

## Childhood and adolescence, pediatricians and the pediatric practice after the COVID-19 pandemic

Rodolfo Pablo Moreno<sup>a</sup> 

These past 2 years have been different in the life of all human beings, and also of all pediatricians and the Sociedad Argentina de Pediatría (SAP). We were struck by an unexpected, unthinkable, unimaginable global reality that has affected the whole of society.

The pandemic has altered, perhaps irrevocably, our behavior as individuals, as professionals, and as a society. It has hit economies hard, it has slashed jobs, it has brought about enormous challenges. Many people had to postpone their dreams or simply put an end to them. And, quite likely, it will change the parameters of normalcy that each of us have had until now.

In the SAP, all of us who are part of it are fully committed to promoting the health of children and adolescents. For this reason, we work and encourage all initiatives aimed at a comprehensive approach to their health, so that they will enjoy the highest degree of health that can be achieved and reach a healthy and productive adult life.

Our work as pediatricians must address not only the biological aspects, but also the psychological, social, legal, and ethical issues of childhood and adolescence. Only with this all-round approach, we will be able to provide medical assistance to the most vulnerable children and adolescents in our country, so that they all have the same possibilities of accessing quality care, with a focus on the fulfillment of the rights set forth in the Convention on the Rights

of the Child and in the Sustainable Development Goals (SDGs, 2030).<sup>1</sup>

This pandemic has revealed and highlighted the role of scientific societies worldwide. The SAP in Argentina and other pediatric societies in their respective countries became a source of authoritative opinion and contributed to boosting confidence and gaining deeper insights about the importance of COVID-19 vaccination in children.<sup>2</sup>

Scientific societies also played an outstanding role in supporting the return to schools. We, pediatricians, had to demand the reopening of schools and in-person classes, recognizing that this essential space is necessary for the appropriate development of our children, and truly convinced that health and education are inalienable rights, being the school the scenario where this concept is best enhanced and developed.<sup>3</sup>

Health care services were also disrupted by the pandemic. The drop in scheduled health care activities, urgent and emergency care services,<sup>4,5</sup> and hospitalizations, even for children with chronic conditions,<sup>6</sup> means that a number of children and adolescents who needed health care did not seek it, resulting in delays in diagnosis and treatment.

At present, as pediatricians, we are facing one of the most serious mental health crises of childhood and adolescence.<sup>7</sup> During the pandemic, many children and adolescents experienced psychological problems, such as anxiety, depression, or stress, and this great pressure may trigger risky behaviors and substance abuse.<sup>8</sup>

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<sup>a</sup> President of the Sociedad Argentina de Pediatría.

**Correspondence to** Rodolfo Pablo Moreno: [morenopablorod@hotmail.com](mailto:morenopablorod@hotmail.com)



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There are also other hurdles to mental health care, including poverty, violent living conditions, and the loss of parents or significant adults in a child's life. Additionally, there is limited outpatient care capacity, and hospitalization wards are overcrowded due to an unprecedented demand.

The COVID-19 crisis, together with the current economic and social challenges in many countries, are having a great impact on the entire population, especially on children and adolescents. If measures are not taken in the short-, mid-, and long-term, it will be difficult to reduce child poverty, school dropout and failure rates, the education gap, and the great threat to physical and mental health of children and adolescents.

Investing in the fight against child poverty is investing in justice and equity. It is imperative to break the cycle of the inter-generational transmission of poverty.

Protecting children's lives and development is the most important investment for countries seeking economic prosperity and political stability.

Currently, in Argentina, more than 50% of children and adolescents live in poverty, with serious deficiencies in nutrition, mental health, immunizations, and education. Poverty continues concentrated in childhood and there is still a large gap between rules and the effective practice of rights.

COVID-19-related deaths will account for a small proportion of future childhood deaths worldwide. Most will be an indirect consequence of poor access to food, housing, water and sanitation, vaccines, and health care.<sup>8</sup>

The impact of the pandemic on vaccination coverage in Argentina shows that the demand for all tracer vaccines is dropping across all age groups, particularly in infants under 1 year of age, with the consequent risk that this entails.<sup>9</sup> The main risks associated with the drop in coverage are the re-emergence of diseases that have already been eradicated in the region (polio, neonatal tetanus, measles, rubella, and congenital rubella syndrome) and the increase in cases of diseases controlled as a result of mass vaccination (hepatitis A, invasive Hib diseases, pertussis, diphtheria, tetanus).

The improvements in child and adolescent health and well-being achieved in recent decades are in danger of being reversed, with growing inequalities within and between countries, most notably in countries like Argentina, which have

already been facing an economic and social crisis.

Today pediatricians should strive to address the needs of children and their families, be their social receptor, an interpreter if necessary, and a reliable and authoritative spokesperson when dealing with institutions. This pandemic has exposed dramatic social inequalities and inequities. In this new scenario, pediatricians, in their role as children's advocates, are even more necessary and indispensable.<sup>10</sup>

The pandemic has also changed part of the SAP management. The SAP has made an enormous effort, providing recommendations and guidelines for clinical decision-making in the face of rapidly changing evidence.<sup>11</sup>

Maintaining the academic offer implied introducing virtual communication tools of limited use up to that moment. National Conferences and Regional Meetings could be held, although in virtual format, so that scientific exchange could take place and the vital experiences of those difficult days could be shared.

In spite of all that we have been through, or perhaps because of it, we should go back to our work. It is a priority to address the health and quality of life of children and adolescents. It is a commitment that cannot be put off; all pediatricians should ensure that child and adolescent rights are guaranteed. Our commitment is to continue working for "a healthy childhood and adolescence in a better world." This can only be achieved by working together and respecting all those who share this mission.

We must focus more on health promotion and less on disease. We should have a deeper look to identify the hurdles to human development, the social and economic factors that prevent adequate access to the health care system, education, and a healthy diet. We should also be more committed to community work, collaborating with other sectors and disciplines, and demanding public policies that are in synergy with health policies (social development, education, environment) for the fulfillment of child and adolescent rights.

We still have a lot of work together ahead of us. Let us bring mind, heart, and competence into play, together with kindness and empathy; a true embodiment of professional humanism. We must integrate ourselves with a sense of belonging and transcendence in the search for the gratifying objective of the task we perform: the health of our pediatric universe. ■

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