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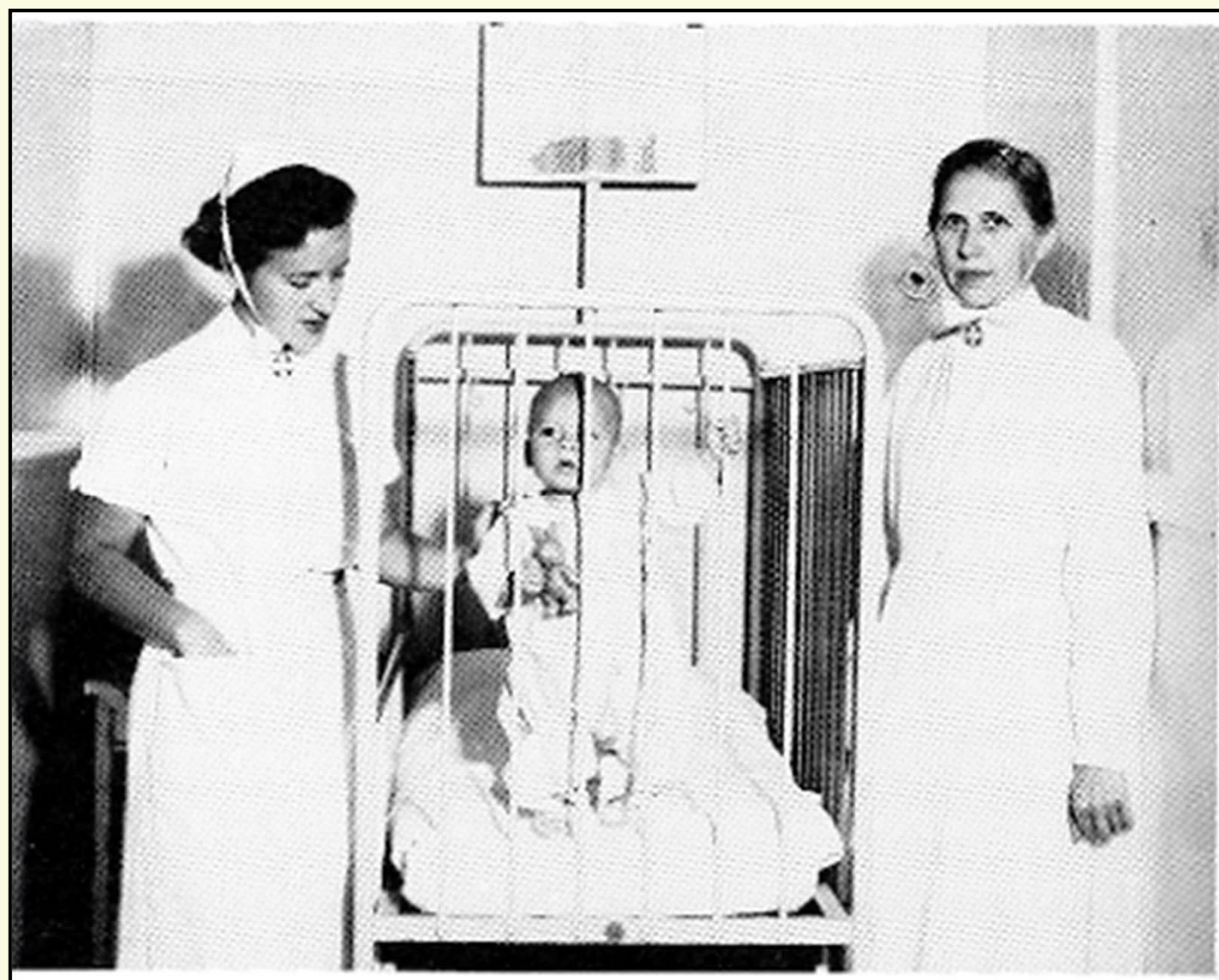
Considering Child Rights in measuring



Henry Ascher

Section of Social Medicine, The Sahlgrenska Academy
Angered Hospital
henry.ascher@gu.se





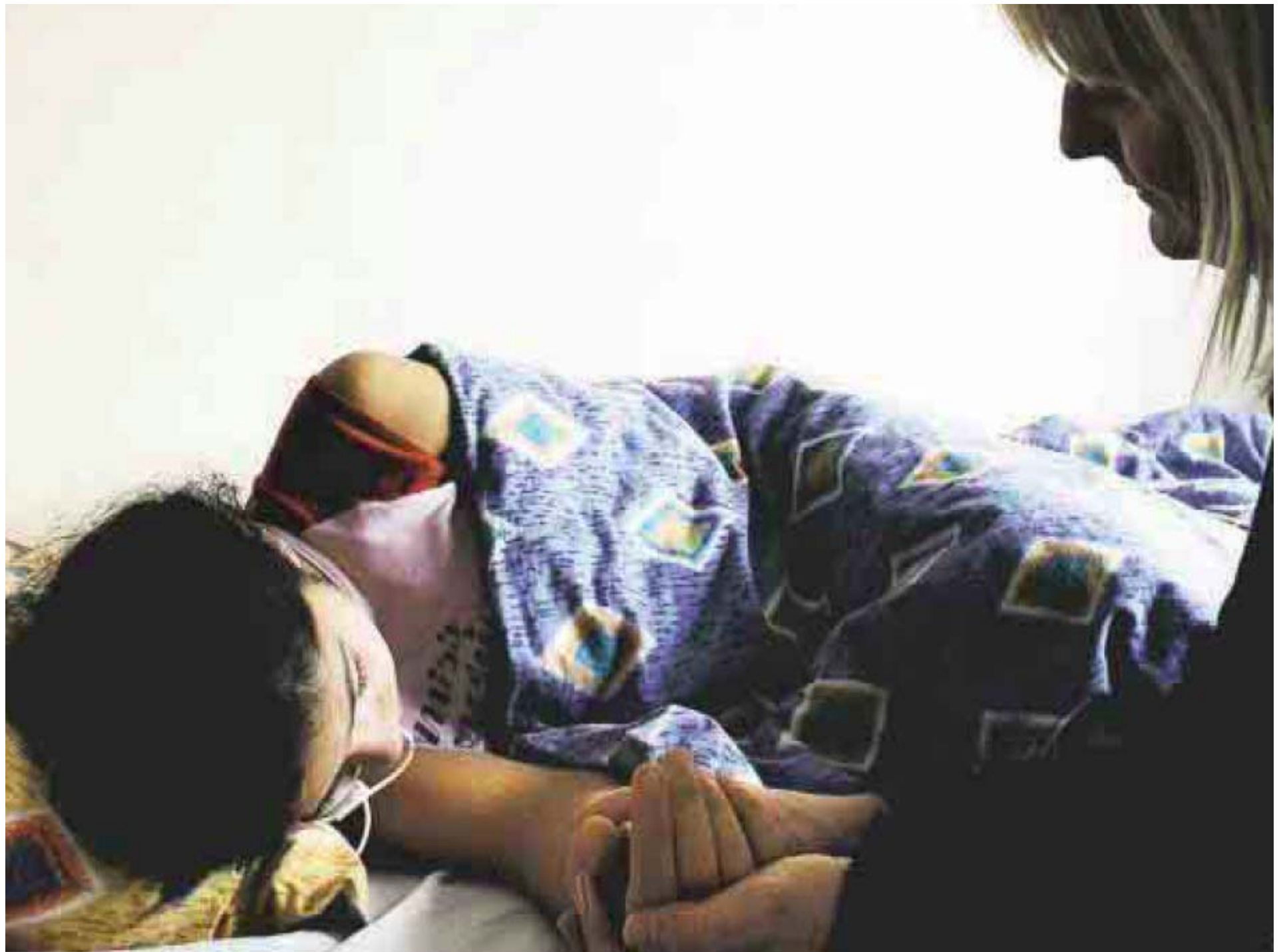
Regulations

Gothenburg Children's Hospital app. 1950

1. Children should endeavour to a quiet and decent behaviour, treat the hospital staff and each other with courtesy...
2. Children should endeavour to keep clean and neat.
3. Children are not allowed to stay in the staff's accommodation or in the kitchens of the wards...
4. Children are not allowed to concern themselves with the heating taps, windows, electrical contacts etc.
5. Children who will not comply with these regulations, can as a consequence be discharged from the hospital...









Childhood Obesity

What Must Be Done to Turn the Tide



Different parties

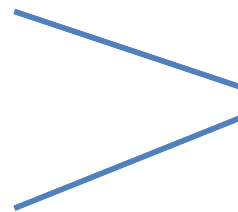
The child

The family

The surrounding

School, football club etc.

The state



Health Care



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UN Child Convention: The Four Basic Principles

Article 2

Children's equal value

Article 3

The best interest of the child

Article 6

Children's right to life and development

Article 12

Children's right to be heard and have influence on their own situation



Basis of children's rights

Protection

Equal value

Right to be heard

Dignity



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Universal Declaration of Human Rights

Article 1

All human beings are born free and equal in ***dignity*** and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood.



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Dignity in CRC

Preamble

Considering that, in accordance with the principles proclaimed in the Charter of the United Nations, recognition of ***the inherent dignity*** and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world

Article 23

States Parties recognize that a mentally or physically disabled child should enjoy a full and decent life, in conditions which ensure ***dignity***, promote self-reliance and facilitate the child's active participation in the community.

Article 28

States Parties shall take all appropriate measures to ensure that school discipline is administered in a manner consistent with ***the child's human dignity*** and in conformity with the present Convention.



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Article 37

Every child deprived of liberty shall be treated with humanity and respect for ***the inherent dignity*** of the human person...

Article 39

States Parties shall take all appropriate measures to promote physical and psychological recovery and social reintegration of a child victim of: any form of neglect, exploitation, or abuse; torture or any other form of cruel, inhuman or degrading treatment or punishment; or armed conflicts. Such recovery and reintegration shall take place in an environment which fosters the health, self-respect and ***dignity*** of the child.

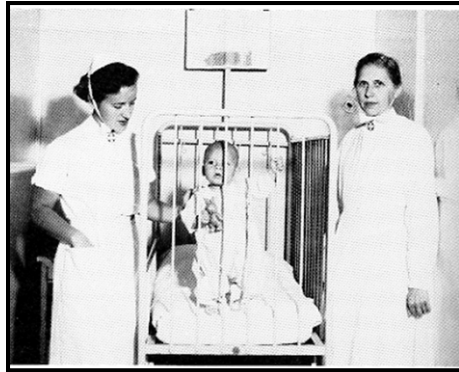
Article 40

States Parties recognize the right of every child alleged as, accused of, or recognized as having infringed the penal law to be treated in a manner consistent with the promotion of ***the child's sense of dignity and worth***, which reinforces the child's respect for the human rights and fundamental freedoms of others

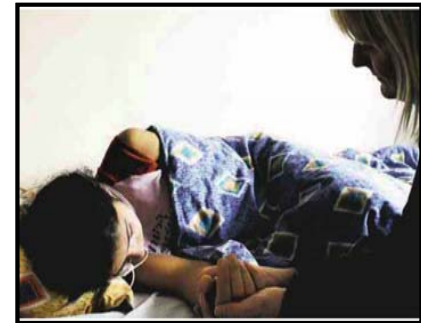


Can Child Health Care constitute a threat to the Child's Rights?

- Separate the child from the parents
- Frightening investigations
- Frightening environment
- Pain and punctures
- To not understand what happens
- To not be able to influence what happens
- Separation of the child from other important persons
 - ✓ friends
- To make difficulties in individualization and maturation



How can we strengthen dignity?





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What can we do?

Health care

- Pain reduction, diversion
- Preparation
- Time
- Listen to the child
- Respect to the child
- A Child Perspective



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Center for children's right to health Queen Silvia Children's Hospital

- Established in 1999
- Implement UNCRC and NOBAB's standard in the daily work
- Strengthening the position of sick and vulnerable children
- To emphasize the importance of an holistic approach to sick children
- Working with children's rights issues
- Highlighting the sibling situation of children who are ill and / or have a disability
- To create room for reflection and training for all staff
- Network (internal & external), siblings focus, grief, child participation, child rights education

DUNDER



CLINICS

STAYING

DEPARTMENTS



Ward 334 / Examinations

Welcome!

Examinations

Having an injection



Seeing the doctor



Being anaesthetized



Taking a specimen from the intestine



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What can we do?

Research

- Participatory methods
- Reference groups



What is a Child Perspective?

- What does it mean?
- Short / long time perspective?



Child Convention as an orientation tool

- When the interest of different parties are standing against each other
- Demands of authorities
e.g. refugee children



External threats against the patient's (child's) rights'

I. Right to medical care of good quality

1. Every person is entitled **without discrimination** to appropriate medical care.

2. Every patient has the right to be cared for **by a physician whom he/she knows to be free to make clinical and ethical judgements without any outside interference.**

3. The patient shall **always be treated in accordance with his/her best interests.** The treatment applied shall be in accordance with generally approved medical principles.

*Lisbon Declaration on the Rights of the Patient 1981
World Medical Association*



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External threats against the patient's (child's) rights'

Whenever legislation, government action or any other administration or institution denies patients these rights, **physicians should pursue appropriate means to assure or to restore them.**

*Lisbon Declaration on the Rights of the Patient 1981
World Medical Association*



Child Rights and Health Care

International Society for Social Pediatrics and Child Health (ISSOP)

Position Statement

T. Waterston* and G. Yilmaz†

*Retired consultant paediatrician, Newcastle upon Tyne, UK, and

†Social Pediatrics Department, Dr. Sami Ulus Children Training Hospital, Ankara, Turkey

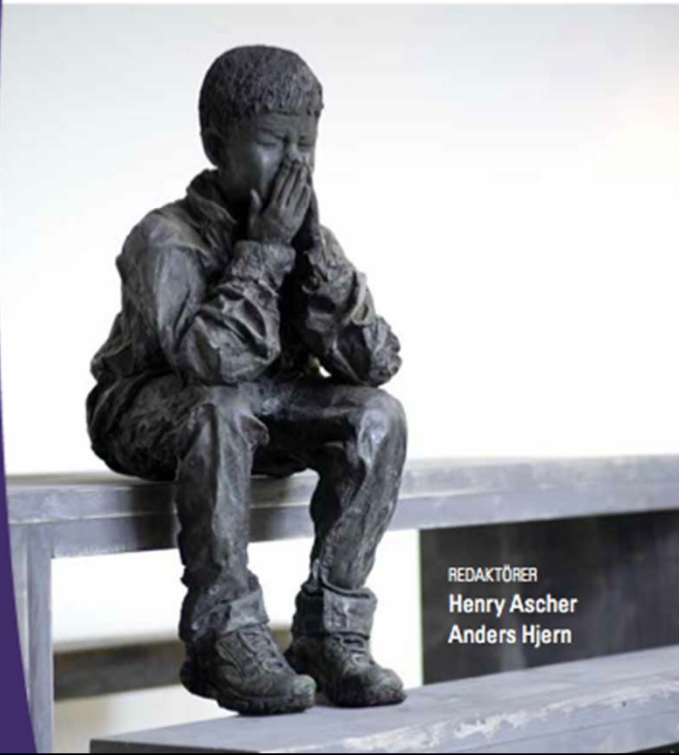
Statement of the problem

Children's rights are fundamental to paediatric practice. Paediatric healthcare professionals encounter children's rights (CR) issues on a daily basis, yet these rights are by no means always

3 Establishment or identification of institutions responsible for implementing, monitoring and evaluating specific rights or children's health and well-being – It is well recognized today that the evaluation of the impact of policies and services for children must be an integral part of any pro-

Från apati till aktivitet

Teori och behandling av flyktingbarn
med svår psykisk ohälsa



Studentlitteratur

REDAKTÖRER
Henry Ascher
Anders Hjern

Nordisk standard för barn och ungdomar inom hälso- och sjukvård

Utarbetad i enlighet med FN:s barnkonvention



1. Vårdform

Barn skall läggas in på sjukhus endast när den nödvändiga behandlingen och omvårdnaden inte kan ges på ett lika bra sätt i hemmet eller i öppen vård



2. Relationer, närhet och trygghet

Barn på sjukhus har rätt att ha föräldrar eller annan närstående hos sig under hela sjukhusvistelsen



3. Föräldramedverkan

Föräldrar skall få hjälp och uppmuntran att stanna hos sitt barn och få möjlighet att övernatta. Föräldrar skall inte behöva få extra kostnader eller förlora inkomst i samband med barnets sjukhusvistelse. Föräldrar skall få information om avdelningens arbetssätt och rutiner och få stöd att ta aktiv del i barnets vård.



4. Information

Barn och föräldrar skall få information om barnets sjukdom, behandling och vård på ett sätt som de kan förstå och som är anpassat till barnets ålder. Åtgärder skall vidtagas för att minska fysisk och psykisk stress.



5. Medbestämmande

Barn och föräldrar skall - efter grundlig information - vara delaktiga i beslut som gäller behandling och vård av barnet. Alla barn skall skyddas mot onödiga medicinska behandlingar och undersökningar.



6. Miljö

Barn skall vårdas tillsammans med andra barn och inte på vuxenavdelningar. Barn behöver träffa jämnåriga för lek och aktiviteter under trygga förhållanden. Det får inte finnas åldersbegränsningar för besökare till barn.



7. Stöd i utvecklingen

Barn skall ha möjlighet till lek och skolundervisning som är anpassad till deras ålder och sjukdomstillstånd, i en miljö som skall vara utformad och utrustad för att möta deras behov. Personal skall vara specialutbildad för att arbeta med sjuka och funktionshindrade barn.



8. Kvalificerad personal

Personal som vårdar och behandlar barn skall ha sådan utbildning och kompetens att de kan bemöta de fysiska och psykiska behoven hos barnet och dess familj.

9. Kontinuitet

Vård- och behandlingsteamet skall vara organiserat så att det tillförsäkrar varje barn kontinuitet i vården.

10. Respekt och integritet

Barn skall bemötas med takt och förståelse och deras integritet skall respekteras.



en vän när barn är sjuka

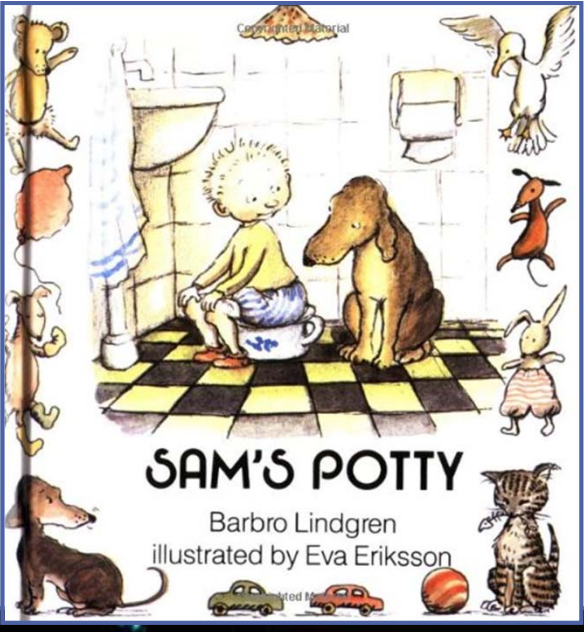




The right to culture and play

CRC Article 31

1. States Parties recognize the right of the child to rest and leisure, to engage in play and recreational activities appropriate to the age of the child and to participate freely in cultural life and the arts.
2. States Parties shall respect and promote the right of the child to participate fully in cultural and artistic life and shall encourage the provision of appropriate and equal opportunities for cultural, artistic, recreational and leisure activity.



T. LINDGREN

