drapes, gowns, and screens.
- Ensure that all personnel are properly educated and warned against violations and abuses committed to children. Sanction shall be based on existing laws and hospital policies.
- Ensure that implementation of the following proposed protocols:
 - “do not resuscitate” protocol;
 - care for the terminally ill protocol;
 - media protocol;
 - health research protocol;
 - protocol for handling of medical records;
 - referral protocol for abused children;
 - protocol management of unusual cases e.g. when religious belief conflict with planned intervention; and
 - future protocols as the need arises.

Significant Value on children’s participation

In sickness and in health, a child deserves to be heard.

Checklist for employees

- Entertain all questions and issues regarding the patient’s condition and management.
- Involve the patient according to his or her evolving capacities in decision making that affect his or her wellness and illness. *Informed Consent* should be obtained using a language that is appropriate to the level of comprehension and understanding of the patient.
- Process the problems with the patient first, unless when the problem is life threatening to the patient or others. In this situation, parental/guardian intervention is then explored.
- Always put *the patient’s best interest* foremost in decision-making.

In the case of adolescents, the following instances, treatment, procedures and information may be given or offered without parental consent. Note, however, that the *above health services should be provided with adequate counseling, informed consent, and pre-and post-test counseling* (for HIV Antibody Test):

- management of pregnancy
- use of contraception
- treatment of STD
- HIV Antibody Testing

Disclosure by the patient of his or her status to parents or other significant others should be encouraged. Thus, health care providers, while maintaining utmost confidentiality, must exert effort within their mandates to prepare the patient for this.

If disclosure by the health care provider is warranted by the situation, efforts to obtain permission or consent from the adolescent should be exerted, and intensive counseling of parents or significant others must be provided for prior to the action.

- Involve the child, depending on his or her evolving capacity, in deciding in issues of:
 - painful and invasive procedures;
 - discontinuation of care;
 - health research;
 - availing services for development; and
 - management of exceptional cases, e.g. conflict of religious belief vs. planned medical intervention.

- Consult the patient regarding his or her stand on any media exposure should parents seek out assistance through a public service program. *To protect the child, the hospital's media protocol must be followed.*

Keeping the rights of the child alive require commitment to practice specific guidelines. The next section provides the Declaration of UPCM-PGH Commitment to uphold the Convention on the Rights of the Child.

Declaration of the UPCM-PGH Commitment to Children

The UPCM-PGH commits itself to create the culture of a child-friendly hospital and to make the UNCRC its standard of quality service. It therefore binds itself to adopt the General Guidelines of the UNCRC Implementation at the Philippine General Hospital declared below as follows:

Cognizant that the State recognizes the rights of the child to the enjoyment of the highest attainable standard of health and facilities for the treatment of illness and rehabilitation of health, the Philippine General Hospital, as a State's health care institution, shall

- confirm to the standards established by competent authorities, especially in area of child protection;
- recognize the child as a person under 18 or those over but are unable to fully take care of themselves because of physical or mental condition;
- recognize and preserve that child's inherent rights, dignity and identity and as shall be treated with respect that should be afforded a human being;
- provide health care to every child brought its attention regardless of his or her race, age, faith, sex, language, disability and socio-economic status;
- ensure that every child, based on his or her evolving capacities, shall be part of consensual decision pertaining to any intervention to his or her health condition;
- prevent separation from parents unless extremely necessary and shall acknowledge parental authority and responsibilities over the care and recovery of the child;
- provide utmost protection of the child's right to privacy and confidentiality; apply all possible measures to protect the child under its care and prevent all forms of abuses;
- apply all possible measures to protect the child under its care and prevent all forms of abuses;

- provide an environment that ensures child's physical, mental, spiritual, cultural and social development while under its care until fully recovered and integrated to family and community;
- strengthen the promotion of child rights through the creation of multi-disciplinary committee for sustained advocacy, information and education among clerks, intern, staff, nurses, residents, fellows, consultants, and other care-givers, as well as influence educators for inclusion of children's rights in the curricula;
- recognize the challenge of medical audit by an independent body, including children's input on the provision of highest quality of care to children; and
- ensure that above all, the best interest of the child is given primary consideration in every medical decision and action.

Setting Future Direction

This UPCM-PGH effort is just the beginning of a continuing process, a process that should be dynamic as a result of constant review and monitoring.

To keep the rights of children alive in medical practice and hospital routines, the UPCM-PGH has to:

- integrate children's rights into the various rights into the various stages of training of medical and para-medical professionals by including the UNCRC in undergraduate and post-graduate curricula;
- put children's rights as necessary considerations in formulating policies, rules and regulation, budget appropriation and structural designs of the hospital;
- use children's rights as an indicator for high quality, effective and efficient health service delivery;
- advocate the rights of hospitalized children in various medical communities; and
- work on the promotion and recognition of the rights of the hospitalized child as a MISSION and a child0-friendly culture as a VISION.