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COMMENTARY ARTICLE

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Modern Advancements in Paediatrics

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Description

Paediatrics (sometimes called paediatrics or paediatrics) is a branch of medicine that deals with the medical treatment of newborns, children, and teenagers. People should seek paediatric care until they are 21 years old, according to the American Academy of Paediatrics. Paediatrics covers patients up to the age of 18 in the United Kingdom. Paediatric age limits have been increasing year after year around the world. A paediatrician, often known as a paediatrician, is a medical doctor who specialises in this field. Paediatricians work at hospitals and children's hospitals, especially in subspecialties such as neonatology, as well as outpatient primary care physicians.

Changes in body size are mirrored by changes in maturation. The physiological makeup of a newborn or neonate differs significantly from that of an adult. Paediatricians are more concerned about congenital malformations, genetic variance, and developmental difficulties than adult physicians are. Children are not simply "small adults," according to a popular proverb. When examining symptoms, giving drugs, and diagnosing ailments, the doctor must remember the infant or child's undeveloped physiology.

The pharmacokinetic qualities of medications that enter the body are directly influenced by the physiology of children. Medications are absorbed, distributed, metabolised, and eliminated differently in developing children and adults. Despite the results of completed studies and reviews, further study is needed to better understand how these factors should influence healthcare practitioners' judgments when prescription and providing drugs to children.

Paediatric autonomy in healthcare

Children, in most countries and with some exceptions, are unable to make decisions for them, which is a significant difference between paediatric and adult medicine. In every paediatric procedure, guardianship, privacy, legal responsibility, and informed consent must all be considered. Instead of only treating the child, paediatricians frequently have to treat the parents and, in some cases, the entire family. Adolescents belong to their own legal category, with the ability to make health-care decisions in specific circumstances. When considering treatment options, the concept of legal consent combined with the non-legal consent (assent) of the child, especially in the face of conditions with a poor prognosis or complicated and painful procedures/surgeries, means the paediatrician must consider the wishes of many people in addition to the patient's.

Parental authority and current medical issues

The majority of the time, parents has the final say over their children's fate. John Locke, a philosopher, claimed that parents have the responsibility to raise their children and that God has given them this authority. Most of the time, the paediatrician, parent, and kid collaborate to make the best medical decision possible. The paediatrician has the authority to intervene on behalf of the child's welfare and to seek ethics committee advice. Authors of recent studies, on the other hand, have refuted the notion that complete autonomy exists in paediatric healthcare. Children should be held to the same moral standards as adults. The concept of paternalism, which denies autonomy when it is in the patient's best interests, is in favour of this idea. In terms of autonomy, this notion seeks to keep the child's best interests in mind. Paediatricians' can communicate with patients and assist them in making decisions that are in their best interests, thereby increasing their autonomy.

Modern advancements

According to the Argentinean Paediatric Society's (SAP) Subcommittee on Clinical Ethics, children of all ages may understand moral impulses and make rational judg-

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ments based on such feelings. As a result, when children and teenagers reach the age of 13, they are considered competent of making their own health decisions. Recent research on children's decision-making has pushed that age up to 12 years old. Unsolicited discoveries (U.F.s) of paediatric exome sequencing are one example of technological developments that contribute to the future development of kid autonomy. They are discoveries based on paediatric exome sequencing that explain the intellectual handicap of a child in greater detail and forecast how the child may be affected in the future. Children with genetic and intellectual abnormalities are unable to make moral decisions, thus this type of testing is frowned upon because the child's future autonomy is jeopardised. It's still debatable whether parents should insist on such testing for their children. Medical experts warn that it could jeopardise the child's future autonomy. The parents, on the other hand, argue that genetic testing would be beneficial to their children's welfare since it would allow them to make better health-care decisions. Exome sequencing for children and whether or not parents should have the right to request it is a medically ethical problem that many people are still debating today.