



## LETTERS TO THE EDITOR

## References to pediatrics and to the pediatricians in the new medical ethics code (2022)



### Referencias a la pediatría y al pediatra en el nuevo Código de Deontología Médica (2022)

Dear Editor:

This past December, the Board of Physicians of Spain published the new edition of the Code of Medical Ethics (CME) to replace the previous version from 2011. The new code integrates scientific and technical advances and addresses new rights and responsibilities for physicians and patients. For instance, we ought to highlight Chapter 23, devoted to telemedicine and information and communication technologies. As noted in article 1, all physicians currently practicing must know and adhere to the CME.<sup>1</sup> Chapter 2 of the CME, General Principles, describes the main principles of medical practice (respect for life and human dignity, nondiscrimination, prudence, competence and diligence, etc).

Although the professional code of the Asociación Española de Pediatría (Spanish Association of Pediatrics) in its ethical framework covers aspects such as the humanization of paediatric care, transparency, the doctor-patient relationship, the relationship with the pharmaceutical industry, research, education and professional conduct<sup>2</sup> with a focus on the child and the family, it seems appropriate to review the aspects included in the new CME that specifically concern minors.

Table 1 presents the articles that refer specifically to medical practice in the service of children and adolescents more or less explicitly.

As is the case in similar documents, most of the points have to do with decision-making and confidentiality in the care of minors.<sup>3</sup>

A medical ethics code does not cover—nor is this its purpose—every possible ethical dilemma that may arise in health care provision, but since it is based in the universal principles of medicine, is a good resource for the bioethical education of physicians and a guarantee of the expectations of society in regard to the practice of medicine.

**Table 1** Medical ethics code articles specifically concerning the paediatric population.

Topic	Articles	Summary
Information and consent	8.3	A physician must be particularly diligent in providing information to the most vulnerable patients
	12.1	Individuals aged 16 years or older have the capacity to make decisions about ordinary medical interventions. In younger individuals, their decision-making capacity will be determined based on their maturity
	12.2	In severe situations in individuals aged less than 18 years, a physician is obligated to inform the parents as well
	12.3 12–4	
Health records	14.5	A physician has the responsibility to provide truthful and accurate clinical documentation on the request of the patient or the family
	17.1	Between ages 16 and 18 years, minors have the right to confidentiality, except in situations posing a severe risk
Quality of care	22.1	A physician must pursue and foster health promotion, prevention and education efforts
Sexuality and reproduction	61.1	Human beings are an end in themselves in every phase of biological development, from conception to death
	66	Genital mutilation violates the dignity of the individual
	68.1	Gender-affirming treatment for children and adolescents will always be managed by physicians with experience in the field in collaboration with multidisciplinary committees

## References

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3. AMA. Code of Ethics. In: <https://code-medical-ethics.ama-assn.org/ethics-opinions/pediatric-decision-making> (accessed 16 July 2023).

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## The paediatrician and the prevention of non-communicable diseases (NCD)



### El pediatra y la prevención de las enfermedades no transmisibles (ENT)

Dear Editor:

In the framework of the XIX Latin American Congress of Paediatrics held in September 2022 in Punta Cana, the Asociación Latinoamericana de Pediatría (ALAPE, Latin American Pediatric Association) presented the Declaration for the Prevention of Noncommunicable Diseases (NCDs), to be endorsed by its affiliates—the Asociación Española de Pediatría (AEP, Spanish Association of Paediatrics) among them—with the commitment of implementing the strategies proposed in its statements.<sup>1</sup>

Noncommunicable diseases are the leading cause of death worldwide, generate substantial public health expenditures and pose a significant challenge to the development of individuals and communities. Cardiovascular disease (CVD), diabetes, high blood pressure (HBP), cancer, immune disorders and behavioural disorders are the most relevant among them.<sup>2</sup>

Based on data from the Panamerican Health Organization (PAHO) and the World Health Organization (WHO), NCDs are responsible for 71% of annual deaths globally and are the leading cause of premature death in individuals aged less than 70 years.<sup>3</sup>

The main risk factor for these diseases is obesity, which is currently increasing worldwide with a prevalence of overweight and obesity of approximately 33.6% of the paediatric population aged 5–19 years.

Robust scientific evidence from the past decades shows that the susceptibility to have an NCD at some point in the lifespan depends on adverse environmental factors that are at play from the early stages of development, even before conception and in the first 1000 days post birth.<sup>4</sup>

Exposure to these factors modifies foetal programming, inducing epigenetic adaptative responses that lead to anatomical and functional abnormalities and to the expression of phenotypes associated with an increased susceptibility to the development of NCDs. These changes can affect subsequent generations through epigenetic transgenerational inheritance.

This knowledge is the foundation of the Developmental Origins of Health and Disease (DOHaD) concept.<sup>5</sup>

In its declaration, the ALAPE highlighted the importance of adequate and sensitive care, the promotion of breastfeeding, a timely and perceptive introduction of appropriate foods, the promotion of safe environments, free of violence and environmental toxins, and the need for adequate training of health care providers and education of the community, among other strategies aimed at promoting a healthy environment and reducing the burden of NCDs.

We are convinced that the implementation of these strategies through interdisciplinary and intersectoral actions sustained through time will contribute to the improvement of health and the reduction of the burden of NCDs. This would also be in conformity with the Sustainable Health Agenda for the Americas 2030 (ASSA 2030) and the Sustainable Development Goals (SDGs).

Since the paediatrician is the primary care physician of the child and adolescent and the provider counselling families, it is in a privileged position to offer appropriate guidance contributing to reduce the risk of the patient developing an NCD at some point in life, which also paves the way for improved health in future generations.

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### Conflicts of interest

The authors have no conflicts of interest to declare.