

## PART II

Tuesday, 13 May 1986

## Texts adopted by the European Parliament

**1. European Charter for children in hospital**

- Doc A2-25/86

## RESOLUTION

## On a European charter for children in hospital

*The European Parliament*

- having regard to the motion for a resolution tabled by Mr Collins (Doc. 2-1256/84).
- having regard to paragraph 5 of its resolution of 19 January 1984 on a European charter on the rights of patients, which states that the rights of sick children should be dealt with in a special charter (1),
- having regard to the report of the Committee on the Environment, Public Health and Consumer Protection and the opinions of the Committee on Legal Affairs and Citizens Rights and the Committee on Youth, Culture, Education, Information and Sport (Doc. A2-25/86).

A. stressing the soundness of the recitals contained in the charter, especially recitals A and E, which mention the Community dimension of the problem.

1. Stresses that the right to the best possible medical treatment is a fundamental right, especially for children, who have their whole life in front of them;
2. Is concerned that the budgetary cuts in many Member States hit the public health sector in particular and that this has inevitable repercussions on the health of the population and thus of children;
3. Calls on the Commission to submit as soon as possible a proposal for a European charter on the rights of patients and for a European charter on the rights of children in hospital, in order to give real meaning to Youth Year;
4. Requests that the charter for children in hospital should incorporate the following rights:
  - (a) the right to be admitted to hospital only if the treatment they require cannot be provided at home or on a day basis, and has been so planned as to ensure that they are hospitalized as soon as possible and for the shortest possible time;
  - (b) the right of children to day care without incurring additional costs for the parents;
  - (c) the right to have with them as much as possible during their stay their parents or the person acting in *loco parentis*, not as passive bystanders, but as active participants in hospital life, with no additional costs being incurred thereby; however, the exercise of this right must not prejudice or stand in the way of the best possible administration of the treatment which the child has to receive;
  - (d) the right to be fully informed - as far as their age, degree of mental development and emotional and psychological state allow - about the medical treatment they are undergoing and the positive prospects it offers;
  - (e) the right of the child to individual supervision and care, with, as far as possible, the same nurses and assistants being detailed to look after them;

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(f) the right to refuse (through their parents or the person acting in *loco parentis*) to serve as research subjects and to refuse any care or examination when the primary purpose is educational or informational rather than therapeutic;

(g) the right of the parents or the person acting in *loco parentis* to be given all available information concerning the child's illness and welfare, insofar as this does not conflict with the child's fundamental right to privacy;

(h) the right of the parents or the person acting in *loco parentis* to authorize the treatment which the child is to undergo;

(i) the right of the parents or the person acting in *loco parentis* to appropriate support and psychosocial counselling by specially trained staff;

(j) the right not to be subjected to pharmacological or therapeutic experimentation. Only the parents or the person acting in *loco parentis* having been duly informed of the risks and benefits of such treatment, may give their consent and must retain the right to withdraw this consent;

(k) the right of children in hospital, where they are involved in therapeutic experimentation, to protection by the Helsinki Declaration of the World Medical Assembly and its subsequent updates;

(l) the right to be protected from unnecessary medical treatment and physical or emotional distress;

(m) the right (and the means) to contact their parents or the person acting in *loco parentis* in times of stress;

(n) the right to be treated with tact, civility and understanding and to have their privacy respected;

(o) the right to be cared for throughout their hospital stay by appropriately trained staff, fully aware of the physical and emotional needs of each age group;

(p) the right to be cared for in hospital with other children, avoiding as far as possible admission to adult wards;

(q) the right to an environment furnished and equipped to meet hospital requirements and the educational and recreational needs of children, and in conformity with current safety standards;

(r) the right to continue their schooling during their stay in hospital, teachers and teaching materials being supplied by the educational authorities, particularly in the case of prolonged stays in hospital providing that this activity does not have an adverse effect on the child's well-being or hinder its treatment;

(s) the right to use books, audiovisual aids and toys appropriate for their age group during their stay in hospital;

(t) the right to be taught even when they are admitted to day-hospital or are convalescing in their own homes;

(u) the right to be guaranteed the treatment they need - if necessary with the intervention of the legal authorities - in the event of their parents or the person acting in *loco parentis* refusing such treatment on religious grounds, or because of cultural backwardness, prejudice or in the event of their being unable to cope adequately in an emergency;

(v) the right to the necessary financial, moral and psychological support when undergoing examinations and/or treatment which have to be carried out abroad;

(w) the right of parents or the person acting in *loco parentis* to invoke the charter where children require hospital treatment or check-ups in non-Community countries;

5. Also calls upon the Commission to submit proposals to ensure that national statistics on health and hospital admission include standardized data for each age range so that such data may be comparable:

6. Appreciates the contribution which voluntary associations can make as regards giving effect to many of the above mentioned rights and carrying out additional tasks involved in helping young patients:

7. Instructs its President to forward this resolution to the Commission, the Council, the Council of Europe, UNICEF and the World Health Organization.