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Sins of pediatric care: mistreatment and medical malpractice

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Abstract

This article examines institutional mistreatment in pediatric care, with a focus on inappropriate practices such as overmedication, excessive diagnostic testing, and the undervaluing of active listening — behaviors that constitute forms of violence within healthcare settings. It underscores the importance of qualified listening and respect for the autonomy of children and adolescents, in line with bioethical principles and current legal frameworks. The discussion addresses the so-called "sins of medicine," including professional misconduct and the need for effective communication and health literacy to prevent harmful practices. It also highlights the urgency of identifying and combating the intentional deprivation of adequate healthcare for children and adolescents, a persistent form of violence rooted in negligence. The overemphasis on productivity in modern management models is identified as a factor that creates tensions and undermines the quality of care. In conclusion, reviewing institutional routines and strengthening professional training are essential steps toward building ethical, patient-centered, and humanized pediatric care.

Keywords: Bioethics. Communication. Organizational efficiency. Humanization. Mistreatment. Pediatrics.

Resumo

Pecados do atendimento pediátrico: maus-tratos e vícios médicos

Este artigo analisa os maus-tratos institucionais no contexto da pediatria, com ênfase em práticas inadequadas como hipermedicação, solicitação excessiva de exames e desvalorização da escuta ativa – condutas que configuram formas de violência no ambiente de saúde. Ressalta-se a relevância da escuta qualificada e do respeito à autonomia de crianças e adolescentes, em conformidade com os princípios bioéticos e as normativas legais vigentes. São discutidos os chamados "pecados da medicina", incluindo vícios profissionais e a necessidade de comunicação eficaz e de letramento em saúde para prevenir condutas prejudiciais. Assinala-se, ainda, a urgência de identificar e combater a privação intencional de cuidados de saúde adequados a crianças e adolescentes, uma forma persistente de violência por negligência. Aponta-se que a supervalorização da produtividade, característica de modelos gerenciais modernos, gera tensões que comprometem a qualidade do atendimento. Conclui-se que é essencial revisar rotinas institucionais e fortalecer a capacitação profissional, a fim de promover um atendimento pediátrico ético e humanizado.

Palavras-chave: Bioética. Comunicação. Eficiência organizacional. Humanização. Maus-tratos. Pediatria.

Resumen

Pecados de la atención pediátrica: maltrato y malas conductas médicas

Este artículo analiza el maltrato institucional en el ámbito de la pediatría, con énfasis en prácticas inapropiadas como la hipermedicación, la solicitud excesiva de pruebas y la desvalorización de la escucha activa, conductas que constituyen formas de violencia en el entorno sanitario. Se subraya la importancia de la escucha cualificada y del respeto a la autonomía de niños, niñas y adolescentes, en consonancia con los principios bioéticos y la normativa legal vigente. Se abordan los llamados "pecados de la medicina", como las malas prácticas profesionales, así como la necesidad de una comunicación efectiva y de la alfabetización en salud para prevenir conductas perjudiciales. Asimismo, se enfatiza la urgencia de identificar y combatir la privación intencional de atención médica adecuada para este grupo etario, considerada una forma persistente de violencia por negligencia. La sobrevaloración de la productividad, propia de los modelos modernos de gestión, genera tensiones que comprometen la calidad de la atención. En consecuencia, resulta fundamental revisar las rutinas institucionales y fortalecer la formación profesional, con el fin de garantizar una atención pediátrica ética y humanizada.

Palabras clave: Bioética. Comunicación. Eficiencia organizacional. Humanización. Maltrato. Pediatría.

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Dossier

Pediatric care requires ethical and technical rigor to ensure the healthy development of children and adolescents. However, inadequate institutional practices in health care services can constitute mistreatment, compromising care and violating the rights of the child and adolescent population. Unlike explicit family violence, institutional mistreatment occurs in the health care setting and includes hypermedication, request for unnecessary tests, diagnostic negligence, avoidable exposure to pain, disrespect for listening to children, and verbal violence by health care providers [1,2]. Such conducts, motivated by productivity pressures or clinical insecurity, affect children's physical and emotional health.

Despite its advances, medicine has historically presented vices that compromise the quality of health care. Richard Asher described the seven "sins of medicine" as harmful practices that often occur without health care providers being fully aware of the harm caused to patients [3]. Although formulated in a general manner, these "sins" also apply to pediatrics. Subsequently, André Islabão added three relevant aspects of contemporary medical practice—haste, neomania and certainty—thus expanding Asher's list to ten "sins" [4]. It is essential that professionals recognize these conducts as forms of institutional violence and adopt humanized practices, based on high-quality listening, therapeutic bonding and comprehensive care.

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Details of the "sins of medicine" and their implications in pediatrics

The "sins of medicine" of Asher [3] and Islabão [4], although general concepts, are manifested in particular and harmful forms in pediatrics:

- Obscurity in medical communication obfuscates patient health knowledge for the children themselves (and their parents/guardians).
- Cruelty, verbal or physical, intensifies child suffering, whether by harsh words or painful procedures with no preparation.
- Bad manners (discourtesy) impairs physician-patient and interprofessional relationships, which are essential for a health care setting.
- Overspecialization, although technically necessary, fragments care and hinders a holistic approach to children, who require an integrated approach to their development.
- Love of the rare (spanophilia) leads to error in common diagnoses and negatively impacts the efficiency of medicine, delaying treatments for prevalent conditions.
- Common stupidity (lack of common sense) can result in medical guidance that is disconnected from the socioeconomic situation of families, making care impractical.
- Sloth, physical and mental, compromises clinical analysis and critical interpretation of medical information, leading to inaccurate or incomplete diagnoses.
- The haste imposed by the modern world distorts natural healing times and interferes with the medical consultation experience, preventing active listening.
- Neomania, or obsession with novelty, often leads to hasty use of technologies and drugs that have not been fully tested in children, exposing them to risks.
- Certainty, perhaps the most dangerous sin, distances physicians from scientific humility and clinical prudence, essential for safe and responsible care in such a dynamic field as pediatrics.

Arrogance can be added as a cardinal sin of medicine at all times, which can be mitigated by the recognition of errors, the sincere pursuit of their minimization and the continuous improvement of pediatric practice based on the best available evidence.

Inadequate practices in pediatric health care and their impacts

Pediatric health care is permeated by inadequate practices that can severely compromise the health and well-being of children and adolescents, making hypermedication and the medicalization of childhood growing concerns. The excessive and inappropriate prescription of medications—such as antibiotics for viral infections and psychotropic drugs without robust evidence for conditions such as attention deficit hyperactivity disorder (ADHD) and depression—constitutes an alarming situation [5].

Such patterns are often influenced by family pressures, reductionist biomedical models, and the medicalization of child suffering itself. Risks include adverse reactions, drug dependence, neurobehavioral changes, antimicrobial resistance, and weakened trust in the physician-patient relationship. The rational use of medicines requires a careful evaluation of the pharmacological need, considering the child's developmental stage and the biopsychosocial context of the disease [6].

Excessively requesting invasive and unnecessary tests is another recurrent practice. Radiographs, computed tomography scans, laboratory tests, and magnetic resonance imaging, often requested without well-defined clinical criteria, expose children to avoidable physical risks—such as ionizing radiation—and emotional distress [7]. Neglecting pain management in procedures such as blood collections and punctures is also a form of violence. These procedures should be preceded by clear and ethically mandatory explanations, adequate emotional preparation and, when necessary, the use of anesthesia or sedation [8].

Additionally, diagnostic neglect and symbolic violence constitute subtle but impactful forms of mistreatment. Diagnostic neglect occurs when symptoms are minimized, ignored, or labeled as "psychological" without proper investigation. Children with autoimmune diseases, neurological disorders or rare syndromes are particularly vulnerable to this minimization, which can delay diagnoses and aggravate clinical conditions [9]. Symbolic violence – understood as the imposition of meanings and values that reinforce social inequalities and subject groups to relations of domination – is manifested through reprimands, moral judgments, ironic tone or disregard of patient autonomy, affecting the child's self-esteem and compromising the formation of solid bonds [10,11].

Listening to children and adolescents in health care

Children and adolescents are often not listened to during medical care, which disregards their protagonism, even though the Child and Adolescent Statute (ECA) [12] ensures their active participation in decision-making about their health. ECA article 11 guarantees universal access to health care actions and services, considering the specific needs of this public, encouraging their active participation and respecting their level of understanding and development.

This principle is reinforced by the Councils of Medicine and by policies of the Ministry of Health, which recommend that professionals seek to obtain the consent of adolescents whenever possible. Brazil's Federal Council of Medicine (CFM), in Opinion 25/2013 [13], recognizes that adolescents with discernment capacity can receive medical care in risk contexts even without the supervision of guardians, provided that the health care provider assesses their maturity and understanding of the conduct to be adopted (art. 74 of the Code of Medical Ethics) [14]. Opinion 55/2015 [15] reiterates that, although consent must be obtained from guardians, the adolescent's consent is imperative, based on bioethical principles such as autonomy, beneficence and respect for dignity. Regional opinions, such as that of the Regional Council of Medicine of the state of Amazonas [16], maintain that requesting the informed consent of adolescents is an ethical conduct that strengthens the therapeutic bond and fosters improved co-responsibility in health care.

These guidelines reflect a paradigm shift in health care, in which adolescents play a leading role in clinical decisions, especially in areas such as sexual health, mental health and invasive procedures, which involve sensitive ethical and legal aspects [17].

Medical neglect as a form of violence against children and adolescents

According to the International Classification of Violence against Children, published by the United Nations Children's Fund (UNICEF) in 2023, medical negligence constitutes a form of continuous violence perpetrated against children and adolescents [18]. This conduct is characterized by deliberate deprivation of adequate medical care, even when guardians have the financial resources, knowledge and access to health care services

that are necessary to provide medical care. Examples include the persistent failure to provide or authorize indispensable treatment—as recommended by a qualified health care provider—for physical injuries, illnesses, medical conditions, or physical or psychological disabilities. In addition, the repeated failure to seek timely and appropriate medical care for serious health problems also falls under this definition.

Medical neglect represents not only a technical failure, but also an ethical break in the physician-patient relationship, with profound impacts on both the moral suffering of health care professionals and the consequences for patients [19,20].

Seeking medical care in urgent and emergency services—even in cases of diseases considered commonplace—has become a common practice among many families. Factors such as difficulty in scheduling in primary health care units, lack of bond with the reference professional or mere convenience lead to the use of the emergency room service as a preferential gateway for the care of children and adolescents [21]. This practice contributes to the overload of these services, diverting them from their main function: dealing with genuinely urgent situations.

There remains, among guardians, the myth of immediate resolution attributed to emergency health care—a model in which, without prior scheduling, physicians request tests, establishes diagnosis and proposes definitive treatment. However, this conception is mistaken and compromises the quality of health care. For a long time, pediatric emergency rooms have been losing their function of dealing with real emergencies, assuming the role of convenience services. This distortion in the flow of care exposes children to risks, especially those in the developmental phase or with chronic conditions [21].

It is essential that pediatricians who conduct emergency care inform the family on the limitations of this care, underscoring its initial and episodic character. When discharging the patient, the importance of continuity of care in an outpatient setting should be emphasized, whether in a basic health unit or with the pediatrician in charge. Non-adherence to this recommendation often leads to multiple readmissions to the emergency service, with aggravation of the clinical condition and increase in risks [21].

In outpatient follow-up, children and their family members receive not only guidelines for therapeutic maintenance, but also a comprehensive approach oriented toward health promotion and disease prevention. It is in this space that longitudinal follow-up and monitoring of neuropsychomotor growth and development are consolidated. Therefore, absenteeism in scheduled appointments should be rigorously investigated and, in case of evidence of negligence, reporting that to Child Protective Services (CPS) should be considered after due clinical and social assessment [21].

Medical neglect becomes even more concerning in cases of chronic diseases, due to the higher morbidity and mortality rates associated with non-adherence to therapy. The introduction of more complex pediatric treatments and the side effects of several drugs increase the vulnerability of these patients. Studies indicate that neglected children in this context have an increased risk of unfavorable outcomes and readmissions due to preventable complications [22].

The American Academy of Pediatrics (AAP) defines fundamental criteria so medical professionals, especially those working on the front lines of pediatric health care, can identify this specific type of neglect. These criteria cover ethical, clinical and social aspects involved in decision-making and serve as a guide for the recognition of medical care-related neglect [23]:

- actual risk or harm to the child's health as a direct consequence of the failure to provide essential medical care;
- existence of proven clinical benefit associated with the recommended treatment, with scientific support and professional consensus;
- superiority of the benefits in relation to the risks or morbidity of the treatment, so the therapeutic choice would be considered reasonable by sensible and informed parents;
- proof of accessibility to treatment, demonstrating that there are viable means for its implementation, but that, even so, it was not adopted by the guardians;
- clarity in medical communication, showing that the parents were properly informed about the diagnosis, prognosis and therapeutic options, and understand the consequences of non-adherence.

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These parameters constitute an essential tool for clinical judgment in complex situations, enabling professionals to assess the extent of the caregivers' responsibility and, when necessary, adopt legal measures to protect children or adolescents.

Impacts of excessive practices in pediatric health care management

In recent years, the health care sector has increasingly incorporated management models oriented towards performance, productivity and efficiency. Although these principles can provide organizational advances, their unrestricted application in pediatrics has led to tensions between the institutional goals and the real needs of patients. Therefore, it is imperative to reflect on the adverse effects of overvaluing productivity as an indicator of quality in pediatric health care, discussing its clinical, ethical and systemic implications.

Performance-oriented management and children as patients

Productivity as a quality benchmark leads to a series of distortions in pediatric practice:

- Reduction of consultation time: the imposition of goals makes professionals dedicate less time to careful listening and observation [24].
- Weakened bond: the focus on numbers weakens the construction of a therapeutic relationship with the child and family [25].
- Neglect of complexity: the emphasis on quantity disregards the psychosocial nuances and the different clinical demands that children present.

In turn, clinical and human consequences include:

- Excessive medicalization: seeking quick answers favors the prescription of drugs over integrated approaches [26].
- Inaccurate diagnoses: rushed care can obscure subtle symptoms, compromising the effectiveness of care [27].
- Devaluation of the educational dimension: the time to provide guidelines to family members and promote healthy habits is compromised [28].

Pressure on health care providers

Performance culture directly affects pediatric professionals:

- Exhaustion and burnout: the constant demand for productivity is associated with physical and emotional exhaustion [29].
- Ethical-moral conflict: professionals are divided between their ethical convictions and institutional requirements [30].
- Dehumanization of care: pediatricians become goal-oriented rather than child caregivers.

Turning pediatric health care into a commodified practice

Turning pediatric health care into a commodified practice dilutes the social value of child and adolescent health care into a commercial transaction, in addition to making suffering invisible by prioritizing financial statistics to the detriment of child or adolescent well-being. This approach reduces clinical practice to a bureaucratic and technical operation, compromising the comprehensiveness of health care and distancing medical practice from its humanist essence.

It is imperative to rethink the management models applied to pediatrics. The quality of child health care goes far beyond numerical indicators. It is a unique specialty, geared toward comprehensive health care of developing children and adolescents. Pediatricians play a role not only as clinicians, but also as family educators, with a direct influence on the development of healthy adults. To fulfill this role, high qualification, availability, ethics and time are indispensable.

Their activity encompasses all health care levels—promotion, prevention, diagnosis and treatment—with focus on multiple developmental parameters, such as nutrition, growth, immunization, school performance and emotional health. The physician-patient relationship in pediatrics requires affective bonding and empathy, which are essential elements for effective medical care.

In urgency and emergency situations, pediatricians should have interdisciplinary mastery, judicious assessment capacity

and sensitivity to understand that several demands are motivated by family anxiety. Their role requires emotional balance and technical preparation.

Despite its positive impact on resource rationalization and populational quality of life improvement, the pediatricians' work is still not duly valued. Society neglects professional recognition and fair economic compensation proportional to the required effort.

Prevention of abusive practices in pediatric medical care

The prevention of abusive practices in pediatric medical care is fundamental and depends on effective communication. Communicating means sharing information, understandings and feelings between interlocutors. In the context of health care, clarity and accessibility are crucial elements, directly influencing the understanding and response of patients and their families [31].

Functional health literacy refers to the cognitive ability to obtain, interpret and apply health information, whether through written or oral communication. This skill strengthens two-way interaction, enabling individuals to express their ideas clearly and fully understand the messages received [20,21]. In clinical practice, patients with satisfactory literacy demonstrate greater ability to understand medical guidelines and follow prescriptions, while those with limited literacy face difficulties both in expressing themselves and in assimilating information [31].

The literacy of health care providers is equally relevant. The use of accessible vocabulary and appropriate communication techniques is essential to mitigate the negative impacts that factors such as illness, fear, stress or discomfort can have on the interaction between professionals and patients.

The prevention of abusive practices in pediatric medical care, such as those exemplified in the "sins of medicine," primarily requires respect for dignity and empathy in the relationship with the patient and their family, ensuring a patient-centered and humanized setting.

Guidelines for humanized health care

The ethics of pediatric medical care transcends technical competency, requiring active listening, empathy, respect for the child's progressive autonomy and commitment to full protection. The guidelines of the World Health Organization (WHO) [33] and the SUS National Humanization Policy [34] recommend practices that foster patient-centered care, bonding and reduction of unnecessary interventions.

In addition, it is essential that medical undergraduate and residency curricula include content on institutional violence, bioethics and humanized approach, preparing professionals to recognize and avoid conducts that may constitute mistreatment.

Final considerations

Contemporary pediatrics faces tensions between institutional demands and real needs of children and adolescents. Institutional mistreatment, albeit subtle, perpetuates health care models that neglect bonding, listening and humanized care. Overcoming this issue requires recognizing the uniqueness of developing children, strengthening the ethics education of professionals and repositioning pediatricians as protagonists of comprehensive health care for children and adolescents.

Beyond technique, pediatric medical care requires affection, empathy, discernment and time. Valuing this work is essential to foster not only better health indicators, but also a society that is more just and sensitive to the needs of children and adolescents.

It is evident that the understanding, by public and private managers, and the consideration of the enhancement of the curricular guidelines of undergraduate health-related programs is fundamental to ensure the adequate care for the health of children and adolescents.

Finally, it is important to emphasize that carefully and comprehensively preparing the patient's medical record represents a responsible documentation of all the actions discussed here and, through faithful and judicious records, reaffirms the commitment to respect for human dignity.

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