

## CHILD PROTECTION - HUMANISTIC OR EGOISTIC ORIENTATION

Darinka Šumanović-Glamuzina<sup>1,2</sup>, Marjana Jerković-Raguž<sup>1</sup> & Jerko Brzica<sup>1</sup>

<sup>1</sup>*Clinic for Child Diseases, University Hospital Mostar, Mostar, Bosnia and Herzegovina*

<sup>2</sup>*Faculty of Health Studies University of Mostar, Mostar, Bosnia & Herzegovina*

\* \* \* \* \*

### Introduction

The protection of children in human history is actually part of a "sad story". Historical circumstances marked by the brutal struggle for survival have placed children on the margins of every concern. Health-care institutions were mostly created as basic protection for poor and abandoned children. In the second half of the twentieth century, the initiatives of international organizations, most notably the World Health Organization (WHO) and United Nations International Children's Emergency Fund (UNICEF), have resulted in campaigns launched across the planet to protect and help sick and vulnerable children. Yet, if investing in children is investing in the health of the next generation, there is still a lack of awareness of the importance of caring for children. The global pandemic psychosis has brought several issues to the fore such as why the high infant and child mortality rates observed for decades have not "concerned" the world's centers of power in a similar way. Is there a lack of awareness of the child as the being with the most potential to save this planet?

### Pediatrics - why it is so different from other branches of medicine

Pediatrics is a branch of medicine which deals with the child from birth to the end of adolescence. While other branches of medicine deal with specific diseases or diagnostic principles, pediatrics studies the entire period of child growth and development with all the physiological and pathological conditions in this dynamic period. Therefore, it is the MEDICINE of the developmental age, of the most sensitive, most delicate and most dynamic period of life. In the past, pediatrics used to be focused on diseases and treatment, whereas today it is mainly focused on identifying risk factors and preventing pathological conditions. At least, such is pediatrics in the economically and socially developed part of the world (Grgurić 2003). On the other side of the world (in poor countries), pediatrics continues to focus on stopping and eradicating infectious diseases and various conditions related to malnutrition. Starting from the preconception period (highly emphasized today) through the perinatal period (current today) to adolescence, pediatrics is a rare holistic branch of medicine.

Pediatrics is an exceptional profession not only because of its focus on the individual child, but also on the entire child population - both in sickness and in health. The concept of holistic pediatrics (formerly called unitary) implies prevention, treatment and rehabilitation. Its success or failure will directly affect the health of the next generation. It can, therefore, be said that "the health and treatment of children is the preventive medicine of the adult population" (Mardešić 2016). Further confirmation can be found in modern knowledge about the importance of holistic health, perhaps more fundamentally formulated by Barker's hypothesis (Barker 1992). Health or disease of the adult population is strongly grounded in the individual's prenatal or perinatal period. Furthermore, an epigenetic phenomenon of modulating the growth and development of an individual has also been observed (Aiken 2014, Zhu 2019). Understanding these risk factors directs the whole society towards new child and adult protection programs. In a psychological and philosophical sense, caring for a child "before the very beginning to the end of adolescence" is simultaneously the ultimate humanism and the relative egoism of the generation that is socially responsible and has power. Therefore, the WHO definition of the term "child" should be reconsidered and expanded. A deep understanding of the fact that "a child is a being from the moment of conception to adolescence" would direct child protection onto a holistic physical-metaphysical course. This could tentatively be called the "Pediatric Gestalt Concept" as a new view on holistic Pediatrics (Perls 1951).

### A brief history of Pediatrics

As a school and a specific approach, pediatrics separated from Internal Medicine in the early nineteenth century. The need for specific infant nutrition, infant infections, malnutrition, and eating disorders were the reasons for the establishment of special wards for newborns and infants. High infant mortality (around 200/1000) in the early nineteenth century was an important reason for the formation of special "Children's Departments". The most important realization of the period was that the child's organism was not a reduced adult's, but an organism in intensive development, which the famous Russian pediatrician Stepan Fomich Hotovitsky first observed in his textbook in 1847 (Velisavljev 1987).

It was in the middle of the 20<sup>th</sup> century that a real step forward was made in the treatment of children. This was due to the discovery of antibiotics and vaccination (Aminov 2010, Plotkin 2014). The first children's hospital was established in London (1769) as a special children's outpatient clinic, the second was established in Paris (1802). Just the hospital in Paris ("Hopital des enfants maladies") played a leading role in the development of pediatrics over the next 50 years due to its professional and scientific program. The first Pediatric School opened in Berlin (1830) with Otto Heubner as the first "specialist" pediatrician

Child health care is not a solely modern concept: care for the health of the child existed worldwide in ancient India, China, Persia, Egypt, Greece, Rome. However, the attitude towards the child depended on historical-economic and social forces. For example, abortions and infanticides of children (girls, illegitimate children, twins, sacrifices) were widespread in India and China. In Greece and Rome, infanticide was legalized. Premature babies, weak and damaged children were thrown from the Taygetic Rock into the river (Sparta). Hippocrates (460-370 BC) dedicates a large part of his work and records to the treatment of children. The Christian medieval church fought against abortion and against the neglect of sick and weak children. Indeed, the establishment of orphanages is an important legacy of the Christian Middle Ages because it was the first organized attempt to protect helpless children (usually the poor). Yet, these institutions, often operating in poor and simple conditions, were unable to prevent high child mortality. Western European "Monastery medicine" began in the sixth century in Southern Italy; Monte Casino (529) is one of the first monastic hospitals. Its first efforts were to reduce infant mortality. The 19<sup>th</sup> century was marked by the battle against tuberculosis. At the end of the 19<sup>th</sup> century, psycho-social protective attitudes towards children were being espoused and applied in Europe, with Theophile Roussel standing out as the initiator of the law on child protection in France (Velisavljev 1987).

In our Region, organized children's health care began with the opening of the Children's Clinic in Zagreb in 1918, in Belgrade in 1925, and in Sarajevo in 1947. In Mostar, the first small patient was registered as a hospital case in July 1953. He was treated at the Children's Department of the General Hospital Mostar with the diagnosis: Alimentary infection.

### Access to a sick child

Children are the most sensitive part of human society due to their physical but also psychological and social impotence. In our country, they get the right to vote at the age of 18. History is unfortunately marked as a "sad children's story" of frequently abused, misunderstood, neglected and disenfranchised children. Dickens's novels were at one time considered a revolutionary cathartic cry of the disenfranchised and neglected

child population. In the last couple of decades, worldwide institutional activism has put children in the focus of social events. A sick child is approached with more respect and understanding. They are given more space in schools, institutions and even hospitals to articulate their problems and participate in solving them. Hospitals themselves are being humanized (Grgurić 2004).

About 200 years ago, goals in the treatment of children were mainly focused on the treatment of disease and saving from death. Now, the goals are aimed at recognizing risk factors and eliminating them (Pawluch 1983). In the past, due to diagnostic and therapeutic difficulties in treatment, the child was completely neglected as a person. The psychological approach was secondary. The goal was to "achieve physical healing." The price of this was often high: mental depression, and prolonged somatization of repressed fears. Hospitalism was very common as an "accompanying" condition of a sick child and pediatricians ignored the consequences. Today, with all the knowledge of delicate child psychophysiology, there is an effort to humanize hospitalization, to exclude or mitigate the psychological consequences of treatment (Genik 2014). WHO espouses the view that health begins at home: a child needs a healthy environment and healthy relationships. Only a health worker who loves children and has the necessary education can treat a sick child (Stancin & Perrin 2014).

### Social orientation towards child protection

Recognition of child sensitivity and institutional responsibility has led to the worldwide adoption of attitudes and declarations on child protection.

The Geneva Declaration (1924), the UN Declaration of the Rights of the Child (1959), and the Ottawa Declaration (1999) have resulted in a change in social awareness of a special attitude towards children or especially towards a sick child. These attitudes and initiatives have led to strong social campaigns. One of the most significant campaigns by WHO and UNICEF since the 1980s has been the promotion of breastfeeding ("together in the room"). It has raised the awareness of both healthcare professionals and parents about the importance of proper natural nutrition from the very beginning of life (Lawrence 1999).

At the beginning of the 1990s, the humanization of the hospitalization of children significantly changed the attitudes and behavior of medical workers in their behavior towards children and mothers. The campaign for eradicating infectious and other rare diseases has opened a new opportunity for life in conditions which were earlier incurable. The "Health for all children" campaign led to social changes that were necessary to mobilize resources for their implementation. The campaign for "a child's smile in the hospital," especially in the Republic of Croatia, has led to a qualitative change in the approach to the child (Grgurić 2004).

All the principles and results of these campaigns should be continuously reviewed and evaluated. The WHO definition that "a child is a human being from birth to adolescence" should be reconsidered in the light of holistic medicine and cognition and defined as a „child is a human being from conception to adolescence“. At the time of the average moment of birth, the child is already about 40 weeks "old" and weighs about 3.5 kg.

The treatment of children can be viewed from several aspects. Yet the basis for all treatment is the understanding of the child as an exceptional being in an extremely delicate developmental process. An especially delicate a group of these small beings today is the ever-increasing number of premature babies (figuratively called Tom Thumbs - by analogy with the character from the famous fairy tale). The requirements for the care, treatment, and habilitation of such groups are the greatest challenge in everyday clinical practice today (Malhotra 2019). Yet with the rare exception in the so-called Region, we lack a perception of the importance of treatment, of investing in technology and in the staff that caters to such patients.

If we could try to reverse the perspective (i.e. see the world through the eyes of a child) our role in this healing process would probably not be flattering. We often turn to "physical results". The immeasurable (and sometimes just as important) eludes us; indeed, in harsh technical environments it is ignored as irrelevant. However, the cost of successfully treating children can be very high. It can manifest later as a psychophysiological post-traumatic event, which eludes the pediatrician, and is often reported to the psychologist and psychiatrist. In some countries, part of psychiatric history is the issue of hospitalization in childhood (Genik 2014).

## Conclusion

All campaigns to help a sick or endangered child are the responsibility of adults because they hold the levers of power in society. To be able to do this, everyone involved in child health care processes needs to understand the psychophysiological processes of a healthy and a sick child. In addition to the obligatory professional education, continuous additional psychological education of medical staff is also required. Society as a whole actually needs constant campaigns in terms of defining human values (compassion, understanding, responsibility, kindness) and the skills to adopt them. To look at the world (and us) through the eyes of a child

means to look with a fresh and innocent perspective that reveals reality in a correct and incorruptible way. Insisting on personal evolution as human beings in this world full of aggression is almost imperative. This is a precondition without which a "healthy society" cannot be created.

**Acknowledgements:** None.

**Conflict of interest :** None to declare.

## References

1. Aiken CE & Ozanne SE: *Transgenerational Developmental Programming. Review Hum Reprod* 2014; 20:63-75
2. Aminov RI: *A Brief History of the Antibiotic Era: Lessons Learned and Challenges for the Future. Front Microbiol* 2010; 1:134
3. Barker DJP: *Fetal and Infant Origins of Adult Disease. BMJ* 1990; 301:1111
4. Genik LM, Yen J, McMurtry M: *Historical Analysis in Pediatric Psychology: The Influence of Societal and Professional Conditions on Two Early Pediatric Psychology Articles and the Field's Subsequent Development. J Pediatr Psychol* 2015; 40:167-174
5. Grgurić J: *Zdravlje djece na početku 21.stoljeća. Dijete i društvo* 2003; 3-4:247-55
6. Grgurić J: *Plać djeteta-između komunikacije i patnje. Paediatr Croat* 2004; 48 (Suppl 1):1-6
7. Lawrence R: *Breastfeeding (A Guide for the Medical Profession). St. Luis: Mosby, 1990*
8. Malhotra A, Allison BJ, Casillo-Malendez M, Jenkin G: *Neonatal Morbidities of Fetal Growth Restriction: Pathophysiology and Impact. Front Endocrinol (Lausanne)* 2019; 10:55
9. Mardešić D i sur.: *Pedijatrija. Zagreb: Školska knjiga, 2016*
10. Pawluch D: *Transitions in pediatrics: A segmental analysis. Social Problems* 1983; 30:449-65
11. Perls F, Hefferline R & Goodman P: *Gestalt therapy: Excitement & Growth in the human personality. New York: Gestalt Journal Press, 1951*
12. Plotkin S: *History of vaccination. Proc Nati Acad Sci USA* 2014; 111:12283-7
13. Stancin T, Perrin EC: *Psychologist and pediatricians: Opportunities for collaboration in primary care. American Psychologist* 2014; 69:332-43
14. Velisavljev M, Korać D, Juretić M: *Klinička Pedijatrija. Beograd-Zagreb: Medicinska knjiga, 1987*
15. Zhu Z, Cao F, Li X: *Epigenetic Programming and Fetal Metabolic Programming. Front Endocrinol (Lausanne)* 2019; 10:764

## Correspondence:

Darinka Šumanović-Glamuzina, MD, PhD  
Clinic for Child Diseases, Neonatal Intensive Care Unit, University Hospital Mostar  
Bijeli Brijeg bb, 88 000 Mostar, Bosnia and Herzegovina  
E-mail: dara.glamuzina@mef.sum.ba, dara.glamuzina@tel.net.ba