



SOME ASPECTS OF BIOETHICS IN PEDIATRIC PRACTICE

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Abstract

This work elucidates the application of bioethical principles in pediatric practice, highlighting their role in safeguarding children's health and guiding medical decision-making. The study analyzes key bioethical issues in the field of pediatrics, including the relationships between doctors, children, and parents; informed consent; prioritization of the child's interests; medical confidentiality; safety of medical interventions; and ethical responsibility. Additionally, it addresses the ethical challenges that arise from the implementation of innovative diagnostic and treatment methods in modern pediatrics, along with potential solutions. The research aims to underscore the significance of bioethical principles in pediatric practice, emphasizing the importance of ensuring justice, humanity, and transparency in medical decisions concerning children's health.

Keywords: Pediatrics, doctors, and bioethical principles.

N.F. Filatov, A.A. Kisel, V.I. Molchanov, G.N. Speransky, M.S. Maslov, Yu.F. Dombrovskaya, V.A. Leonov, I.N. Usov, etc. To provide qualified medical care to children, a doctor must not only possess deep theoretical knowledge and skillful use of practical skills, but also have a subtle understanding of the child's psychology, as well as the multifaceted stereotype of parental attitudes towards them.

At the first stage of caring for a sick child, one of the most important tasks of the pediatrician is to carefully inform parents about the specifics of the disease and, if necessary, obtain their informed consent for the implementation of a high-tech diagnostic and treatment program. At the same time, it is advisable for the doctor to create conditions for the direct participation of parents in the preparatory activities for performing various procedures. Thus, two important goals are achieved. On the one hand, parents are members of a team of specialists (naturally, without the right to make a medical decision), on the other hand, the diagnostic and treatment program itself is carried out without serious conflicts between the child and his parents. At the same time, the doctor must understand: parents always believe that he possesses extraordinary abilities (because this applies to the most precious creature on earth for them). Therefore, the following recommendations are given to the pediatrician.

After the initial conversation with parents (without the child's participation) and at the first meeting with the patient, it is necessary to try to behave amicably, with irony, to be interested in the patient's hobbies, but not to turn the conversation into a stream of discussions that can distract the doctor from performing his immediate duties.

During examination, questioning, auscultation, percussion, and palpation, the doctor's main task is to attract the child and, at the same time, obtain the informal consent of the parents for further communication with them.

In communication with the patient and their parents (close relatives), the pediatrician's subsequent actions should be saturated with personal calmness, attention, an optimistic mood, and satisfactory external characteristics of professional activity.

At the same time, both the patient and their parents should feel the distance of a cautious, qualified, sincere, but strict in their professional requirements, attending physician from the first days of communication. Parents should understand and instill in their child that the treatment process requires discipline and that it is precisely adherence to the doctor's recommendations that is the key to successful treatment.

In addition, when communicating with a child, the pediatrician should not forget the general psychological characteristics of childhood:

- lack of understanding of the degree of danger of a particular disease, therefore, a low level of application of practices to ensure personal well-being;
- inability to tolerate pain both during high-tech invasive procedures and during simple tests;
- Careful and attentive treatment of one's body (especially during adolescence and in girls);
- tendency to self-simulate some symptoms of the disease and increase unfounded fear for others;
- low conscious-volitional qualities and a tendency to fantasize about the state of one's health.

It should be emphasized that the more severely the child is ill, the less noticeable their mischief, lack of self-control, inexplicable whims, and tearfulness (for example, even nursing infants behave very calmly when they are conscious in intensive care after heart surgery). Such behavior of the child is an additional factor for assessing the severity of the minor patient's condition.

Considering the high cognitive level of children, the specifics of their psycho-social development, and their personal experience, the pediatrician should be aware of the high degree of tragedy in their feelings and try to avoid involuntary psychological trauma that may arise (and usually lasts for a long time) after a child's in-depth, ill-considered conversation with a doctor (with or without parents) about the announcement of an unpleasant diagnosis.

Experience shows that patients who are afraid of the upcoming surgery should not be convinced of the need for immediate treatment. They require a certain period of psychological and moral adaptation with the mandatory participation of their parents. Failure to comply with this rule can disrupt the child's psychological adaptability, leading to depression, which over time can develop into an independent pathology.

It is also important for the doctor to take into account the condition of the child's parents (especially young ones), who are especially stressed during the acute period of the disease. In this situation, the doctor should dose them with information about the child's health status, its deterioration, and stabilization. Except in emergency situations requiring emergency resuscitation or surgical intervention. However, at the first opportunity, the doctor must inform the child's parents about the results of the unscheduled measures taken.

It is also important not to hide the fact that parents and children have life-threatening, sometimes incurable diseases (AIDS, malignant tumors, leukemia, etc.). Currently, the position prevails in the medical community that a child should be informed about their serious illness.

Often, the pediatrician takes on this difficult task. This is especially difficult for children, because all children, regardless of their capabilities and abilities, are the meaning of life for parents, consolation for grandparents, very close and related to brothers and sisters, therefore the death of each child is a tragedy for the family and a great loss for the nation.

Today, the term "iatrogenic diseases" also refers to deviations in the child's condition caused by ill-considered medical conclusions of a pediatrician; their sincere professional mistakes; misconceptions involving the child; violations of patient management protocols; errors in the use of high-tech medical devices, or a lack of personal knowledge and experience of the doctor. In other words, we are talking about cases arising from errors in the organization of the treatment process and elementary violations of the rules of juvenile bioethics. In this case, collective problem-solving (including with the help of a local ethics committee) and achieving the final positive result of joint treatment play an important role. Otherwise, the patient's parents have the right to apply to the relevant authorities, even with a request to initiate criminal liability. At the same time, the pediatrician should not allow the development of emotional fatigue syndrome, the manifestation of which (especially in young specialists) can lead to the death of the child. The attending physician is required to be especially polite, gentle, and empathetic when communicating with parents. In this situation, the initial skills of a physician should be formed during the course of bioethics at a medical university, as well as in residency and internship.

Thus, taking into account the foregoing, the actions of the attending physician, which led to the negative development of events, can be divided into three independent groups: accidents while carrying the child; errors of the doctor (direct and indirect); shortcomings as a result of unprofessional behavior towards the patient. A detailed analysis of these actions is carried out both by the department management and the management of the PHC (with the involvement of the ethics committee of the clinic), as well as by judicial instances in individual cases.

It should be noted that the main criteria for a pediatrician's error are, for example, anomalies in the anatomy of the body (as in the radical correction of CHD or other congenital malformations); complexity and shortcomings of high-tech diagnostic and treatment methods (for example, in nuclear medicine); underdevelopment of some areas of medical science; extreme difficulty in making a correct diagnosis; lack of appropriate experience in managing severe patients both at the individual level and at the level of a medical institution, a conscientious mistake associated with errors in applying the rules of juvenile bioethics.

In this regard, the following opinion of Professor I.V. Davydovsky is characteristic: "As skill increases, the number of errors increases rather than decreases." This, in our opinion, can be explained by the involvement of a more qualified doctor in the diagnosis and treatment of extremely complex patients, the course of which often manifests itself at the level of a phenomenon comparable to the unexpected manifestation of new talents in indigo children. It should be noted that the potential risk of caring for children with complex diagnoses and allowing a doctor to do so is due to errors, moreover, often to the anger of parents, who unreasonably accuse doctors of illiteracy and demand a replacement of the attending physician. The only way out of this complex and contradictory situation is to achieve the final positive result of the child's treatment, to make the parents happy, and to satisfy the professional ambitions of the doctor, which meet the principle of "Post hoc - ergo propter hoc."



It should be noted that in the current historical period of the development of high-tech medicine, juvenile bioethics is facing the loss of concepts of humanity, kindness, mercy, and compassion for children in society. This situation, contrary to I. Kant's philosophical approaches, is reflected not only in the main goal of the treatment process, but also in the activities of a special category of pediatricians (a small number, but significant for the medical community), who invest financial resources in its achievement.

Interestingly, doctors, who, according to parents, can be called "children's esculapas," try to speak to the patient in simple and understandable language. They believe that the wiser the pediatrician, the simpler he is, the more children love him, and the more he responds to them. Such a doctor enjoys their work. He will never convince his parents to buy expensive medicines or get diagnoses at a private center. Parents and children usually express sincere and worthy gratitude to such healers.

A child's health has been considered the highest value in all historical periods. Therefore, in pediatric practice, the norms regulating the treatment of young patients are very strict and precise. However, with the development of high-tech medicine, changes in the forms of medical care, and the strengthening of requirements for juvenile bioethics, significant changes are also taking place in the models of doctor-patient relationships. The paternalistic model of relations in medicine is losing its position in modern society and is giving way to the principle of voluntary cooperation. The moral value of personal autonomy turned out to be so high that, contrary to the will and desire of the young patient and his parents, the kindness of a doctor began to be considered incorrect in pediatrics. A norm related to the Helsinki Declaration has become widespread, according to which a doctor is obliged to provide parents and patients with detailed information (in simple and understandable language, without intimidation) about the causes of the disease, its course, possible complications, and treatment methods (in the part concerning the child's current condition).

Pediatricians, in turn, should have their own understanding of the volume and content of this information and independently assess the qualifications of the child's representatives in formalizing informed consent. In addition, the procedure for obtaining consent for treatment of various diseases has its own peculiarities.

In modern pediatrics, it is impossible to treat a child without parental consent. However, there are cases when compulsory treatment is required, and parents do not agree to radical treatment, asking for the use of the palliative method, citing their lack of awareness or the special dignity of their vulnerable children. On this basis, it can be noted that the content, form, and method of obtaining informed consent are the main conditions for the effectiveness of child treatment. This procedure, on the one hand, calls for discipline from doctors, and on the other hand, imposes a serious obligation on parents who have not yet faced such a choice. The child himself is a competent patient, especially if he has a high level of intellectual development.

To develop a universal form of agreement, we will use a ready-made set of data obtained in one of the specialized sociological studies. The study showed that informed consent in pediatrics includes: competent parents voluntarily accepting their child's course of treatment (or therapeutic invasive or non-invasive treatment) after sufficient information is provided by the doctor; child's (under 15 years old) approval of parental decision. In this case, competence is understood as the ability to make decisions based on rational motives; the ability to achieve results acceptable to both parties.

The study specifically emphasizes that any parent (patient's trustee) can be recognized as competent if they can make responsible decisions based on both rational personal motives and personal responsibility for the work done. The study clearly showed that currently in pediatrics, doctors provide parents with maximum information only in 75% of cases. 20% of parents prefer to receive information from their own children or other children and their parents before contacting a doctor directly.

Obtaining informed consent from such parents is the most difficult and usually leads to unjustified conflict situations. They exert direct pressure on the child, which prevents them from forming their own attitude towards disciplined treatment. However, the coincidence of the child's and parents' positions in choosing a decision should be taken as the norm by the doctor.

The data of this sociological study showed that many pediatricians are ready to accept the informed consent of the child as the norm, but this preparation is currently understood only by a group of no more than 25% of the total group. Another quarter of pediatricians form a group of active opponents of the child's informed consent. They have a negative attitude towards the obligation to fully inform parents and consult with them in a hidden form (although this has been openly expressed only by a small number of doctors). Approximately half of pediatricians prefer to live and work according to prescriptions and do not participate in discussing their possible changes.

The findings of this study emphasize that the ability for informed consent develops in a child gradually, but not evolutionarily, with the development of body systems and life experience. In this case, the doctor's behavioral model is selected in accordance with the stage of socialization and the behavior of parents and is always aimed at forming competent communication skills in the "doctor-patient" link in the child. In this regard, it is worth noting that in pediatric practice in recent decades, specific features have emerged related to the management of children, which is a separate form of socialization. These primarily include indigo children.

The term "Indigo children" first appeared in the 70s of the last century. Thus, supporters of the mystical doctrine of the "New Age" called the color of the aura a particularly gifted child, the color of which is dark blue, like the color of jeans that children love to wear (in fact, the latter argument probably has a purely advertising-commercial character). Some think that these young talents are speaking in the language of the Creator with the world; others consider them the next link in the evolution of civilization; and still others, delighted by their abilities, can offer nothing to explain this phenomenon except the conclusion that their consciousness is a light emanating from the black holes of our universe, this hypothesis is sometimes discussed by children on equal terms with representatives of the scientific community. However, regardless of what is said about these unusual creatures, one thing is clear: this phenomenon must be taken into account in pediatric practice.

How do these children differ in appearance? Usually, they are very active in life and do not recognize prestige (whether they are a teacher at school, a scholar by name, etc.). They do not like the same activity (for example, written work that requires a clear presentation of homework on paper), preferring to replace it with discussions on scientific or political problems and searching for different information on the Internet.



According to the observations of the renowned psychologist of the A.I. Herzen RDPU, V. Kamenskaya, such children are distinguished by evolutionary "progressiveness" and rare intellectual abilities. A group of students of the scientific circle of this university conducted research, considering man as a complex self-organizing dynamic system. Initially, the students believed that one of the leading factors in the evolutionary-biological formation of man as a species was the level of juvenility. It is this factor that determines a person's intelligence and some of their psychological characteristics. The researchers selected 150 children from approximately the same social group. They conducted the first test when the children turned 5 years old, and then repeated it in the same group a year later. According to the research results, an increase in the growth rate of mental abilities was observed in all selected children of the indigo group. In other words, children of this type constitute a group of older adolescents, who, according to their estimates, have significantly higher intellectual abilities than their typical peers. It is also known that indigo children are characterized by low adaptive resources and therefore, as a rule, have poor health. For example, children with cerebral palsy also sometimes have unusual intellectual data. One such patient from the USA, as an adult, headed a large laboratory for studying our galaxy and has already made several sensational discoveries.

To provide qualified medical care to Indigo children, the physician must have a very clear understanding of their psychology and the established attitude towards them by parents who early understood that their children's extraordinary abilities are associated with serious health problems.

In special literature, in recent years, there has been a widespread opinion that the increase in the number of especially gifted children is determined by the successes of obstetrics and neonatology. As mentioned above, the development of mental abilities in children is accompanied by delayed physical development. Accordingly, the achievements of neonatology (caring for weak and premature infants, combating infections, etc.) determine the emergence of the indigo-child phenomenon.

Of course, some experts might consider such high attention to indigo-children as excessive "luxury." After all, there are other categories of children who require the attention of the national healthcare system - these are children with disabilities (with congenital developmental defects and acquired disabilities). It should be noted that many of them were born thanks to the sacred rule of respecting the mother's position regarding the right to bear such a child. At the same time, the state, along with parents, strives to provide all possible assistance to these children in developing their life strategy.

However, without contrasting indigo children with children with disabilities, it should be noted that it is often gifted children who, when they grow up, create intellectual resources, which ultimately materialize and allow for the formation of additional significant revenues to the state budget. Thus, adults who have been recognized as gifted since childhood are a source of financial resources, and they "work" for the benefit of children, including those with disabilities.

In addition to Indigo children, pediatricians often encounter care for children who have been in a difficult life situation since birth or in a later period and whose socialization is significantly more complex (these include disabled children from specialized boarding schools, children from nursing homes and orphanages, neglected children, etc.). These patients pose a complex socio-medical problem associated with special approaches to bioethical support,



which include an important element of the treatment process, such as informed consent to perform high-tech and often unsafe medical procedures.

In general, the practice of informed consent in pediatrics meets modern requirements for maternal and child health protection, reflected in international and national regulatory legal acts. As children grow up (and at any level of socialization), they should gradually become the doctor's main partner in making decisions about their health, taking responsibility from both parents and those around them, as well as those replacing their close relatives.

Ultimately, obtaining the doctor's consent from the child is an interactive process in which the parties share information and its assessment, thereby making a joint decision on the implementation of various stages of diagnosis and treatment. As noted above, not all pediatricians believe that it is necessary to obtain informed consent from the child. This means the need to increase the level of competence of doctors in this important area of juvenile bioethics.

Further analysis of the passport data of the participants in the sociological study made it possible to identify the general characteristics of the proponents of application.

informed consent in pediatric practice. These are mainly mothers of children under 11 years of age who have been in the children's hospital for more than 2 weeks and whose condition has improved during the treatment period. These women mainly have higher and incomplete higher education (more than half are divorced). Their income is average, and living conditions are satisfactory. All of them are from the city. At the same time, fathers are less likely to consult a treating physician for information about the child's condition.

At the present historical stage of the development of pediatrics inclination of specialists to a collegial model of interaction in pediatric medicine, where informed consent is the norm and confirms equal responsibility for the health of the doctor, parents, and the child.

In pediatric practice, adherence to bioethical principles is one of the main factors in protecting children's health. The study shows that in the activities of a pediatrician, not only clinical knowledge and practical skills, but also an understanding of child psychology, sincere communication with parents, a culture of information dissemination, and ethical responsibility play an important role. The main principles of the humane approach in pediatrics are informed consent, medical confidentiality, protection of the child's interests, and the formation of a trusting relationship between the doctor-child-parent.

In modern pediatrics, the requirements of juvenile bioethics are increasing, which leads to the gradual replacement of the paternalistic model with a cooperative communication model. A pediatrician is not only a treating specialist, but also a specialist who provides emotional support to the child and parents, guides them in complex decisions, and is responsible and faithful to moral standards.

Also, the analysis showed that the age-specific psychology of children, the reaction to pain and anxiety, the emotional state of parents, and the prevention of iatrogenic errors make the ethical culture of a pediatrician more complex and responsible. An individual and ethical approach is also necessary when working with children with a high level of intellectual development, such as Indigo children.

In conclusion, bioethics in pediatrics is an important regulatory system that forms the basis of medical decisions, prioritizes the interests of the child, and ensures humane, fair, and

transparent medical care. Compliance with professional ethics increases the quality of pediatric care and plays an important role in protecting children's health.

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