CANADIAN PAEDIATRIC SOCIETY
CPS news

Fall/Winter 2017

Medical assistance in dying legislation must protect kids; further consultation needed

As the federal government considers extending medical assistance in dying (MAID) to mature minors, the Canadian Paediatric Society (CPS) is urging policymakers to develop safeguards that protect kids.

"Minors are vulnerable to the unique risks and potential harms of medical assistance in dying," said Dr. Dawn Davies, chair of the CPS Bioethics Committee. "Assessing a minor's personal capacity to make health decisions is complex, and when death is the possible outcome of the assessment, procedures to do this need to be clearly understood by the patient's clinical team, parents and other experts."

The CPS also encourages further consultation to understand the possible benefits and risks of extending MAID to children and youth. Although it is prudent to learn from current policies and experiences for adult patients, consultation with youth, parents, and paediatric health care professionals should be initiated to learn from their experiences and to inform any potential policy.

"A safe and open national dialogue that engages people with a range of backgrounds and diverse customs, beliefs and experiences, is essential for an optimal policy response on this sensitive and complex issue," added Dr. Davies.

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>
> Dr. Dawn Davies

Until recently, there were no Canada-specific data on the frequency of requests for MAID for minors. Nor were there data reflecting the opinions of Canadian paediatricians on MAID issues or their willingness to participate. To close this critical knowledge gap, the CPS surveyed members and associates using two methods.

- A one-time survey by the Canadian Paediatric Surveillance Program (CPSP) revealed that Canadian health care professionals are increasingly being approached by the parents of infants, children and youth, including those too young to make a reasoned decision.
- A survey of the attitudes of CPS members revealed that almost one-half of respondents were in favour of extending the MAID option to mature minors experiencing progressive terminal illness or intractable pain.

"Ensuring that newborns, children and youth receive the highest possible standard of care as they are dying is a privilege and a responsibility for physicians and allied professionals," said Dr. Davies. "We urge governments to ensure that high quality palliative care is made accessible to all children, youth and families who need it. Bringing a thoughtful, respectful and personal approach to every end-of-life situation is an essential and evolving duty of care."

The CPS supports a physician's right to participate in MAID or not, especially where children and youth are involved, within the evolving legal framework.

The CPS website: Mobile-friendly and easier to navigate

The CPS website is now easy to use and read on any device, thanks to a design upgrade. The mobile-friendly site will adapt to the size of your screen, so you can access position statements or other content wherever and whenever you need it. We've also reorganized the navigation so that the most-accessed information is easier to find. Stay tuned for more design updates and tell us what you think: info@cps.ca.

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Doctors should counsel parents of young children on screen time

As exposure to digital media in Canadian family life increases, so have concerns about how screen time affects children and families. A statement from the Canadian Paediatric Society (CPS) recommends that physicians and health care providers counsel parents and caregivers of young children on how to minimize screen time and mitigate its potential negative effects. The CPS also recommends that physicians guide parents on how to mindfully use and model healthy screen use to encourage positive habits.

The statement focuses on children under five years, acknowledging that a child's earliest screen encounters can be formative and that early exposure can increase the likelihood of overuse in later life.

"Children younger than 5 years old need active play and family time to develop essential life skills such as language and creative thinking," says Dr. Michelle Ponti, chair of the CPS Digital Health Task Force. "As health care providers, we must counsel parents on the importance of face-to-face interaction and encourage adults to model healthy screen habits."

The CPS urges physicians to counsel parents on the "4Ms" of screen time: minimizing, mitigating, mindfully using and modeling healthy use of screens.

Minimize screen time:
- Screen time for children under 2 years old is not recommended.
- For children 2 to 5 years, limit screen time to less than 1 hour per day
- Avoid screens at least 1 hour before bed.

Mitigate the risks associated with screen time:
- Prioritize educational, age-appropriate and interactive programming.
- Be present and engaged when screens are used and co-view with children.

Be *mindful* of all screen use in the home and *model* positive habits:
- Turn off screens when not in use and avoid background TV.
- Be aware of how adults' use of screens can influence children.

"Parents can help kids develop a positive relationship with screens by making sure they are only used at particular times, for specific reasons," says Matthew Johnson, Director of Education at Media Smarts and a member of the CPS Digital Health Task Force. "Whenever possible, parents should select high-quality, age-appropriate screen content and watch or play alongside their children to encourage them to ask critical questions about what they're seeing."

A 2016 survey of CPS members found that parents sought advice about their children's screen time in four main areas: duration, setting limits, the effects on health and well-being and optimal content. With the release of this statement, physicians and health care providers will be better positioned to counsel parents on best practice strategies to promote health and development in a digital world.

This position statement was funded with an unrestricted grant from TELUS.

Screen time resources to help counsel parents of young children

This issue of CPS News includes two new tools to help you review the potential benefits and risks of screen media use among children under 5 years of age. Email info@cps.ca to order or visit www.cps.ca to print your own copies. Our thanks to TELUS for their support of this initiative.

TELUS

Truth and Reconciliation: As paediatricians, how can we make a difference?

By Dr. Radha Jetty and Dr. Sam Wong

Residential schools were created in Canada to separate Aboriginal children and youth from their families, remove them from their culture and assimilate them into the dominant euro-Canadian culture.

The Truth and Reconciliation Commission of Canada (TRC) spent 6 years travelling to all parts of Canada hearing testimony from more than 6,000 witnesses affected by the residential school experience. The Commission's final report includes 94 calls to action needed to move past the dark history of residential schools and toward reconciliation.

Many Canadians wonder what they can do to be an active participant in reconciliation. One of the first steps is to read the report (it's online at www.nctr.ca), and ask yourself how you can contribute. We've pulled out a few recommendations that have particular relevance for child and youth health, along with some suggestions for action. If you have other ideas, or are already taking action, please tell us your story.

Recommendation #3:

All levels of government should fully implement Jordan's Principle.

What you can do: Be aware of Jordan's Principle and use it to hold provincial and federal governments accountable when funding disputes prevent Indigenous children from receiving adequate and equitable health care. More information is available here: www.cps.ca/en/status-report/jordans-principle.

Recommendation #19:

The federal government, in consultation with Aboriginal peoples, should establish measurable goals to identify and close health gaps between Aboriginal and non-Aboriginal communities, and publish annual progress reports and assess long-term trends.

What you can do: Consider identifying and researching ways to close gaps in health care outcomes between non-Indigenous and Indigenous patients. Be aware of documents on research with Indigenous populations. This website has an extensive list: www.fnha.ca/what-we-do/research-knowledge-exchange-and-evaluation/researcher-guides. Be especially aware of the OCAP (Ownership, Control, Access, Possession) guidelines around the use of First Nations data (see fnigc.ca/ocap.html).

Truth and Reconciliation Commission of Canada

www.nctr.ca

Recommendation #23:

Governments should increase the number of Aboriginal professionals in health-care; retain Aboriginal health-care providers in Aboriginal communities; and provide cultural competency training for all healthcare professionals.

What you can do: Support and mentor Indigenous students coming through your practice or hospital. Complete a cultural competency course on Indigenous health issues to improve your ability to care for these patients. Many free online courses are available, including this one at the University of Alberta: https://www.ualberta.ca/admissions-programs/online-courses/indigenous-canada. Attend cultural awareness lectures/sessions in your region as various Indigenous groups will differ in customs and history. Check online for those that can be done online or in person. Many are available at no cost.

Recommendation #24:

Canadian medical and nursing schools should require all students to take a course dealing with Aboriginal health issues.

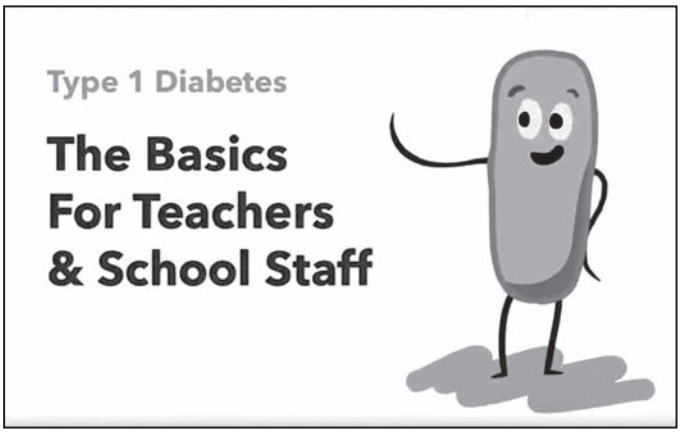
What you can do: Support medical and nursing schools' move to provide more courses on Indigenous health issues. If none are available, advocate for their creation and implementation. Consider auditing the course if you have not completed one previously. The CPS is developing curriculum on Indigenous child and youth health that will be launched in 2018.

Dr. Radha Jetty is Chair of the CPS First Nations, Inuit and Métis Health Committee, and is Physician Lead of the Children's Hospital of Eastern Ontario's Inuit Health Program. Dr. Sam Wong is the former chair of the CPS committee, and an Associate Clinical Professor at University of Alberta. He practices paediatrics in Edmonton and Yellowknife.

Pursuing health equity for First Nations, Inuit and Métis children and youth is part of the CPS strategic framework for 2017-2022. For more information, visit www.cps.ca/en/about-apropos/strategic-framework

Diabetes@School: New videos will help school staff keep students safe

Since it was launched in 2016, Diabetes@School (diabetesatschool.ca) has helped ensure that students with type 1 diabetes can participate fully and safely in all aspects of school life by providing teachers and other school staff with accessible information and training.



Now, thanks to funding from the Lawson Foundation, the program has launched a series of brief animated videos that helps simplify information and make it accessible to anyone with a smartphone or an Internet connection.

Available in English and French on the Diabetes@School website, the videos communicate key concepts around managing type 1 diabetes in school, such as low and high blood sugar, monitoring blood glucose, the role of insulin, and preventing emergencies.

Type 1 diabetes, a condition where the pancreas stops producing insulin, affects 1 in 300 children and requires round-the-clock management. The fastest growing group of new diagnoses are kids under 5 years, so most schools will have at least one student with the condition. Depending on their age and stage, children need help with some or all of their daily tasks at school. Even older students who self-manage need the adults around them to understand type 1 diabetes and know what to do when blood sugars are too low or too high.

Because many provinces and territories have no formal supports in place for students with type 1 diabetes, training and resources are limited and inconsistent. Because many diabetes clinics lack the capacity to train school staff, this task often falls to parents. It can be an onerous and challenging experience for parents, and until recently, most Canadian parents had to rely on American resources or simply create their own materials.

Five videos were launched in November, and another five will be released in early 2018.

Diabetes@School is one of 12 projects funded through the Lawson Foundation's Child & Youth Diabetes Strategy, which aims to address the challenges faced by children, youth and their families with or at risk for diabetes and its complications.

Diabetes@School is a project of the Canadian Paediatric Society, the Canadian Pediatric Endocrine Group, and Diabetes Canada. The videos are an initiative of the Healthy Generations Foundation, thanks to financial support from the Lawson Foundation.

Project Advisory Group

Dr Sarah Lawrence, Children's Hospital of Eastern Ontario; Dr. Beth Cummings, IWK Health Centre (representing Canadian Pediatric Endocrine Group); Gabriella Simo, Diabetes Canada; Sharleen Herrmann RN, BSN, CDE; BC Children's Hospital; Amanda Sterczyk, Parent advocate; Johanna Griffith, Parent advocate; Elizabeth Moreau, Canadian Paediatric Society

Hats Off

Dr. Ronald Cohn of Toronto was named Researcher of the Year by Muscular Dystrophy Canada for making significant contributions to neuromuscular research and the advancement of care.

Dr. Denis Daneman of Toronto became an Officer of the Order of Canada for his excellence in leadership at the Hospital for Sick Children, and for his clinical research on childhood diabetes.

Dr. Peter Dent of Hamilton became a Member of the Order of Canada for improving the health of children through medical education, hospital administration and community service.

Dr. Andrea Hunter of Hamilton received the 2017 Humanitarian Award for Community & Global Service at McMaster University.

Dr. Annie Janvier, from Montreal, was presented with the CHU Sainte-Justine *Excellence humanisation* award for converting a patient-centered culture into family-centered care.

Dr. D. Anna Jarvis of Toronto received the Order of Ontario for significant and lasting contributions to the field of paediatric emergency medicine.

Dr. Michael Klein of Roberts Creek, B.C. became a Member of the Order of Canada for his contributions to integrating family medicine and maternity care.

Dr. Noni MacDonald of Halifax recently received the National Child Day Award from the Canadian Institute of Child Health for being an advocate for child and youth health, and for being a leader in paediatric infectious disease and global health.

Dr. Rosemary Moodie of Toronto received the 2017 Order of Distinction in the Rank of Commander by the Government of Jamaica for outstanding contribution in philanthropy, community development and medicine in the Jamaican Diaspora in Canada.

Dr. Cheryl Rockman-Greenberg of Winnipeg was announced as a 2018 inductee to the Canadian Medical Hall of Fame.

Dr. Peter Rosenbaum of Hamilton received the 2017 CAPHC Award for Individual Leadership for his dedication to making a difference in the health and well-being of children, youth and families in Canada.

Dr. Marina Salvadori of London received the Health, Science and Technology Woman of Excellence Award by the YMCA of Western Ontario for her role as an expert in immunization and immunization policy.

CANADIAN PAEDIATRIC SURVEILLANCE PROGRAM

New study revisits how Type 2 Diabetes is changing in Canadian kids

Ten years following the completion of the first Canadian Paediatric Surveillance Program (CPSP) study on type 2 diabetes (T2D) in children and youth, a new comparative study is investigating whether incidence rates, demographics, clinical presentation, and severity have changed.

"In the last decade there's been rapid progress in understanding the physiology of the condition and the challenges we face in treatment," said Dr. Shazhan Amed, principal investigator, clinical associate professor at the University of British Columbia and a paediatric endocrinologist at B.C. Children's Hospital.

Researchers now know that T2D is more severe in children and youth than adults, said Dr. Amed. Complications such as kidney or cardiovascular disease start earlier, and treatment challenges include the lack of efficacy of oral anti-diabetic agents and the need for subcutaneous insulin therapy early on in the disease.

Rates of T2D are higher in female youth as compared to males. Teenage girls with T2D who later become pregnant are particularly at risk of poor health outcomes. They have high rates of fetal loss, complications during pregnancy, and babies born with congential abnormalities.

While researchers know more today than a decade ago, there is still much to learn about childhood-onset T2D, said Dr. Amed.

To date, most data is from Manitoba, largely from First Nations populations.

By gathering cross-country data, this study will play a crucial role in treatment and prevention efforts for a wide range of patient populations.

"Looking at provincial comparisons is really important to better understand the distribution across the country," said Dr. Amed. "This study will also examine whether or not we've been able to standardize our management approach across the country, and if not then, what are the differences in how provinces approach treatment and why those differences exist."

Dr. Amed hopes that the data will push decision makers, public health, and government officials to allocate resources to prevention and treatment.

"If [T2D among children and youth] is increasing at a fairly rapid rate, that gives us the data we need to advocate for more resources both for prevention and treatment," she said.

Sharing data with other health professionals is also an important priority, said Dr. Amed.

"More information will help to engage family physicians because [in large part], they are managing people with T2D and often manage older youth with T2D," said Dr. Amed.

This study runs from June 2017 to May 2019. Ethical approval was received from Health Canada and the Public Health Agency of Canada's Research Ethics Board, UBC Children and Women's Research Ethics Board and the University of Manitoba Research Ethics Board. For more information, visit www.cpsp.cps.ca/surveillance/current-studies

Paediatricians and social media: Why it's time to join the conversation

With the rise of technology, children and teens are now creating and sharing information at a dizzying pace. Text messages, Facebook, Twitter, Instagram, Snapchat, YouTube, and blogs are essential elements of their days.

Feel like a dinosaur yet?

If so, you are not alone. In fact, about half of all Canadians are not on social media. The likes of Facebook, Twitter, and increasingly, Instagram, tend to favour the 18 to 29 crowd.

Are you still on the fence about joining social media? CPS President Dr. Mike Dickinson has embraced his new role as a "tweetiatrician," and feels it's important for other doctors to do the same.

Forges connections

Many people say one of the most important reasons to join a social network is to stay connected with others who share similar interests.

Dr. Dickinson said being on Twitter has allowed him to connect with other professionals in the child health space who are active in advocacy and health promotion.

"It is helpful for me, living in a rural location, to be easily connected with other kindred spirits and to just stay in the loop about what's going on in the child health world," he said.

Brings the news to you

When you're on social media, particularly Twitter, you don't have to seek out the news. The news finds you.

Dr. Mike Dickinson at the 2017 AAP meeting in Chicago.

Dr. Dickinson said that if you follow the right people, you can filter information so that the news you see is high quality and relevant.

"I don't have to skim whole journals, whole editions of the *Globe and Mail* to find the nuggets that pertain to me," he said. "Twitter does that automatically and delivers news in a way that's efficient."

Gives you a voice

Since becoming CPS President, Dr. Dickinson, who practices paediatrics in Miramichi, New Brunswick, said he's tried to be more active on social media. While he uses Facebook primarily to connect with friends and family, Twitter has given him a platform to advocate on issues affecting Canada's children and youth.

"Sometimes you'll send stuff out and you won't hear anything back, but other times my content really seems to resonate with people and they're liking, sharing and re-tweeting it," he said. "I'm not sure I have a good way of predicting what topics are going to be the ones that grab hold, but it sort of gives me a sense of what's popular out there, which I've found helpful."

Dr. Dickinson said that his advice to his colleagues considering building an active social media presence online would be to just get started. He suggests following a few key opinion leaders in health, including CPS (@CanPaedSociety), Caring for Kids (@CaringforKids) and Globe and Mail health writer André Picard.

"That way you're not going to get overwhelmed with tweets in your feed and you'll get high quality information," he said.

He also points out that people who join social media shouldn't feel compelled to create content.

"You can just be a recipient of the information and I think that's perfectly legit and fair game," he said. "Nobody should feel like they can't use social media just because they don't have something to say or a message for the world. You can just sit back and let the information come to you."

If you're already online (or when you do), be sure to connect with us. We have 8 streams on Twitter and Facebook.

Kids should avoid sports and energy drinks, paediatricians advise

Sports and caffeinated energy drinks can pose serious health risks to children and youth and should be avoided, according to a new position statement from the CPS.

"For most children and youth, sports drinks are unnecessary," said Dr. Catherine Pound, co-author of the statement and a paediatrician at the Children's Hospital of Eastern Ontario. "Energy drinks are unnecessary at best and dangerous at worst. Doctors should counsel patients and their families about the potential risks and side effects of using these beverages and should screen routinely for their use."

Caffeinated-energy drinks claim to boost energy, reduce fatigue and improve concentration. The amount of caffeine typically exceeds Health Canada's maximum daily intake for kids. When mixed with alcohol, these drinks can be especially dangerous. Among university students, studies have shown an association with risk-taking behaviours such as drug use.

Sports drinks, which contain a mixture of sugars and electrolytes, are often marketed as fluid replacements during sports or vigorous physical activity.

"Sports and caffeinated energy drinks may contribute to obesity and dental cavities in children and adolescents," said Becky Blair, co-author of the statement and a member of Dietitians of Canada. "When it comes to staying hydrated, water is the best choice for kids."

Because of the dangers associated with caffeinated energy drinks, the CPS is also advocating for legislation to prevent their marketing to youth.

The CPS position statement was reviewed and endorsed by Dietitians of Canada.

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