

## **STANDARD 6: Providing equity of care and treating the child as an individual with rights**

**‘Health care providers, organisations and individual health workers, share a responsibility to advocate for children and to reduce the fear, anxiety and suffering of children and their families by ensuring that children have equity of health care and by treating them as individuals without discrimination giving them culturally and developmentally appropriate rights to privacy, dignity, respect and confidentiality’.**

### **Supporting criteria**

1. Policies and systems of care that ensure equal access to and opportunities for preventive, investigative, curative and palliative health care that meet the needs of the individual child
2. Policies and systems of care that ensure there is no discrimination concerning age, sex, race, ethnicity, legitimacy, disability or any other reason
3. Policies and systems of care to ensure individuality (that include birth registration and use of the date of birth, a clinical record number, use of preferred name and language, provision of personal space, knowledge of personal preferences, access to and use of personal possessions and clothes).
4. Policies and systems of care that ensure respect and preservation of dignity from degrading and unnecessary procedures and treatments.
5. Policies and systems of care that ensure cultural and developmentally appropriate visual and sound privacy (especially when dressing, washing, toileting, when undergoing procedures, being given treatment and when dying; also provision of privacy for possessions):
6. Policies and systems of care that ensure written and verbal confidentiality.

*Child recovering from pneumonia and receiving additional inspired oxygen through nasal cannula. He is tied to the bed to prevent him pulling out the cannula but this is unnecessary.*



### **Discussion**

Despite ratification of the UNCRC, inequity and discrimination continue to occur in most countries regardless of resources. A child's right to survival should not be dependant on their sex, age, legitimacy, whether or not they have a disability, their family's wealth, racial origin, religion, ethnic origin or any other factor. Health workers are ideally placed to set an example to others by developing systems and policies to ensure there is no discrimination.

Equity of health care for children is dependant on many things. How far the family live from a health facility, whether there are health workers to provide care near a child's home, whether there is

transport to a health facility and/or whether there is a health facility within easy reach, all influence equity. However the two most important influencing factors in many of the world's countries are the individual family's wealth and their knowledge about health.

In many countries there are often good private health services but inadequately resourced public services that are inaccessible to many families. Even if a child from a poor family does access the services, inequity remains if the family cannot find the money for investigations, necessary drugs and treatments or experience a lower level of nursing and medical care than others.

In well-resourced countries there can still be differing qualities of care given in different geographical areas and by different services in the same health facility. Children who are admitted to separate children's hospitals or to children's wards generally get better care and opportunities than children cared for on adult wards; for example they have better access to play facilities and specialised nursing skills. Some children looked after in a children's ward are also seen in adult facilities such as accident and emergency, x-ray and some surgical outpatient departments. These departments may not always meet the needs of the differing age groups of child patients who use their services.

Country and global inequity also exists for investigation and treatments, particularly regarding the availability and affordability of appropriate essential drugs and other clinical equipment. Advocacy to drug companies to make drugs more affordable in the disadvantaged countries often helps and needs to continue. Drug donations need regulation to ensure they are needed, appropriate for their purpose, of good quality and in-date. Drugs should not be tested without informed consent in any country and continued advocacy will be needed to ensure patient safety.

Equity is not only about giving the same care to each child, but is also about giving the care necessary to meet the individual child's health needs.

A child has a right to be recognised and respected as a unique person with individual physical, emotional, social and spiritual needs. Health workers can respect a child's individuality by ensuring that they:

- Approach a child in an age and developmentally appropriate way
- Use the child's preferred name
- Give a child their own health registration number at birth and ideally also a written birth certificate when there are the resources to do this
- Ask about and accommodate when possible and appropriate a child's likes and dislikes
- Allow personal space and personal possessions such as clothes and toys
- Seek, listen to and acknowledge the child's opinions, views and ideas
- Ensure that a child feels he or she always matters.
- Include any special needs in a child's daily care plan and make this plan in conjunction with the child and parents

A child also has the right to have their dignity preserved, their privacy respected and confidentiality maintained (all appropriate to age and culture). Frequently, these rights are not respected for a child. In addition to having policies and systems of care, constant vigil is needed by health workers to ensure that they do not contribute to any unnecessary fear, anxiety or suffering by failing to respect these rights.



*Screens used to give visual privacy for a treatment area. Screens do not protect sound privacy.*

The inclusion of education/training about the articles of the UNCRC and other human rights topics in the core training curriculum of students and in the regular life-long learning for health professionals will help all health workers understand and meet this Standard.

## References

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