Inaugural Asian Paediatric Ethics Conference 2nd and 3rd October 2023



Symposium 2 speaker

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Dr. Aura Rhea Lanaban is a Hospice and Palliative Care Specialist. She had her degree on Bachelor of Science in Medical Technology in San Pedro College and Doctor of Medicine in Davao Medical School Foundation. She finished both of her residency training in Family and Community Medicine and fellowship in Hospice and Palliative Care in Southern Philippines Medical Center, Davao City. Aside from her clinical practice both in public and private hospitals, she is also active in academic institutions as Assistant Professor of Jose Maria College of Medicine. One of her passion and commitment is to make Hospice and PalliativeCare accessible to all. Hence, she has actively participated in the orientation and basic training of medical practitioners and primary health care workers. In her field of practice, she encountered and observed bioethical issues surrounding both adult and pediatric cases. Recently, she was appointed as the chair of the new bioethics committee in Southern Philippines Medical Center.

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Presentation title: From womb to tomb: Managing a sick child in a Filipino family

Abstract

The spectrum of health a person might experience throughout his lifetime (either during childhood or adulthood) is dynamic and can directly affect the quality of life of that person and possibly his family. It is important therefore, to manage the different levels of health appropriately depending on its degree or severity as well as its psychosocial implications. In the Philippines, aside from the sociocultural background, the family dynamics is an important determinant of the health seeking behavior and medical decision for both children and adult.

Republic Act No. 6809 places the age of majority at eighteen years of age at which time the person is unbound by parental authority and is considered "qualified and responsible for all acts of civil life", and can enter into agreements on their own, or sign an informed consent form. This law is applicable especially when deciding treatment plans for children less than eighteen years old where in theauthority is given to the parents/legal guardians. However, the Filipino family is diverse due to differences in the regional cultures and its structure typically consists of an extended family rather than a nuclear family in one household, and wherein the decision makers are usually the elder in the family or the breadwinner .When there is a sick child in the family, it is true that the parents are the ones who will need to give their consent, but in order to arrive at their decision, they usually need to get the consensus of the family especially the main breadwinner. This is evident in cases where in the prognosis is poor or if dealing with end of life care. Involving the child in the decision making especially when they are already able to communicate and listening to their concerns is important. Pediatric assent and parental permission through informed consent affords children a chance to contribute and partake in their healthcare but unfortunately in the clinical practice of health care in children, there is scarcity of national guidelines, legislation, or jurisprudence regarding assent. With the use of the biopsychosocial approach, physicians can address this dilemma. The challenge now is to equip physicians with not only clinical skills but with communication skills as well. Moreover, individual institutions can also incorporate pediatric assent forms to be included in the official hospital forms.

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