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| **COURSE PROGRAM**  **Ethics in paediatrics** | | | | | | | | | |
| **Course lecturer:** | | **Enkelejd Mehilli PhD in Health Policy (Athens)** | | | | | | | |
| Total hours | Credits | Classroom (hours) | | | | | | Preparation&reading (hours) | Total |
| Lectures | Seminars | Labs | Practice | Projects | Total |
| 3 ECTS | 15 | 8 | 0 | 0 | 0 | 23 |  |  |
| **Subject typology** | | Interdisciplinary / integrative subject | | | | | | | |
| ***Year* / *Term*** | | I Year, I Semester | | | | | | | |
| **Subject type** | | Optional modules | | | | | | | |
| **Study program** | | Professional Master in Pediatric Nursing | | | | | | | |
| **Subject code** | | INF 468 | | | | | | | |
| **E-mail address of the subject lecturer** | | [*mechilli@univlora.edu.al*](mailto:mechilli@univlora.edu.al) | | | | | | | |

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| **SUMMARY AND LEARNING OUTCOMES** | |
| **Description of the subject** | In this course, students will gain knowledge related to the basic understanding of ethical issues in pediatrics, in order to make them able to critically analyze the interaction between the patient and the health professional. Through this subject, the student manages to deepen his understanding of ethics and issues encountered in pediatrics. |
| **Course objectives** | * Familiarity with the main ethical issues encountered in pediatrics * Knowledge of legal and ethical dimensions in communication and communication in challenging situations. * Use of communication techniques and effective communication in the team for providing solutions in specific situations. |
| **Expected results** | At the end of the course students will be able to:   * To describe the main ethical issues in pediatrics. * To develop the skills to critically analyze interactions with young patients. * To develop effective strategies for communication with the patient's family and relatives in specific and difficult situations. * To recognize the importance and value of the applicability of ethics. |

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| **BASIC CONCEPTS**   1. Healthcare in modern times is challenging and demanding, and healthcare professionals are required to provide a high quality of service to patients. They expect and deserve the best that can be provided, and the key to this service is the application of professional ethics and the ability to communicate effectively and with compassion. 2. Pediatrics is the branch of medical sciences that deals with health care during childhood (from conception to adolescence) in health and disease. Of great importance in this context is the implementation of ethical issues that inevitably arise when providing health care to children. 3. The goal is to provide a comprehensive overview of ethical issues encountered in pediatric practice. |

| **Week** | **COURSE TOPICS** | **Obligatory textbook** | **Form of teaching** |
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|  | **Lecture 1**. Essential issues in pediatric clinical ethics.  Pediatric decision-making: information, consent, parental consent, and approval by the child  *Pediatric decision-making presents numerous challenges for children, parents, and physicians as well. The similar but distinct concepts of consent and assent are central to pediatric decision-making.*  *This lecture will examine issues of parental leave and consent, how to resolve disputes between children and their parents, and provide effective, practical and realistic decision-making models.* | (1)*pg.1-5* | Lecture 1 hour |
|  | **Lecture 2.** Pediatric decision making: adolescent patients.  *This lecture will examine the ethical and legal issues involved in adolescent medical decision making. It focuses on treatment decision-making and does not address specific requirements for adolescent participation in research protocols.*  *First, a general discussion of issues including adolescent autonomy, the capacity and scope of parental authority,* *and then the situations in which adolescents are legally empowered to make medical decisions without parental involvement will be presented.*  **Seminar 1**. Pediatric decision-making: information, consent, parental consent, and approval by the child. Pediatric decision making in adolescent patients. | (1)*pg.7-13* | Lecture 1 hour  Seminars 1 |
|  | **Lecture 3.** Refusal, by parents, of recommended medical interventions.  *Finding a way to respond to a parent who has refused a recommended diagnostic study or treatment modality presents a difficult challenge for the individual. Clinicians must balance their assessment of the child's welfare while respecting the parents' wishes and legal rights.* | (1)*pg.14-17* | Lecture 1 hour |
|  | **Lecture 4**. Maintaining confidentiality in the adolescent age. Refusal of treatment in adolescents and young adults.  *Adolescence can be a difficult time where a person struggles with issues of identity and independence. The search for identity and the desire for independence can involve exploration and risky behaviors that affect an adolescent's physical, reproductive, and mental health. It is imperative that the adolescent has a safe and reliable health care provider from whom they can seek advice and care for preventive and health needs during this time.*  **Seminars 2**. Refusal, by parents, of recommended medical interventions. . Maintaining confidentiality in the adolescent age. Refusal of treatment in adolescents and young adults. | (1)*pg.15-26* | Lecture 1 hour  Seminars 1 orë |
|  | **Lecture 5**. Family beliefs and health care for children.  *An important ethical issue concerns parental authority, especially when parents may refuse to save their child's life by refusing medical treatment in the name of*  *Religious, cultural or personal beliefs.* | (1)*pg.27-31* | Lecture 1 hour |
|  | **Lecture 6.** Loyalty and truthfulness in pediatrics: concealment and non-disclosure of information in children and adolescents, detection of errors.  *Parents of a child or adolescent who has a serious illness are faced with many treatment decisions. Parents' philosophies and values ​​may be challenged in unfamiliar ways. The health care team must decide what information to share with a child, such as at the child's initial diagnosis, and throughout the course of the illness and its treatment. Two ethical principles that can help guide their thinking are their thinking is religion and truthfulness.*  **Seminars 3**. Family beliefs and health care for children. Loyalty and truthfulness in pediatrics: concealment and non-disclosure of information in children and adolescents, detection of errors. | (1)*pg.32-42* | Lecture 1 hour  Seminars 1 hour |
|  | **Lecture 7.** Ethical issues at the beginning of life: perinatology and neonatology. Mother-fetus conflict.  *Many ethical issues and dilemmas can arise during the care of the pregnant woman.*  *The term maternal-fetal conflict is widely used to describe situations where pregnant women "refuse medical recommendations, use illegal drugs, or engage in a variety of other behaviors that have the potential to cause harm to the fetus.*  *Ethical issues central to these situations include, women's right to autonomy,*  *the rights of the fetus and/or future child, the moral obligations of the mother, and the moral and professional obligations of the doctor.* | (1)*pg.51-55* | Lecture 1 hour |
|  | **Lecture 8.** Fetal interventions and fetal care centers  *Historically, promoting fetal well-being has not been a separate endeavor from promoting maternal well-being.*  *New techniques have increased the ability of the individual to help a woman help her fetus, and, when deemed necessary, intervene directly with the fetus in the womb.*  **Seminar 4**. Ethical issues at the beginning of life: perinatology and neonatology. Mother-fetus conflict. Fetal interventions and fetal care centers | (1)*pg.57-62* | Lecture 1 hour  Seminar 1 hour |
|  | **Lecture 9.** Medical decision making in the delivery room  *Decisions regarding the resuscitation of the newborn in the delivery room are usually made under too much pressure, so much so that they do not allow time for discussion with the parents, because of the immediate intervention that must be done on the child if the chances of survival exist.*  *However, the ethical issues associated with this case will be equally relevant to the management of any neonate for whom the prognosis for survival and/or permanent disability is significantly worse than for the health of the a normal baby.* | (1)*pg.77-81* | Lecture 1 hour |
|  | **Lecture10.** The role of quality of life assessment in neonatal care  *Increasingly, some form of quality-of-life assessment is being suggested in clinical decision-making in neonatology, including decisions to resuscitate and to keep in intensive care. In this lecture, it is clearly explained that the impact of quality of life on neonatal care.*  **Seminar 5**. Medical decision-making in the delivery room. The role of quality of life assessment in neonatal care | (1)*pg.89-92* | Lecture 1 hour  Seminar 1 hour |
|  | **Tema 11.** Death of a child. Ethical issues at the end of life.  End-of-life care: dispute resolution and life-sustaining interventions. | (1)*pg.101-105* | Lecture 1 hour |
|  | **Tema 12.** Ethical issues in medical science and technology.  *Minors as recipients and donors during organ transplants, and how this process is treated from an ethical point of view.*  **Seminar 6.** Death of a child. Ethical issues at the end of life. Ethical issues in medical science and technology. | (1)*pg.143-146* | Lecture 1 hour  Seminar 1 hour |
|  | **Lecture 13.** Parental requests for intervention in children with terminal conditions  *Here we will address palliative care, prenatal testing, parental disputes, cultural attitudes, conscientious objection, allocation of scarce resources, and social justice. This lecture will also touch on these issues as they relate to this case, but will focus specifically on how to approach parents' requests for interventions that providers feel are not warranted as they arise in the context of a terminal condition.* | (1)*pg.174-179* | Lecture 1 hour |
|  | **Lecture 14**. Children, public health and justice. Aid allocation and priority distribution in disasters and pandemics.  *According to the WHO, the world has experienced an average of three pandemics since the 16th century, with intervals of 10-50 years. The need to anticipate and plan a response to this potential threat to the health of the entire population remains a reality, even more important in pediatric ages.*  **Seminar 7.** Parental requests for intervention in children with lethal conditions. Children, public health and justice. Aid allocation and priority distribution in disasters and pandemics. | (1)*pg.199-203* | Lecture 1 hour  Seminar 1 hour |
|  | **Lecture 15.** Parental refusal of vaccination: balancing parental freedom, child welfare and public health.  *Conversations with parents who are unsure about their children's vaccines are difficult conversations. Parents report difficulty in openly discussing their concerns about vaccines with health workers. The latter provide little information for parents about vaccinations.*  **Seminar 8.** Parental refusal of vaccination: balancing parental freedom, children's well-being and public health. | (1)*pg.205-209* | Lecture 1 hour  Seminar 1 hour |

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| **FORM OF KNOWLEDGE CONTROL** | |
| **ATTENDANCE:** | The key to a successful education is participation and preparation. Active participation in class is required. Lecture hours are compulsory at the rate of 75%. Practice hours are 100% mandatory, in case of excused absences, the hour will be replaced in agreement with the teacher. All students must show up to practice classes at the scheduled time wearing a white apron and hair tied up (respecting the nursing dress code).  Absences up to 25% of hours are allowed to be made up, if they are justified. Otherwise, the student loses the right to enter the exam. Absences are the student's personal responsibility, as are missed assignments or tests. |