

The Philippine Pediatric Society, Inc Code of Ethics

The Philippine Pediatric Society, Inc. (PPS), cognizant of its role of ensuring the right of every child to a healthy and meaningful life, hereby promulgates the PPS Code of Ethics by which every PPS member should faithfully abide - by. Fundamental to this Code is the recognition that a child is a unique individual who undergoes different stages of growth and development. Pediatricians as child advocates shall assure quality care to the best interest of the child. As a duly recognized member, the PPS shall abide by the Philippine Medical Association (PMA) Code of Ethics.

Definition of Terms

Section 1. Definition of Terms – for purposes of this PPS Code of Ethics, the term

- a) “Adolescence” encompasses ages 10- 19 years. (per WHO and DOH)
- b) A “minor” is a person who has not reached the age of majority, which by legal definition, is someone who is below 18 years of age. (R.A. No.6809)
- c) “Allied health care professional” means a person, not a physician, working in a component of such health care system, whether professional or non-professional, including volunteer workers, nurses, pharmacists, social workers, therapists, technicians, assistants and community volunteers.
- d) “Child” refers to the newborn, infant, child and adolescent
- e) “Colleagues” refer to other physicians
- f) “Pediatrician” – refers to member of Philippine Pediatric Society, Inc.
- g) “Trainees” refers to residents and fellows in training
- h) “Health care industry” means governmental, non-governmental or private institutions or organizations engaged directly or indirectly in health care
- i) “Health facility” means health care systems including but not limited to barangay health stations, health centers, clinics, hospitals
- j) “Patient” refers to the child who is the recipient of health care, the parent or legal guardian who have legal rights over their children.
- k) “Promotional give- a ways or gifts” refers to any form of marketing materials, incentives provided directly or indirectly by manufacturers, distributors and their representatives, of their products.
- l) “Sponsorship” shall refer to companies and their agents/representatives hosting, initiating or otherwise providing support for conventions, meetings, sports or cultural events, fellowship training, charities, and other like activities for the purpose of promoting directly or indirectly, their products.
- m) “Telemedicine¹” refers to the practice of medicine by means of electronic and telecommunication technologies such as phone call, chat or short messaging service (SMS), audio- and video-conferencing, among others, to deliver healthcare at a distance between a patient at an originating site, and a physician at a distant site.
*(Adapted from DOH-UP Manila Joint Memorandum Circular No. 2020-0001)**

General Principles

1. A pediatrician shall provide competent medical care in accordance with the current standards of care and maintain honesty, integrity, compassion, and respect for human dignity.
2. The patient has the right to choose a pediatrician. A pediatrician shall be free to choose his/her patient, except in emergencies.

* Department of Health-University of the Philippines Manila Joint Memorandum Circular No. 2020-0001. Telemedicine Practice Guidelines. June 2020.

3. A voluntary informed consent when necessary shall be obtained from the parent/legal guardian who has the moral and legal right to decide for the child. This includes the right to refuse diagnostic and/or therapeutic procedures at any time without prejudice to ongoing or future treatment.
4. A pediatrician shall respect the privacy of patients including confidentiality of patient information even after death.
5. A pediatrician shall observe judicious use of social media including awareness of the benefits and pitfalls of such in pediatric care.
6. The relationship between a pediatrician and other members of the health care team shall be one of mutual respect and cooperation with the common goal of preserving the health and well being of the child and noble image of the profession.
7. A pediatrician shall observe proper protocol when seeking consultation from a sub-specialist or other allied health care professionals with the consent of the patient.
8. Pediatricians have a responsibility to use their expertise and influence to advocate for children and their interests in all spheres of community life, not just in health care.
9. A pediatrician shall always promote and protect the dignity, integrity and nobility of the profession in interacting with the health care industry and the community at large.
10. A pediatrician shall conduct himself in a professional manner worthy of emulation by his students, trainees, allied health care providers and colleagues.
11. The best interest of the child shall be the primary consideration when doing research involving children, and must conform to the generally accepted scientific principles and good clinical practice.

Article I. Pediatrician - Patient Relationship

Section 1. General Considerations

1.1 Informed Consent

- 1.1.1 The attending pediatrician shall obtain the informed consent. In the event that he/she delegates this task and the documentation of such to another health care provider, he/she remains fully responsible.
- 1.1.2 The pediatrician shall present sufficient information to allow the patient to make a voluntary decision regarding a treatment or procedure. The elements necessary for a sufficient information include the following:
 - 1.1.2.1 Diagnosis/ Working diagnosis
 - 1.1.2.2 Purpose and description of proposed treatment/ procedure
 - 1.1.2.3 Risks and benefits of proposed treatment/ procedure
 - 1.1.2.4 Alternatives to proposed treatment/ procedure
- 1.1.3 In a life -threatening emergency, no informed consent is necessary. Provided that there is no risk to the pediatrician, he/she shall administer initial treatment. Once stabilized, the patient shall be referred to the primary physician or a competent health care provider and/or appropriate health facility.

1.2 Professional Fees

The pediatrician shall consider the patient's capacity to pay the professional fees which shall be commensurate to the services rendered.

1.3 The pediatrician shall respect the expressed request of parents of in-patients to seek second opinion.

1.4 In case the pediatrician or the parent/guardian terminates the doctor - patient relationship,

the attending pediatrician shall ensure continuity of care until proper endorsement is made.

Section 2. Antenatal diagnosis and genetic counselling

- 2.1 The pediatrician, in coordination with the obstetrician, shall inform the parents of the antenatal diagnosis and probable prognosis of a congenital anomaly. Under no circumstances shall termination of pregnancy/"therapeutic abortion" be considered.
- 2.2 The pediatrician shall always offer genetic counselling to parents who had children born with genetic defect or congenital malformation.

Section 3. Neonatal Care

- 3.1 Competent basic resuscitation shall be made available to all newly born infants.
- 3.2 Initiation of resuscitation in the delivery room of newborns with confirmed gestational age of <23 weeks and / or <400 grams birth weight is not obligatory.
- 3.3 The decision on the subsequent management shall depend upon the assessment of the following issues: viability, co-morbid conditions, confirmed lethal anomalies, chances of survival, availability of health care resources, and risks of mortality and morbidity. These shall be discussed with the parents and/or legal guardian during a properly documented family conference. The decisions reached shall be relayed to all concerned health care providers.

Section 4. Adolescent Care

- 4.1. Parents have legal rights over their minor children.
- 4.2. Confidentiality of care should be applied in the interview of any adolescent.
 - 4.2.1 Parents should be advised of the reasons why the adolescent must be given time alone with the physician.
 - 4.2.2. Parents and patient must be informed that any information revealed in confidence to the physician must be respected as private communication between patient and physician except in the following cases:
 - 4.2.2.1. when patient is suicidal or wants to hurt himself/herself;
 - 4.2.2.2. when patient is homicidal or wants to hurt others;
 - 4.2.2.3. when the patient is a victim of any form of abuse.
- 4.3. The pediatrician shall explain to the patient that family support is vital in such cases as reproductive health issues, substance abuse, suicide, and other situations that may need support.
- 4.4. During the physical examination of the adolescent, a physician should request the presence of a third person of the adolescent's choice.

Section 5. Child abuse and neglect

By law, the attending pediatrician shall report any case of suspected child abuse or neglect to the nearest Department of Social Welfare and Development (DSWD), police authority, National Bureau of Investigation (NBI) or Child Protection Unit (CPU).

Article II. Pediatrician – Colleagues and Allied Health Care Professionals Relationship

Section 1. The conduct of a pediatrician shall be above board in relation to colleagues and allied health care professionals. The pediatrician should strive to protect the good name of his/her colleagues. Concerns about professional conduct of colleagues, trainees and other health care professionals shall be directed first to persons themselves and then to responsible authorities. Improper/unbecoming conduct such as verbal or physical abuse to subordinates and other members of the health team shall not be tolerated as it undermines the dignity of the person and effectiveness of patient care.

Section 2. The pediatrician shall work with allied health care professionals as part of a team.

Section 3. A pediatrician shall observe proper protocol in the referral system

- 3.1. The attending pediatrician shall specify if the referral is for opinion/evaluation, co-management or transfer of service.
- 3.2. If the patient is referred as such, the consultant shall communicate his findings and recommendations to the attending pediatrician verbally or in writing.
- 3.3. The patient shall be returned to the care of the primary pediatrician for continuity of care when the reason for the referral has been resolved.

Section 4. In case of conflict of decisions or in difficult situations, the pediatrician shall refer to a third party or the Hospital Committee on Ethics.

Section 5. In the event that the attending pediatrician is unavailable, coverage by another certified pediatrician shall be arranged with the consent of the parent/guardian. The patient shall be returned to the care of the attending pediatrician as soon as he becomes available.

Section 6. The pediatrician shall not give nor receive remuneration of any kind for referrals or procedures done on patients.

Section 7. The pediatrician shall waive professional fees on the immediate dependents of colleagues.

Article III. Pediatrician - Community Relationship

Section 1. Pediatricians, as advocates for the welfare of children, shall get involved and cooperate in health information to laymen and civic organizations.

Section 2. Pediatricians shall volunteer services to victims of epidemics and calamities.

Section 3. As child advocates pediatricians have ethical obligations to give honest, objective and accurate information whenever called upon as expert witnesses/amicus curae.

Article IV. Pediatrician – Health Care Industry Relationship

Section 1. Continuing Professional Development

- 1.1. The PPS shall organize CPD conferences and meetings, which shall contribute to improve and optimize care of the child.
- 1.2. The PPS General guidelines for industry-sponsored CPD activities shall be followed.
- 1.3 PPS may accept subsidies to defray expenses for the events.
- 1.4 Pediatricians shall use only generic names of drugs in CPD activities.
- 1.5 Scholarships for trainees in pediatrics and its subspecialties are permissible as long as the organizers or academic institutions concerned make the selection of scholar.
- 1.6 Pediatricians may accept reasonable subsidies from health and other industries to support their participation in CPD events (per Code of Ethics of the Medical Profession formerly PMA, 2016).
- 1.7 Pediatricians invited as speakers, moderators, rapporteurs or any other active role in the scientific program may accept honoraria and reimbursements for reasonable travel, lodging and meal expenses.
- 1.8 When commercial exhibits are part of a CPD activity, arrangements for these shall not influence the planning of nor interfere with the CPD activities. Only relevant information of the product shall be included in the exhibit area.

Section 2. Endorsements

- 2.1 A pediatrician shall not be allowed to endorse products/devices, medical or otherwise, for commercial purposes in quadri-media.
- 2.2 A pediatrician shall not receive financial or any form of benefits/gifts in exchange for prescriptions and/or partnering with diagnostic and/or therapeutic facilities.

Section 3. Promotional give-aways

The members of PPS may accept only promotional give – aways and/or gifts of reasonable value that are related to their work/clinical practice.

Article V. Ethics In Research Involving Children

Section 1. General Principles

- 1.1 The main ethical challenge of pediatric research is the need to balance protection of children from research risk against ethical considerations of conducting research to improve the lives of future children. The risks should be minimized and balanced against any

anticipated benefits to the subjects. The fact that some children derive a direct benefit from participation in research must also be considered, making it important to distinguish research with the prospect of direct benefit from nontherapeutic pediatric research.

- 1.2 Since children are a vulnerable population, there are restrictions on the research risks to which a child may be exposed. These restrictions function by limiting the kind of research Institutional Review Board (IRB) are permitted to approve and by specifying the conditions under which parent(s)/legal guardian(s) have the moral and legal authority to permit a child to participate in research.

Section 2. Nontherapeutic research in children is ethically controversial and preferably should never be used unless the anticipated knowledge is of vital importance for understanding a child's disorder or condition.

Section 3. The welfare of an individual child must always come first before the scientific goals of the research study.

Section 4. Only scientifically and clinically competent physicians with integrity who possess good clinical practice training certificate shall conduct biomedical research involving children.

Section 5. Contents of the informed consent shall comply with the basic principles of the World Medical Association Declaration of Helsinki adopted June, 1964. The standard for informed consent in pediatric research shall be set higher than that of adult subjects

5.1 All researches involving children shall have informed consent.

5.1.1 Participants from birth to 18 years of age shall need consent of the legal guardian (order of authority-parents, surviving parent, grandparents, surviving grandparents, eldest surviving sibling above 21 years of age and guardian)

5.1.2 In addition to the informed consent, assent of the child between 7years - < 18 years shall be obtained without coercion depending on the extent of his developmental capabilities. Any sign of dissent by the child must be respected and documented.

Section 6. All researches on children should have a technical and ethical review board approval.

Section 7. Privacy and confidentiality of the participants shall be maintained at all times.

Section 8. Compensation to participants shall be fair, neither exploitive nor coercive.

Section 9. Stem cell research involving aborted fetuses and pre – implantation embryos are unacceptable.

Article VI: Ethics in the Use of Telemedicine in Pediatric Practice

Section 1. Rationale

Children belong to a special segment of the population that requires considerable attention during telehealth consults. They are still growing and developing and have characteristic peculiarities at certain ages. Therefore, some services should be adopted appropriate for the children based on the following factors: physical, legal, communication or data gathering, developmental stage, unique pediatric conditions and age specific peculiarities in both normal and disease states.

Section 2. Ethical Principles Relevant to Telemedicine

Telemedicine shall be guided by the bioethical principles that are relevant to telemedicine such as autonomy, confidentiality, justice, beneficence and non-maleficence.

Section 3. Objectives

The objective of this guideline is to ensure effective, safe delivery of quality health care and ethical practice of telemedicine in Pediatrics

Section 4. Requirements of the Practice of Telemedicine

4.1. *Webside Manners During a Telemedicine Consultation (Source: DOH-UP Manila Joint Memorandum Circular No. 2020-0001)*¹

4.1.1. Greeting:

- a. Introduce self and your role. Ask patient to introduce himself and family members or other companions in the room, if assisted.
- b. Confirm with patient that he can see and hear you clearly
- c. Acknowledge the use of the new technology. Normalize any discomfort with the use of the platform.
- d. Demonstrate confidence in the technology and reason for use. Include instructions on what to do in case of disconnection

4.1.2. Maintaining Etiquette

- a. Be aware of one's actions since these will be magnified on camera. Sit fully upright in an appropriate attire.
- b. Do not fidget, scratch, play with your hair or touch your face
- c. Disable picture in picture function
- d. Look directly at the camera. This can be perceived by the patient as making eye contact.
- e. Position video window of patient's image at the top of your screen below the webcam.
- f. Explain and narrate all your actions

4.1.3. Empathy and Communication

- a. Speak slowly and clearly. Pause longer between statements to allow for transmission delay
- b. Type into the chat window to reiterate instructions or next steps
- c. Check in frequently to elicit reactions and confirm understanding
- d. Use non-verbal cues even on virtual visits: Smile often. Use a warm tone of voice
- e. Increase the frequency of empathetic statements to show that you are listening
- f. Inform the patient when occupied such as when writing notes or looking at radiologic images or laboratory results
- g. Summarize and clarify questions in case of delay or signal interference
- h. In case of disconnection during video consultations, inform the patient how to continue the consultation.

4.2 Informed Consent

- 4.2.1. Proper informed consent must be obtained prior to the collection of personal data and the teleconsultation regardless if it is an initial consultation or a follow up consultation. Consent

shall be evidenced by written, electronic or recorded means. *(Adapted from DOH-UP Manila Joint Memorandum Circular No. 2020-0001¹ and Data Privacy Act 2012²)*

- 4.2.2. Obtaining the informed consent shall be guided by the same principles as specified in the PPS Code of Ethics Article I Section 1.
- 4.2.3. The existing principles of the data privacy act (Data Privacy Act 2012 section 3.b)² and the PPS code of ethics statement regarding privacy (General Principles) shall guide in obtaining the informed consent.
- 4.2.4. The informed consent should include the following: purpose, participants, scope and limitation, nature of teleconsultation, medical information and records, confidentiality, rights, risks and consequences, benefits, consent.
- 4.2.5 The informed consent should include this waiver: that the teleconsultation has its limitations and the Pediatrician should exercise professional judgement whether a face to face consultation is required.

4.3 History Taking

History taking shall be done in the conventional way of listening to the chief complaint, taking of the history of the patient's illness, review of systems, birth and maternal history, nutritional history, developmental and psychosocial history, past medical history, immunizations, family history, medications and other relevant information which may aid in the diagnosis of the patient's condition.

4.4 Physical Examination

- 4.4.1. Information gathered in a traditional way of doing a face-to-face physical examination shall as much as possible be gathered through on-line "physical examination" of the patient with the help of the parent or guardian.
- 4.4.2. A parent or guardian should be present to assist the Pediatrician in performing the physical examination and in obtaining anthropometric measurements and vital signs.
- 4.4.3. During the physical examination of an adolescent, the Pediatrician should request the presence of a third person of the adolescent's choice.

4.5 Laboratory and Other Ancillary Procedures

- 4.5.1. Except in extraordinary situations, results of laboratory and diagnostic procedures must be viewed directly on the monitor by the Pediatrician and must not rely solely on the reading of another person on the other side of the virtual room. In case of doubt, the Pediatrician must consult the signatory of the report for confirmation of the result.
- 4.5.2. In addition to the actual physical examination, the Pediatrician may request for the necessary diagnostic and ancillary procedures to aid him or her in the diagnosis and as a guide for the treatment of the patient's illness.

Section 5. Practice of Telemedicine by Telephone

Telephone calls and text messaging are generally discouraged. It is up to the physician's discretion to entertain such when the situation is deemed urgent. This consult shall be duly recorded. An immediate consult at the Emergency Room or a face to face consult at the earliest possible time is then routinely advised.

Section 6. Professional Fees

Professional fees should be commensurate to the services rendered with due consideration to the patient's financial status, nature of the case, time consumed and the professional standing and skill of the physician in the community. The patient shall be informed ahead of time of the cost of the consultation. (*adapted from the PMA Code of Ethics Article II Section 7*)³

Section 7. Electronic Prescription

Online prescription of medicines shall be allowed. The Pediatrician shall ensure that, before his/her electronic signature is affixed, the prescription complies with basic principles of prescription order writing. Regulated drugs are prescribed as mandated by existing laws.

Section 8. Peddling and Advertisements

- 8.1. The Pediatrician shall be guided by Article IV of the PPS Code of Ethics in his relationship with the healthcare industry. All members of the PPS who are invited to participate in any platform or fora should assume personal responsibility in clearly defining the purpose of his participation and to avoid inadvertent endorsement of any product.
- 8.2. All members shall abide by the PMA guidelines for doctors in advertising/peddling/posting services and or products. What the pediatrician can post is limited only to his name, profession, clinic address and contact number.

Section 9. Pediatrician-Healthcare Industry Relationship

The pediatrician shall comply with the guidelines of Pediatrician-Healthcare Industry Relationship under Article IV of the PPS Code of Ethics.

References:

1. Department of Health-University of the Philippines Manila Joint Memorandum Circular No. 2020-0001. Telemedicine Practice Guidelines. June 2020.
2. Republic Act 10173: Data Privacy Act of 2012. Available from: <https://www.privacy.gov.ph/data-privacy-act/>
3. Philippine Medical Association. Code of Ethics of the Medical Profession. Available from: <https://www.philippinemedicalassociation.org/wp-content/uploads/2017/10/FINAL-PMA-CODEOFETHICS2008.pdf>