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**‘Doctor Communication with children and young people’**

**Effective communication between doctors and children and young people is essential to the provision of good care. You should find out what children, young people and their parents want and need to know, what issues are important to them, and what opinions or fears they have about their health or treatment.**

So doctors should communicate with children and young adults in a good and positive way through the following:

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(1) Involve children and young people in discussions about their care.

(2) Be honest and open with them and their parents, while respecting confidentiality.

(3) Listen to and respect their views about their health, and respond to their concerns and preferences.

(4) Explain things using language or other forms of communication they can understand.

(5) Consider how you and they use non-verbal communication, and the surroundings in which you meet them.

(6) Give them opportunities to ask questions, and answer these honestly and to the best of your ability.

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(7) Do all you can to make open and truthful discussion possible, taking into account that this can be helped or hindered by the involvement of parents or other people.

(8) Give them the same time and respect that you would give to adult patients.

(9) Explain the purpose of investigations and treatments you propose and what that involves, including pain, anesthetics and stays in hospital.

(10) Discuss chances of success and the risks of different treatment options, including not having treatment.

(11) Tell them who will be mainly responsible for and involved in their care.

(12) Give the right to change their minds or to ask for a second opinion.

## **The importance to communicate with children during consultations:**

- To gain a more accurate understanding of the child's perspective.
- Children are little experts in themselves and only they can offer certain information. Child can offer symptom profiles, especially of times where parents are not present, such as school.
- An opportunity to assess the child's knowledge levels, assess the child's logic and understanding, assess skills in symptom control and implementation of treatments, assess any gaps in knowledge or misunderstandings, assess the child's emotional attitudes towards their condition.

- Assess the child's own issues and problems with their condition and avoids assumptions about what psychosocial problems are present. It also may help understand more about treatment non-compliance..  
etc.
- It's good practice.

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### **Basic skills in communication with children**

**Children will not feel confident talking to a doctor or know what to say. They may say they're okay when they're not just like some adults) and/or might be saying, "I'm fine" to simply take the pressure of questioning off them;**

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So as a doctor you can try to help children along by asking

them a question and offering multiple answers, Example

'Children can

feel different things after an operation. Some children feel tired, or in pain, or feel sick. Have you felt any of these?'

Also try to use multi-sensory methods of communication.

This can often get important and complicated information

across to children and parents in less time. It can also

facilitate memory after the consultation has ended and

can reduce the anxiety usually associated with talking to

adults. Use props, such as drawings, dolls, and models.

Show children how to use inhalers etc. Use a dolls house

with dolls to create a scenario and ask the children what

the dolly should do in this situation.

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Also you can reduce the chance of misunderstanding usually resulting in the need for further appointments try checking the child's understanding at intervals during the consultation.

Example, 'I've said a lot of things today and this is a lot to remember. Before we go any further could you tell me what you can remember already'