

Child Centered Care in the Post-COVID Era

REMESH KUMAR R

President, Indian Academy of Pediatrics 2022
drremesh2006@yahoo.com

More than a year has passed since the last general lockdown was imposed to prevent the spread of COVID-19. Though we often read about a possible third wave, fourth wave, and so on in the mass media, judging by the course of events that followed, these were more in the nature of false alarms. We need to continue to be cautious as ever in taking any threat to community health seriously. The novel coronavirus pandemic, which erupted first in the Chinese province of Wuhan in December 2019, has disrupted life on an unimaginable scale globally and left a trail of destruction in terms of loss of human life, disturbance to normal life and economic devastation at large. Though there were other times of alarm, such as the SARS, Zika virus, and Ebola virus epidemics in recent times, COVID-19 has been the greatest healthcare threat faced by the entire world during the last century.

Now that life seems to be finally returning to normal, it is time for us to take stock and determine our future course of action. What I wish to do is to draw a strategic perspective on the future of pediatric approaches in the aftermath of the pandemic. While this article runs the risk of appearing speculative, I wish to assert that it is well-grounded in the best research information presently available.

UNDOING TOXIC STRESS

When the pandemic first broke out, the immediate global response came in the form of harsh measures, such as total lockdown, shutting down of schools, calls for social distancing, and the avoidance of all forms of personal social interaction. Schools soon changed over to online mode and children lost out on normal life for almost two years. This forced isolation deprived children of normal social interaction and much-needed physical activity, both of which are crucial to their well-being during a very critical phase of their upbringing. A systematic review of the impact of various epidemics and social restrictions on mental and developmental health in parents and children published in the National Library of Medicine [1] observes that tools such as social restrictions, shutdowns, and school closures contribute to stress in parents and children and can become risk factors that threaten child growth and development and

may compromise the Sustainable Development Goals (SDG), which is especially significant as children's health is one of the most important issues in the SDGs. The review relates the data to adverse childhood experiences and an elevated risk of toxic stress. The more adverse experiences, the greater the risk of developmental delays and health problems in adulthood, such as cognitive impairment, substance abuse, depression, and non-communicable diseases.

“Stress that occurs continually, or is triggered by multiple sources, can take a toll on a child's health. Toxic stress that children suffer not only shapes their emotional lives as adults, but also affects their physical health and longevity,” observes an expert blog article published by Nationwide Children's Hospital [2]. The article divides stress into three types: positive stress, tolerable stress and toxic stress. While positive stress is good as it actually enhances our performance (like when we get hyperactive to meet a deadline), tolerable stress is temporary and gives us opportunities to cope (such as while being admitted to a hospital), toxic stress response can occur when a child experiences strong, frequent and/or prolonged adversity which results in changes to their baseline state. “Toxic stress has the potential to change your child's brain chemistry, brain anatomy and even gene expression. Toxic stress weakens the architecture of the developing brain, which can lead to lifelong problems in learning, behaviour, and physical and mental health,” observes the article.

Hence, it becomes clear from the above that repeated and prolonged exposure to stress stimulators with no accompanying relief measures can have a harmful long-term impact on child development. As pediatricians, in the days ahead, we need to be more alert to the child's psychosocial health and come up with the means to address such issues.

A FUTURISTIC PERSPECTIVE

A famous quote attributed to Abraham Lincoln says, “The best way to predict your future is to create it.” We are severely handicapped in predicting the long-term impact of pandemics due to the lack of availability of authentic research pertaining to it. However, one silver lining in the cloud of the COVID-19 pandemic is that it has given many

researchers a live theatre to study the long-term outcomes of large-scale health events from different perspectives. Taking an optimistic perspective, a study titled *Healthcare Transformation in the Post-Coronavirus Pandemic Era* published in *Frontiers* [3] observes: "The COVID-19 pandemic acts as a transformation catalyst, accelerating the implementation and adoption of changes in public health interventions." Thus, a new model of healthcare delivery emerges with more emphasis on preventive measures, remote care, and substantial technological dependence."

The authors point out that remote care or telehealth services, which were already being used in emergencies, crises, and routine care previously got a boost for wider utilization during the pandemic. "This system evolution is likely to serve as an adjunct for the gradual adoption of further new technologies, for example, the use of drones as delivery vehicles for critical supplies, robotics, the widespread 3D-printing of healthcare-related items, and smartphone-enabled monitoring of patient adherence to treatments," it says. It emphasizes the routine use of big data and artificial intelligence approaches to model crises and to identify and understand the weaknesses of existing systems (close to real-time) in order to strengthen existing structures.

Hence, in this scenario of rapidly changing healthcare practices across the world, it is high time for our specialty of pediatrics too to redefine itself and come up with an improved version of its being.

CHANGING FOR THE BETTER

The eminent author and social critic, Arundhati Roy, in her article *The Pandemic is a Portal*, writes: "Historically, pandemics have forced humans to break with the past and imagine their world anew. This one is no different. It is a portal, a gateway between one world and the next." Indeed, the post-pandemic scenario provides us with a new set of challenges, and we need to fine-tune our approaches to the changing reality. I personally feel that, more than anything else, we need a new conceptual framework to define the purpose and function of our profession. As indicated in the narration above, this change can mean a shift from the present clinic-based approach to the adoption of a more holistic view of child health. Rather than merely attending to clinical illness as we do at present, taking holistic care of children should become our primary objective. Focus on the psychosocial health of children, engaging in more interaction with children, outreach programmes to schools and becoming more community-oriented should help us to deliver the child-centred care we aspire for.

"Humanization of care" is the most evolved form of

thinking in health care. Here, the patient's preferences based on one's knowledge and beliefs regarding own illness are taken into account during health care, putting the patient at the centre of care [4]. In Pediatrics, this concept would translate into putting the patient and family at the centre of care usually. Child and family-Centred Care (CFCC) is thus a concept to take forward in the post-CoViD era. This had taken a back seat in many settings in CoViD times, where CoViD precautions separated families from the child or even newborn during illness. Much conclusive evidence needs to be generated in this aspect using the tested tools present already. Child-friendly, home-simulated environments in care centres if created with the backup of the Government and community will be a paradigm shift in childcare in future. The hospital stay won't be a nightmare for the children which otherwise affects their perceptions and even development in a negative way. This will involve creating child-friendly environments in care areas, where the children would love to be in, any time. Not an easy aim, the short-term goal could be to brainstorm and find out ways to achieve CFCC in our centres, leading the way in childcare, for the whole world to follow.

While the ideas discussed above are meant to serve as a starting point toward imagining a new future for pediatrics, we need organizations like IAP to take this line of thinking forward by stimulating its think tanks towards greater innovation and visionary pathfinding. As mentioned earlier, we should look upon the Sustainable Development Goal as our guidepost to the future and constantly invent or evolve creative new strategies to get closer to its objective. The only thing permanent in life is said to be change itself. Pediatrics, when compared to the original post, has evolved a lot. The transformation in recent years has been phenomenal and we are nowhere like what we were in the past. The journey from the primitive to the modern is a continuous one, and it always needs an open mind and the blossoming of fresh thoughts. I hope this article will be seen as a step forward in that direction.

REFERENCES

1. Araújo LA, Veloso CF, Souza MC, Azevedo JMC, Tarro G. The potential impact of the COVID-19 pandemic on child growth and development: a systematic review. *J Pediatr (Rio J)*. 2021;97:369-77.
2. <https://www.nationwidechildrens.org/family-resources-education/700childrens/2017/07/toxic-stress-how-the-bodys-response-can-harm-a-childs-development>
3. <https://www.frontiersin.org/articles/10.3389/fmed.2020.00429/full>
4. Tripodi M, Siano MA, Mandato C, et al. Humanization of pediatric care in the world: focus and review of existing models and measurement tools. *Ital J Pediatr*. 2017;43:1-9.