

Ethical concerns and risks in health emergency: patients protection and fundamental rights

Comments & questions



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Ethical principles for clinical paediatric practice and research

Autonomy and respect for human dignity

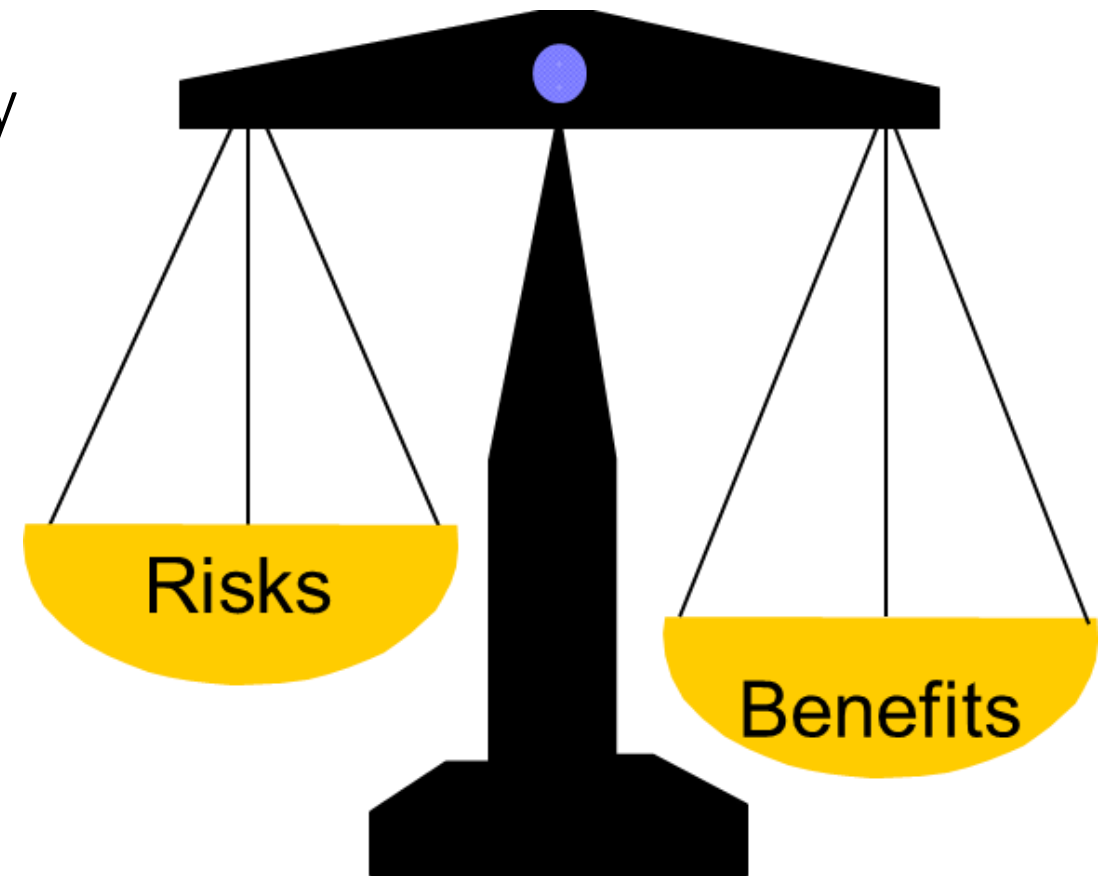
Beneficence: benefit the sick

Non-maleficence: do not harm

Distributive justice

Community spirit and solidarity –

Impact of COVID-19



Safeguarding children's right to health in hospital during

COVID-19 Jennifer McIntosh et al. on behalf of the ECHO,
Lancet Child Adolesc Health 2020, on line 14.09.2020



*Although few children required admission to hospital because of COVID-19, social isolation, school closures, missed or delayed medical care, increased family stress, and the loss of state safeguarding structures have all taken their toll on child health. With the nearly exclusive focus on adult care, the argument could be made that **as a society we did not adequately protect children's right to health during the pandemic....***

*During the pandemic, general and complex paediatric services such as organ transplantation, chemotherapy, or rehabilitation were discontinued or limited. Nine of ten patients with rare diseases said their care **had been interrupted** (EURORDIS survey).*

ESPNIC Ethics Section: COVID-19 Pandemic Ethics Statement



Looking after ourselves and our teams

- Ensure policies and pathways are both clear and workable
- Look after the children we care for, both in ICU and wards e.g. those we cannot admit - as we usually would
- Ensure emotional, pastoral and psychological support for teams is available both during and after the pandemic
- Ensure trainees e.g. medical/nursing students, and residents have a psychological safe involvement, recognizing their vulnerability
- Ensure educational support for healthcare staff working outside usual context - practical (e.g. Basic PICU) and psychological

