Addressing the Needs of Children and Families in Israel: Strengthening Community Pediatrics

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It is self-evident that pediatric practice needs to reflect the epidemiology of childhood morbidity; there is evidence that in many countries the delivery of pediatric services has not evolved to address the contemporary needs of children and their families. As a result, there is a growing mismatch between institutional and service structures and the expertise of providers, and the current nature of children's problems.

In the last century there were major changes in patterns of illness and in the utilization of health services. The morbidity (and mortality) associated with epidemics of infectious disease and the consequences of poor nutrition and poverty have largely disappeared, at least in high- and middle-income countries. The introduction and widespread uptake of routine immunization programs, together with the significant improvement in living conditions, have impacted on the types of conditions that pediatricians are asked to deal with. In addition, there have been dramatic changes in our understanding of the etiological pathways to illness and disease, both biological and environmental. Discoveries in pharmacology, biology, genetics and bioengineering have led to impressive reductions in perinatal mortality rates, while at the same time ensuring the survival of children with complex conditions.

The cornerstone of pediatric health services for sick children has been, and remains, the hospital. This focus on hospital treatment was certainly very appropriate for children with serious infections, and especially when illnesses were considered to be biological and management primarily pharmaceutical. In this context, far less emphasis was placed on the role of social and environmental factors in contributing to children's problems.

This began to evolve from about the 1960s when it became increasingly apparent that children's morbidity patterns were changing. This was articulated most eloquently by Haggerty [1]:

"It is clear that the major health problems of children today are not the same ones which led to the present organisation of services. A 'new morbidity' exemplified by children's behavioural and learning problems and family stress has replaced the concerns of parents over infectious disease ... the community in which the child lives is a major determinant of his health. Although such statements are widely accepted intellectually today, they are not yet reflected in our health care institutions."

In the three and half decades since then, there has been a multitude of papers documenting changing patterns of pediatric practice [2], demonstrating deficiencies in pediatric training programs and arguing for an increased emphasis on developmental/behavioral and community pediatrics [3,4], describing structural changes that facilitate increased involvement by hospitals in their communities [5,6], and suggesting new models of pediatric practice that address conditions comprising the new morbidity and that are claimed will be more likely to achieve better health outcomes for all children [7-10].

In addition to an increased focus on developmental, behavioral and psychosocial issues, pediatricians are being asked to manage more children and adolescents with chronic illness. For example, Wise [11] has presented American data suggesting that the incidence of acute serious illness in children has fallen, while the prevalence of chronic disease has risen. He concludes: " ...current pediatric practice structures appear to be poorly suited to meet the growing demand of chronic disease in children and likely will require major reform in organization, financing and training." This has necessitated consideration of different models of care, with an emphasis on multidisciplinary team approaches and services being delivered largely in ambulatory and community settings.

While many would argue that a great deal of work still needs to be done to change training and service delivery to address conditions comprising the new morbidity, there have been calls for even more radical changes to address what Palfrey has called the "millennial morbidity" [12]. The rapid social and environmental changes of recent years – lifestyle, computers, new nutrition patterns, activity levels, stress – have led to alarming increases in conditions such as obesity and mental health problems. Advances in epigenetics and the understanding of the importance of social and environmental factors in influencing health [13] pose new challenges for pediatrics. There is widespread recognition of the impact

of social disparities on the range of outcomes in childhood and throughout the life course.

It is in this context that in the current issue of *IMAJ*, Porter and Urkin [14] present a compelling case for major changes to community pediatrics in Israel. They highlight what they argue are a number of barriers that preclude efficient and effective services to meet the contemporary needs of children and families. These include the separation of curative and preventive services, and the fact that hospital pediatrics and community pediatrics essentially are separate organizations, even having their own separate professional pediatric societies. They point to poor coordination of services, an issue particularly relevant to the large numbers of children with chronic conditions. The fragmentation of care delivery results in specialists being referred children with relatively minor problems that could easily be seen in primary care settings by pediatricians with appropriate training. They point out that pediatric training is almost exclusively hospital specialty-based with little or no exposure to either primary care or conditions comprising the new morbidity. They bemoan the fact that community pediatricians are largely isolated from academic centers, with the attendant problems for training and role modelling.

Porter and Urkin call for a broadening of the concept of child health care to go beyond acute illness to encompass developmental behavioral pediatrics, chronic disease, prevention, and an increased focus on family and societal issues. They call for changes in the mode of service delivery, with integration of preventive and treatment services, an increased emphasis on coordination of care, and a seamless system of specialists working more closely in primary care teams, so providing definitive management at the point of first contact. Finally, they call for major changes to pediatric training, with theoretical and practical elements of practice in the community as a compulsory part of residency training, and the development of community pediatrics as a subspecialty that would provide an academic base and ensure high-quality training.

As the authors state in their paper, implementing these changes will be a formidable task. Changing training programs, broadening the mission of hospitals to make them more connected with the community, developing new hospital and service delivery models that meet the contemporary needs of children and their families, ensuring high-quality and evidence-based clinical practice, and altering the balance to include a focus on prevention and population health, pose major challenges and will not happen overnight; they will require a clear vision, a realistic implementation plan, and sustained leadership and commitment over a long period. But there is really no other option. If we are truly concerned with improving health outcomes for all children, we must ensure that well-trained pediatricians with appropriate expertise are working in effective structures both within hospitals and in the community. Only in this way will we be able to achieve our mission of ensuring the health of all children. The paper by Porter and Urkin is timely and will hopefully add to the momentum for change that appears to be now developing in Israel.

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"I have learnt silence from the talkative, toleration from the intolerant, and kindness from the unkind; yet strange, I am ungrateful to these teachers"

Khalil Gibran (1883-1931), Persian born mystic, poet and artist

"Take a chance and you may lose. Take not a chance and you have lost already"

Søren Kierkegaard (1813-855), Danish philosopher, theologian and religious author interested in human psychology. Much of his philosophical work gives priority to concrete human reality over abstract thinking, and highlights the importance of personal choice and commitment