

**Title**      **Definition of Paediatrics from a historical perspective.  
Challenges and goals of 21st century Paediatrics**

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### **Objective**

As a result of the paramount progress in paediatric diagnostic, therapeutic practice and prevention during the last few decades it has become necessary to reconsider whether we do need a new definition on the chronological limits of paediatric competence.

### **Description**

Paediatrics was defined as a separate and independent medical discipline in the middle of the 19th century. The definition rose from the recognition that child care requires especially trained experts with unique knowledge, a distinct set of ethics, empathic attitude, exclusive facilities including hospitals for children. Paediatrics can be considered as the only speciality of medicine adapted to a certain age group of the population based on their unique structural, functional, environmental, prophylactic and therapeutic concerns. Historically, the age limits was defined as „from birth until 18 years of age” or „from birth to adolescence”.

During the last few decades the paediatric practice environment has significantly changed:

- Current demography can be characterized by low/decreasing birth rates along with unchanged/high prematurity rate;
- Spectrum, incidence and relative importance of diseases have changed, so called „childhood diseases” are now history and new diseases have appeared.
- Rapid progress in science (immunology, virology, genetics) made it possible to discover the pathogenesis of diseases, set up the accurate diagnoses quicker than ever, and even gain information about the intrauterine fetus using screening or targeted prenatal genetic tests.
- New diagnostic methods and technologies including imaging techniques, molecular genetic methods, mass spectrometry, endoscopy etc. revolutionized not only the research field but the clinical work as well.
- New therapeutic approaches (intensive neonatal care, modern ventilation therapy, organ transplantation, chemo-, and radiotherapy of malignant diseases, improved surgical and neurosurgical interventions, in utero surgery etc) increased the bioviability of very small birth weight premature babies, and patients with severe, chronic diseases who were previously lost.
- The new diagnostic and therapeutic methods opened new perspectives for disease prevention (prenatal, neonatal screening etc)
- Patients’ rights gained paramount importance – patients or their legal guardians of all ages have the right to choose their own specialists and institutes. As a consequence, no clear boundaries between pediatric and adult medicine can be defined any more.
- Depending on the given system, whether basic child care is practiced by general practitioners or paediatricians, paediatric care may shift to younger or older age groups and may respect different age limits.

Changing circumstances, explosion of knowledge and medical technology have changed the contemporary paediatric practice and raised new challenges, new duties and responsibilities. The question arises: How should contemporary paediatrics adjust to the altered paediatric environment and increased expectations? Is it reasonable to reconsider the definition of paediatrics and rethink the chronological limits of paediatric care? If it is, what may be the alternative age limits for paediatric practice instead of that proposed in the Amended Constitution of UNEPSA/EPA saying: „Paediatric care is defined as the medical care of human beings during and up to the completion of growth and development from their birth up to 18 years of age“.

Keeping in mind that the paediatric care systems of the different European countries cannot be unified due to their different health care, political and economic system, financial background, social and legal environment etc., UNEPSA/EPA feels obligated to define paediatrics in philosophical context that will allow each member to implement the frame according to its resources. The present proposal has been built upon certain self evident truths that serve as a basis for the UNEPSA/EPA. If accepted, each national paediatric association must make efforts to fulfill its principles.

When developing a declaration for the UNEPSA/EPA, we have to consider the definition of paediatrics given by The Council on Child and Adolescent Health of the American Academy of Pediatrics in 1988: „The purview of paediatrics includes the physical and psychosocial growth, development and health of the individual. This commitment begins prior to birth when conception is apparent and continues throughout infancy, childhood, adolescence and early adulthood, when the growth and developmental processes are generally completed. The responsibility of paediatrics may therefore begin with the fetus and continue through 21 years of age.“

Based on the declaration above, the points discussed at the General Assembly of UNEPSA/EPA in 2007, the opinions of members of the Committee of UNEPSA/ESP entrusted with preparing a final conclusion to the issue to be proposed and endorsed by participants of the session „Frontiers of Paediatrics“ at Europaedics 2008 and General Assembly of UNEPSA/EPA:

## **Result**

*As a result of the Committee above and the discussion at Europaedics 2008 held in Istanbul the following declaration was presented and accepted by the participants:*

„UNEPSA/EPA as a European Paediatric Association, as European Paediatric entity has the moral, ethical and professional responsibility for the health and well-being of future generations in Europe. This goal will be achieved by providing the proper environment and promising an ideal setup for the physical and psychosocial growth, development and health of infants, children, adolescents and young adults. This must include assuring constant, continuous, competent and specialized medical surveillance from early in pregnancy to full healthy healthy physical and psychological adulthood. Therefore the responsibility of paediatrics in providing health care begins with the fetus and continues through young adulthood up to the age when the growth and developmental processes are generally completed. At both frontiers, in prenatal life and during the transition to adulthood paediatricians should be in full co-operation and co-ordination with the relevant specialists (Obstetricians, geneticist, Adult medicine Specialists etc).

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In special circumstances (e.g. chronic disease and/or disability), when appropriate, and mutually agreeable to the paediatrician, the patient; (and when applicable the patient's family) and the legal system in the given country, the health care services may be continuously provided by paediatricians beyond the legal age of adulthood until a smooth transition to the hands of an adult professional colleague can be guaranteed for the patient."

The recommendations in this statement do not indicate an exclusive course of treatment or procedure to be followed. Variations, taking into account individual circumstances, may be appropriate.