



The Role of Pediatricians in Providing Greater-Quality Care for Children: An Ongoing Debate

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More than 40 years have passed since the first International Conference on Primary Health Care, held in Alma-Ata, Kazakhstan in 1978; 134 countries and 67 international organizations met and established the strategic prominence of primary healthcare, emphasizing its role in maternal and child healthcare.¹ Twenty years later, in 1998, the United Nations Convention on the Rights of the Child was signed by 140 nations and later ratified by a total of 196 nations.² Although accepted with various reservations or interpretations by the parties, this international treaty is regarded as an event of major historical significance for human rights, as it set out the civil, political, economic, social, health, and cultural rights of children.³ However, in 2021, children's health may not be a main concern for public authorities in Europe.³ Child healthcare frequently is regarded as a secondary objective in the development of public health policies and not as a central issue. Cost-containment policies instead of quality of healthcare frequently have inspired strategic decisions in public health investments for pediatric structures and workforce.⁴ The negative implications of this decisional approach have been shown by the substantial unpreparedness of virtually all European health systems during the coronavirus disease 2019 (COVID-19) pandemic,⁵ particularly in the area of primary care.⁶ The debate on the negative effects of cost-containment policies in the area of primary care is not new.^{7,8} In recent years, the role of pediatricians within the several European healthcare systems was variously reformed by governments,⁹ with an eye more to the budget than to the quality of care and its structural components, including staffing adequacy, training, and consistency as well as facility environment and size.¹⁰

As a result, the number of general pediatricians in Europe has decreased during the past 20 years.^{11,12} Data from the World Health Organization show that the average number of general pediatricians per 100 000 population in Europe declined 30.1% from 26.5% in 1998 to 18.5% in 2013.¹³ A further reduction in the pediatric workforce was reported in 2018 by the European Paediatric Association, the Union of National European Paediatric Societies and Associations

(EPA-UNEPSA).¹⁴ During the past 20 years, due to different factors, including socioeconomic and political reasons, several European countries decided to reform their public health systems and the responsibility of pediatric healthcare delivery was moved from pediatricians to general and family practitioners.¹¹ The aim of this commentary by the Spanish Primary Care Pediatrics Association (AEPap), in collaboration with the European Confederation of Primary Care Pediatricians and EPA-UNEPSA, is to discuss data supporting the essential role played in Europe by well-trained pediatricians vs other providers in delivering quality healthcare for children.

High-Quality Care Provided by Pediatricians in Economically Advanced Countries

The controversy over healthcare delivered to children by doctors trained in pediatrics vs general practitioners (GPs) dates back at least a century in the western world.¹⁵ Children's hospitals and pediatric pavilions were established in both continents during the 18th and 19th centuries.^{16,17} However, pediatrics was later distinguished as a separate specialty.¹⁸ The field of pediatrics as we know it today developed as a separate specialty in the first half of the past century, bringing with it the longstanding debate around who to entrust with the healthcare of children—pediatricians or GPs?¹⁹ As a result, parents often were confronted with the important question of whether to choose a pediatrician or a family doctor for the care of their children, and authorities established their public health strategies for child healthcare and family services based on economic factors rather than on the importance of providing quality care. However, conclusions and decisions were often founded on unclear or insufficient elements. A 2011 systematic review by AEPap compared the work of pediatricians in primary care with that of other

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EPA-UNEPSA	European Paediatric Association, Union of National European Paediatric Societies and Associations
GP	General practitioner

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professionals, showing that pediatricians provide better-quality healthcare.²⁰ By monitoring the scientific literature listed in PubMed MEDLINE, Embase, Cochrane Central Register of Controlled Trials, TRIP Database, and Google Scholar, AEPap selected 1150 articles discussing clinical practice in primary care pediatrics. Their analysis contributed useful information to the debate over the adequacy of child healthcare provided by different professional figures.²¹

Implementation of Vaccine Policies and Protocols by Pediatricians

Child immunization is a crucial preventive activity in child healthcare.²² The AEPap review reports that during the past 10 years, most published articles that compared the quality of healthcare provided to children by different professional figures were related to vaccination. Pediatricians recommended vaccinations 2.6 to 11.10 times more frequently than family doctors (lower OR 2.6 [1.9-3.7]; higher OR 11.10 [1.57-78.54]). Studies performed in France, where there is an active network of pediatric primary care dedicated to vaccination programs,²³ showed that pediatricians ensure that families comply with their children's immunization schedules for pneumococcus, MMR, pertussis, meningitis B, and hepatitis B more frequently than family doctors.²⁴⁻²⁶

Appropriateness of Antibiotic Prescription

The rational use of antibiotics in childhood is a worldwide objective, as it is essential to prevent bacterial resistance and to avoid iatrogenic harm, while contributing to the cost containment in public health. One-fifth of the papers selected for review by AEPap discussed antibiotic therapy in pediatrics and the prescriptive attitudes of clinicians. Although the heterogeneity of the studies did not allow for a rigorous meta-analysis, the data showed that in 62.5% of the studies antibiotic prescription by pediatricians was reported to be more appropriate and in line with official clinical practice guidelines.^{21,27}

The Contribution of Pediatricians to Prevention Programs and Laboratory Testing Adequacy

Overweight and obesity have become increasingly prevalent worldwide and chronic noncommunicable diseases,

including type 2 diabetes, primary hypertension, and coronary heart disease are strongly associated with obesity. The systematic AEPap review indicates that pediatricians were more accurate than generalists in assessing the nutritional status of children and adolescents and in following the guidelines for diagnostic procedures and preventive programs for these conditions.^{21,27,28} Finally, the review reports that pediatricians were more diligent than GPs or other specialists in areas of clinical practice, such as the use of laboratory tests in the diagnosis and management of different conditions (streptococcal, celiac disease, diabetes mellitus, and early diagnosis of acute lymphoblastic leukemia), and referring to specialists for the pharmacologic treatment of psychiatric disorders.²⁷

Conclusions

The AEPap review offers useful data, which further emphasizes the fact that clinicians caring for children and adolescents must be adequately trained in pediatrics. The average training period of a pediatrician in Europe is 4-6 years.^{10,11} The training in pediatrics of family doctors differs between countries,²⁹ varying from a few weeks in the United Kingdom to an average of 4 months in the rest of the countries, with a range of 3-6 months. An appropriate pediatric workforce is essential to attain the optimal physical, mental, and social health and well-being for all infants, children, and adolescents.³⁰ The partner societies EPA-UNEPSA and European Confederation of Primary Care Pediatricians are actively engaged in emphasizing to the European governments and legislators the importance of well-trained pediatricians in charge of the health of children and adolescents and that pediatrician-based healthcare systems are not replaced by family doctor-based systems. To prolong the dispute between different professional figures about the primacy of their role in child healthcare is ultimately of little benefit to children. The key point of the debate is that children should be cared for by doctors adequately trained in pediatrics. ■

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