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# Ethics and Public Child Health

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## Thursday, November 10, 2016

- 9.30 – 10.00 Gottfried Schweiger (ZEA, Salzburg): *Introduction & Welcome*
- 10.00 – 11.15 Sridhar Venkatapuram (MSc in Global Health & Social Justice, London): *How can a right to public/global health do justice to children?*
- 11.15 – 11.30 *Coffee break*
- 11.30 – 12.45 Sarah Lázare & Jordi Vallverdú (Universitat Autònoma of Barcelona): *The Hidden Health Attacks Against Children: The New Debate on Obstetric Violence*
- 12.45 – 13.00 *Coffee break*
- 13.00 – 14.15 Mar Cabezas (ZEA, Salzburg): *Child health and the drip of minor interfamily violence: some conceptual, ethical, and political challenges.*
- 14.15 – 15.30 *Lunch*
- 15.30 – 16.45 Garrath Williams (Lancaster University): *Children's health and corporate power(lessness)*
- 16.45 – 17.00 *Coffee Break*
- 17.00 – 18.15 Gunter Graf (ZEA, Salzburg): *Healthy eating between obesity and eating disorders: an ethical perspective on children and youth*
- 20.00 Dinner

## Friday, November 11, 2016

- 09.30 – 10.45 Elena Syurina (Maastricht University): *Potential use of biological stress measurements for Paediatric public health. Ethical aspects.*
- 10.45 – 11.00 *Coffee Break*
- 11.00 – 12.15 Eduardo Osuna (CEBES, University of Murcia): *Autonomy, Health, and Children as Vulnerable Patients*
- 12.15 – 12.30 *Coffee break*
- 12.30 – 13.45 Ana Marcos (UNED, Madrid): *Rights of Children and Adolescents from Mental Health*
- 13.45 Closure- Lunch

# Abstracts

## *How can a right to public/global health do justice to children?*

**Sridhar Venkatapuram (MSc in Global Health & Social Justice, London)**

While bioethics is often concerned with individual autonomy, public health ethics has been represented as focusing on the claims of the population or greater good. In fact, public health ethics according to some, begins from the conflict between individual autonomy and the greater good. For example, some philosophers asserted that bioethics largely ignored the unique aspects of infectious diseases and, thereby, has overemphasized individual autonomy. In contrast, addressing infectious diseases will entail curtailment of individual autonomy for the sake of protecting the health of others or surrounding population. The late Jonathan Mann sought to dissipate this conflict between individual autonomy and greater good through the 'health and human rights' framework. This paradigm asserted that public health measures can violate human rights, violation of human rights can lead to poor public health, and lastly, that a society which promotes and protects all human rights will promote public health. While there are many virtues and insights in this framework, it fundamentally depends on what are identified as human rights. Interestingly, many of the initial advocates of the health and human rights framework and colleagues of Mann have recently eschewed the framework, and are appealing in ideas of social and global justice. Furthermore, individuals such as Larry Gostin are giving up on the 'individualistic' human rights approach for a population's right to health or a human right to population health. The basic idea is that one can do more to improve health of individuals through population level interventions rather than individual level interventions (good health conditions versus sickness care). The disconnect or gap between individual level claims and population level interventions can be reconciled in a wide variety of ways with various implications. Against this lack of clarity about what justice demands in relation to public health, I will explore some of the special claims of children. One conclusion I will make is that the focus only on population level interventions could worsen inequalities and, indeed, further exclude the most disadvantaged children in a population. A focus on or claims to public health should not abandon or neglect individual claims to health.

***The hidden health attacks against children: The new debate of obstetric violence***

**Sarah Lázare & Jordi Vallverdú (UAB, Barcelona)**

Coined by Venezuela's 2007 law "Organic Law on the Right of Women to a Life Free of Violence", the concept of "obstetric violence" embraces the several medical practices that affect woman and children before, during and after the childbirth. Connected to this processes, WHO has been working on "The prevention and elimination of disrespect and abuse during facility-based childbirth", something that has already been implemented in to laws in Venezuela, Porto Rico, Argentina, and Mexico. Because of the role of historical traditions, protocols and gendered views about women's health, the health determinants that affect these women as well as their newborns have remained dangerously hidden. We will analyze the contemporary debates on this taboo concept (obstetric violence) within medical professionals, and will try to understand how the Principle of Nonmaleficence and Right Patients Autonomy are broken so oftenly in our days. Despite of the several scientific evidences, the implementation of new obstetric practices are still under discussion. Do we are before an updated version of the Semmelweis controversy? Again, women health is involved into the debate.

***Child health and the drip of minor interfamily violence: some conceptual, ethical, and political challenges***

**Mar Cabezas (ZEA, University of Salzburg)**

This presentation aims to enrich the debate from a philosophical point of view on fuzzy cases concerning the so called 'mild' and sporadic instances of physical violence against children executed by caregivers. These may not constitute a case of child abuse, but may surely be an example of suboptimal parenting and a lack of respect for children's rights and their moral status.

On the one hand, violence against children can be considered a pressing problem of child public health while the end of violence toward children seems to be a current goal in the international scenario. On the other hand, some myths on the use of violence still survive in the social collective imaginary. Moreover, concretely in western societies, there is still a lack of agreement on a) where to place the burden of proof when justifying violence,

and b) clear-cut boundaries of what falls into the category of violence, abuse, and damage. As a result, I aim to delve into the main conceptual, ethical and political challenges around this topic in order to shed some light on assumed contradictions and potential future paths of reflection. To conclude, I will defend the key role of a preventive approach on children's wellbeing and family intervention as a fruitful way to surpass polarized debates on permissibility and criminalization.

### ***Children's health and corporate power(lessness)***

**Garrath Williams (Lancaster University)**

My paper summarises a longer piece of research that I have recently completed, as part of the EU-funded I.Family Study <<http://www.ifamilystudy.eu>>. I will briefly present and defend the following claims: (1) corporations are not free market actors, but arise thanks to a specific form of state intervention; (2) contemporary food markets are structured by corporate activity (e.g. the well-known 'hour-glass' between producers and consumers); (3) the resulting markets are bound to promote processed foods, which are invariably less healthy than whole foods; (4) though very powerful in some regards, corporations are powerless to resist this logic; hence (5) the only tenable way to protect children's health is greater statutory regulation of corporate activity; (6) such regulation should not be understood as restrictive, but rather as enabling corporate actors to respect public goods such as children's health. At a more philosophical level, I also want to make this overarching argument: we should resist the careless (or disingenuous) assumption that government interventions (e.g. to create or modify corporate markets) are opposed to freedom; any sensible 'restriction' will uphold some sort of freedom; the crucial question is always what sorts of freedom we should value.

***Healthy eating between obesity and eating disorders: an ethical perspective on children and youth***

**Gunter Graf (ZEA, University of Salzburg)**

In this presentation, I focus on two dangers for children that are closely related to eating and nutrition, namely obesity and eating disorders. Both conditions are widespread among children in the developed world and both are connected to several harms, which makes them a serious concern for public health policies and also interesting from an ethical point of view. In what way is the fact that a child suffers from obesity or an eating disorder and injustice, and what are the normative categories to evaluate these conditions?

In order to provide an answer to these questions, I first present a normative framework suitable to assess the situation of children from a normative point of view. The framework draws on the capability approach and gives the concept of children's bodily integrity, which I define as a multidimensional capability consisting of health, agency and positive self-relations, an important role. I will then turn to the capability/functioning of eating itself and ask what role eating should fulfill in the case of children if we take the capability approach as the basis – not just for analyzing and criticizing poverty and destitution as it has been applied to primarily so far, but for developing a positive concept of the well-being and well-becoming of children in contexts where there is often enough or even an abundance of (low quality) food available.

I then apply this normative theory regarding children and eating to obesity and eating disorders. First, I present some facts of child obesity and show in what way they harm the bodily integrity of children, analyzing some effects on agency, healthy and self-relations. Thereafter, I introduce some of the available scientific evidence of eating disorders, with a focus on Anorexia Nervosa, and Bulimia Nervosa, and, again, describe some of the harmful effects on the bodily integrity of children in its three dimensions. In both cases, it will become clear that eating happens in a specific social, economic, and cultural context influenced by social norms, beauty ideals and expectation about one's body.

Based on this insight, I will conclude the presentation by looking into the issue of individual and social responsibilities towards children suffering from obesity or eating disorders.

## ***Potential use of biological stress measurements for paediatric public health. Ethical aspects***

**Elena V. Syurina et. al. (University of Maastricht)**

Children's mental health is one of the most pressing health issues within Europe. One in 5 children and adolescents suffer from developmental, emotional or behavioural problems and approximately 1/8 have a clinically diagnosed mental disorder [1]. Mental health issues have an influence both on the objective life conditions and the subjective life satisfaction [2]. The impact of mental health diseases on the quality of life is greater than the one of the physical disorders [3]. Moreover, as the mental health conditions usually co-exist with other disorders, their impact is getting even larger. One of the established risk factors for variety of mental health disorders is stress.

Stress is an unavoidable part of our everyday life. Children face various stressors every day: tests at school, public speaking, conflicts with peers etc. Some levels of stress are known to have positive effects on arousal and attention, helping to mobilize resources and solve daily problems [4].

However, while certain levels of stress are normal, very high levels of stress can have a major impact on the child's wellbeing. Stress has already been identified as a risk factor for anxiety, depression, substance abuse and personality disorders [5]. However, it has also been shown that stress not only increases the risk of mental health problems, but can also contribute to the development of somatic disorders: diabetes, heart problems, asthma and many others [6-11]. So for primary care specialists it is important to be able to differentiate between different levels and types of stress (acute, chronic). Different levels of stress and different types can have varied effects on the health of the child. For instance, higher stress level is more likely to lead to negative consequences and while acute stress (at extreme levels) is more likely to lead to such problems as Post-Traumatic Stress Disorders, more long-term, chronic stress exposure can lead to more chronic, often biology-based issues [5]. Among effects of chronic stress are: affected general gene myelination [12] as well as epigenetic programming of the Hypothalamic-Pituitary-Adrenal Axis (which is responsible for stress reactivity and regulates many other bodily functions) [13]. Some of the long-term effects of chronic stress in childhood become only apparent in adulthood [14].

The tools currently used in practice are measuring stress levels based on the child's behaviour and are fairly limited to self-reported questionnaires (i.e. Kiddie-Sads for depression screening; screening for conduct disorder via Strengths and Difficulties Questionnaire; Child Behaviour Checklist for ADHD) and clinical observations by health professionals. These methods are validated, however are quite subjective as they rely on the perceptions of people who make the assessment and/or fill-in the questionnaire. Moreover, despite the fact that some symptom patterns exist in mental health, presentation can be very variable making symptom-based measures problematic.

The prevalence of children with a clinically significant symptoms (often linked to stress), but without a definitive diagnosis, is estimated to be twice the prevalence of children that meet the internationally used criteria for a specific disorder [15]. These children usually do not get any treatment and very little support because their problems cannot be classified according to one of the diagnostic criteria. This often happens in a multi-problem situations, where stress is just one of the contributing factors. New technologies that are based on measuring physiological (or biological) processes could improve the timely detection and management of paediatric mental health problems in primary care and provide a more objective measure that could be used to monitor treatment efficacy[16].

In this paper we will focus on the introduction of biology-based stress measures in patients presenting to Primary Care. Our aim is to present the most commonly used measures of stress and discuss the ethical implications of their prospective application in public health practice as well as research.

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### ***Autonomy, health and children as vulnerable patients***

**Eduardo Osuna (CEBES. University of Murcia)**

Minority is considered a period of time when the personality and the individuality of a human being develops, and as a group, children cover a wide range of ages, risk exposures, legal implications, and expectations for autonomy. Minors are deserve of special protection, entitled to basic rights and increasingly autonomous as they develop. The constitutions of different countries consider minors to be active, participating and creative subjects with a capacity to modify their personal and social milieu and to participate in the search and satisfaction not only of their own needs but also of those of others, being recognised as fully entitled to some rights and to have the progressive capacity to exercise these rights.

Like any other individuals, minors are frequently treated by health professionals. One of the pillars of healthcare provision is respect for the autonomy of the patient's wishes, which is given substance by the process of obtaining informed consent. To be legally valid, consent must be sufficiently informed and be freely given by a person who is competent to do so. In this sense, competence is a vital component of the informed consent process, which has often been associated with cognitive capacity, rationality and age. The assumption of competence in relatively young children would be controversial. In this context, numerous questions exist, which deserve analysis, taking as a framework the existing legislation on the matter.

### ***Rights of children and adolescents from mental health***

**Ana Marcos (UNED, Madrid)**

The context of this conference is the research project about the right to health in the context of economic crisis in the vulnerability groups. In this situation, the recent legislative reforms have impacted directly in the protection and guarantee of to more vulnerability persons of our society's rights. At the same time, the number of persons with mental health's problems is increasing (unemployed, evictions, loss of meaning of life).

Children and adolescents are a group of greater vulnerability and fragility time. With this issue, the rights of mental health in childhood and adolescence, we face an immense field: the future. The way a society cares for the most vulnerable subjects, (children, the elderly, the sick, immigrants, disabled, excluding) defines his moral disposition; and how to care for children and adolescents speaks not only of his humanity and ethics, talks about his political intelligence, their perspective of economic and social future.

In this paper I will make a statement of the main declarations of rights of children in the United Nations and the documents of the European Union, the so-called "soft law", to conclude with some recommendations.

Children's rights and promoting mental health in Europe should be understood within the framework of respect for human rights, including the rights of children and adolescents, which lie at the heart of a democratic Europe.

One of the most important values in developing good-quality mental health services is early intervention, incorporating human rights principles, respect for individual autonomy and the protection of people's dignity.

Children and adolescents are growing and their psyche is forming. For this reason, public policies and mental health programs need to target not only people with mental problems but also to protect and promote mental well-being of all citizens.

Is very important the role of parents. In a society organized around autonomy and individual projects and plans the same time, increasing centrality of personal and professional fulfillment, children and adolescents are often without their parents, each other in his leisure activity, some, in-school and others in their own. The links are becoming weaker and that makes the necessary structure for the psychological development of the child is lost.

It is important the local context, depending on it certain individuals and groups in society may be placed at a significantly higher risk of experiencing mental health problems. Among these vulnerable groups are infants and children exposed to poverty, maltreatment and neglect, adolescents first exposed to substance use.