

20 years on: the clinical importance of children's rights

During the past week, the Australian Government apologised for the mistreatment of UK children who were resettled in Australia between 1930 and 1970 as part of the child migrants programme; a similar apology from the UK Government is expected. This forced resettlement of 500 000 children is a reminder of their vulnerability. The 20th anniversary on Nov 20 of the UN Convention on the Rights of the Child (CRC) gives an opportunity to reflect on children's rights today—and the responsibility of health professionals to respect and defend those rights in all settings, including the clinic.

The Convention grew out of the non-binding 1959 Declaration of the Rights of the Child, which concentrated on needs, such as protection from maltreatment and provision of nutrition. The CRC was a quantum leap forward. First, the 54 interconnected Articles are based on rights, so that the foundation is justice, rather than charity. Second, it incorporates participation, recognising that people under the age of 18 years are individuals rather than objects. Third, it has the force of international law, having been ratified by all member states of the UN except Somalia and USA.

Despite the Convention's brevity, its availability in all six UN languages, and the obligation on ratifying states to conform to and publicise it, many health workers remain unaware of their responsibilities under the CRC. The implications of the Convention are profound and entail a fundamental change to the structure of consultations involving children. Put simply, anyone dealing with children or attending a person whose family includes children, has a duty to make the child's best interest paramount.

In daily clinical practice this means access, irrespective of circumstances or disabilities, to the highest attainable standard of physical and mental health. The goal of best practice is not an academic nicety, but a non-negotiable right of the Convention. Other Articles call for participation by the child in decisions affecting him or her, and the guarantee of information in an age-appropriate manner to enable such decisions. Good paediatricians demonstrate just such behaviours, which, under the Convention, should be practised by all who care for children. Engaging with children at this level poses a challenge to systems-centred, or worse, doctor-centred care. To build the necessary relationship for

mutual understanding and effective child-centred care takes time, respect for the autonomy of children, and a broad appreciation of external factors that influence health.

The CRC recognises the central role of parents to nurture children. As a result, treatment decisions for family members, particularly mothers, have implications for children. Obstetricians, midwives, and public health authorities therefore have a responsibility to provide high standards of peripartum care for the safety of mothers, the continuity of the family, and to ensure the best start in life for neonates. In this context, widening the provision of antenatal care and skilled birth attendants where they are scarce is important, since improving maternal health is a critical driver for better child health. An example is tetanus vaccination at antenatal clinics in Ethiopia to prevent neonatal death from the disease.

A child-rights approach empowers health-care professionals to become actors for change by giving them a mechanism to confront causes of poor health in children. Whether the cause is inadequate vaccination programmes in developing countries or inappropriate advertisements for calorie-dense food in developed countries, the CRC provides a template for a multidisciplinary approach to address threats to health. For instance, in the USA, agencies concerned with child welfare have been united by medical-legal child health partnerships.

For researchers, the CRC is a lens to focus on questions that are in the child's best interest, rather than the competing interests of funders or scientists. For example, prioritising research in developing countries on neonatal deaths, pneumonia, diarrhoea, malaria, measles, and HIV/AIDS, which are major obstacles to achieving Millennium Development Goal 4.

The UN Convention on the Rights of the Child is not an end in itself but an instrument of justice for the world's most vulnerable and least regarded population. The potential strength of the Convention to realise better clinical (and social) outcomes for children is enormous. But unless health workers have an intimate knowledge of the CRC and apply it in their clinical work, they will let children down and the potential of both the Convention and of children will remain unrealised. ■ *The Lancet*

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