A bill of health care rights for children and youth?

The *BC Children and Youth Review* by Ted Hughes addresses many concerns of the BCMA's Child and Youth Health Committee (CYHC) and the Council of Health Promotion.[1] In some respects, it is a repetition of Thomas J. Gove's 1995 *Inquiry into Child Protection.*[2]

Gove is more detailed in commenting on the internal organization of the Ministry of Child and Family Development (MCFD) than Hughes, who bluntly states that the government underfunded child protection services during a period of transition and change. Hughes's most important recommendation is to establish a children's representative as an independent officer of the legislature. A deputy would ensure that Aboriginal cultural concerns are respected and another would be responsible for monitoring quality assurance. The children's representative would have more powers than the former children's commissioner or the children's advocate, positions that were eliminated by the core services review.

Hughes emphasizes that ministries must cooperate in serving the needs of children. Failure to transfer vital information between MCFD offices in 1993 became known as "missing death reviews" in 2006 after files were set aside during the transfer of function from the children's commissioner to the coroner. Hughes is harsh in his criticism of the lack of evidence-based monitoring, ineffective evaluation of service delivery, and failure in quality assurance. Improved critical incident responsiveness as opposed to damage control is emphasized by both Gove and Hughes.

Highly publicized cases of child maltreatment continue to undermine public confidence in child protection services in British Columbia. That is why Hughes emphasizes the need for external review in addition to internal mechanisms to ensure safe practice. This function needs to be carried out in a politically independent manner allowing freedom to initiate investigations when required. Hughes believes restoration of individual advocacy based on guaranteed rights for children is essential.

Addressing issues in isolation within a single ministry will never solve the complex issues in child health, child protection, and the care of children and youth with special needs.

Why did things not improve after Gove? Designing a new child welfare system virtually from the ground up as suggested by Gove was overwhelming. Field social workers lost morale when they were singled out and shouldered the brunt of criticism that properly belonged to government. Hughes perceptively notes that the "child welfare system has been buffeted by an unmanageable degree of change" with a "revolving door in senior leadership positions" and a "backdrop of significant funding cuts."[1]

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The CYHC notes that the ministries of health, education, and child and family development must cooperate in providing integrated service delivery. Seamless service centred on the needs of the child and family is long overdue. Bringing functions of advocacy, service review, monitoring, and public oversight into an independent single office will help address jurisdictional silos that interfere with timely and effective service.

Society has been concerned about the maltreatment of children for millennia, but it is only in recent times that doctors have developed the scientific basis for the recognition and understanding of child abuse. In 1946, a radiologist named John Caffey correctly identified the cause of multiple fractures in association with subdural hematomas in children as purposeful injury by caregivers.[3] In 1962, Henry Kempe coined the term "battered child syndrome" to focus public attention on the problem. The term was dropped with the realization that child abuse also includes neglect from malnutrition and poor care, sexual and emotional injury, as well as direct physical injury. Kempe and other pediatricians pioneered hospital-based multidisciplinary teams for diagnosis and subsequent management of child abuse.[4] Although social workers carry legal responsibilities for child protection, they need medical support.

The medical system should not be complacent. Doctors should not opt out or be excluded from areas where they ought to contribute. Family doctors and specialists caring for children

Continued from page 384

Continued from page 383

since he came from nobility, it is unlikely that he practised medicine. His social position would have made it appropriate only to learn the theory of medicine, including the fundamentals of diet, drugs, exercise, bandaging, splints for fractures and dislocations, and poultices of flour, wine, and oil. However, along with Hippocrates, Aristotle did establish the science of observation of facts rather than theory. He says, "The facts have not been sufficiently established. If ever they are, then credit must be given to observation and to theories only insofar as they have been confirmed by observed fact." This statement is self-evident to you and me, but it was a revolutionary idea in Aristotle's time. His teacher, Plato, had promoted the application of reason and logic—a top-down process—to determine the solution to problems rather than the Aristotlian view that experimentation and observation were necessary to develop viable theories.

Galen was a second-century philosopher and physician raised in Pergamum and was initially associated with this kingdom's great temple of Asklepios. He later studied both philosophy and medicine and promoted the four-humors theory of Hippocrates.

He was the chief physician to the high priests' gladiators in Pergamum and had ample opportunity to look after wounds and observe human anatomy. This experience, combined with his extensive dissections of lower primates, allowed him to formulate many facts and theories of anatomy which built on the philosophy of Aristotle that in terms of human anatomy, "nature does nothing in vain."

Galen's work gained recognition when he moved to Rome to further his career as an investigator, scientist, and physician. Eventually, he became the chief physician to the emperor Commodus and by the end of his life, Galen had written 129 treaties on philosophy and medicine. These writings served as a model for physicians throughout the Dark Ages.

Paganism ended in the Roman Empire shortly after 312 AD in the reign of Constantine the Great. Constantine became a Christian and eventually all of the pagan temples of Asklepios were reduced to rubble and Christian churches were built on the same sites. Though some of the Christian churches appear to have had healing traditions, salvation was their primary interest and rather than being something from which to flee, death was to be embraced.

Traces of the past

Modern medicine may have advanced well beyond what was even imaginable in the days of the Asklepian priest physicians, students of the Hippocratic School, and the ancient physician philosophers who followed in their footsteps, but the influence of these ancient healing systems is still visible today. Today we acknowledge the Asklepian trust in the healing benefits of clean air, water, and salubrious circumstances; spiritual renewal, belief as a healing force; and the value of the health care team. And from the traditions of the Hippocratic School, we draw our use of ethical guidelines, clinical methods, sceptical approaches, and philosophical and intuitive appraisals as well as the practices of sourcing of medicines from nature and surgical instrument making.

These early pathways to the art and science of healing still serve to guide us today.

Further reading

Asklepios, the God of Medicine, Gerald D. Hart, Royal Society of Medicine Press.

Cure and Cult in Ancient Corinth, American School of Classical Studies, Athens, Princeton, New Jersey.

The Life of Greece, Will Durrant, Simon & Shuster.

A History of the Ancient World, Volume 2 Rome, Rostovpzeff

Continued from page 380

need to continually improve their skills in the recognition, diagnosis, and management of child abuse, and multidisciplinary specialized teams need to be available in each health region. To ensure that all health needs are met, the CYHC is advocating that a BCMA-initiated bill of health care rights for children and youth in British Columbia be used by the government as a template for assessing the safety of our young people and ensuring they are looked after.

The BCMA supports what is best for children and what best supports families and caregivers in their responsibility to provide day-to-day care. Protection of these interests must be the guiding principle of service delivery. Turf protection and jurisdictional concerns must not be allowed to interfere.

—Basil Boulton, MD
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References

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2. Gove TJ. Matthew's Story and Legacy, Vol.1 and 2. Report of the Gove Inquiry into Child Protection in British Columbia. Government of British Columbia; November 1995.
3. Caffey J. Multiple fractures in the long bones of infants suffering from chronic subdural hematoma. Am J Radiol 1946;56:163-173.
4. Kempe CH. In: Helping the Battered Child and his Family. Kempe CH, Helfer RE (eds). Philadelphia, PA: Lippincott Co; 1972.