

香港兒童權利委員會  
The Hong Kong Committee on Children's Rights

SARS Expert Committee Secretariat  
Room 1808, Murray Building  
Garden Road, Central  
Hong Kong

Chairman  
Dr Chow Chun Bong

Vice Chairman  
Mrs Priscilla Lui

2 July 2003

Dear Sir/Madam

Executive Committee

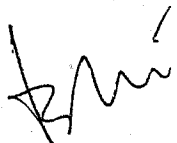
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(Save the Children HK)  
(Wedgwood  
Save the Children UK)

Re: Public Submission

I write on behalf of the Hong Kong Committee on Children's Rights to seek your kind attention to our submission as enclosed. If you have any questions regarding our submission, please feel free to contact me at 2324 9782.

Yours sincerely



Billy Wong (Ms)  
Executive Secretary  
Hong Kong Committee on Children's Rights

Encl.

# Hong Kong Committee on Children's Rights

## Submission to the SARS Expert Committee

The Hong Kong Committee on Children's Rights would like to give our heartfelt thanks to all medical professionals, particularly those treating SARS patients in hospitals during the SARS outbreak. The highly infectious disease caught the community off guard when it was first found in Hong Kong in March 2003. Since SARS or other infectious diseases may appear in the near future, we must learn from the recent events and do our best to serve the needs of all those who are affected both directly and indirectly by such epidemics. As a watchdog for children's rights in Hong Kong, the Committee would like to raise the issue of children hospitalized in paediatric units.

### 1. The impact of SARS on child patients was more severe than expected

1.1 We were relieved to note that children, normally more vulnerable to infectious diseases, were not hard hit by SARS, especially the younger ones. Most of those infected recovered physically and there were no fatalities among children. However, the initial symptoms of SARS, such as fever, cough, and diarrhea, are similar to other viral infection. As a result, many child patients admitted to hospital were isolated. For example, in Princess Margaret Hospital 140 children and youth below the age of 18 were considered suspected cases. Of these only 48 were confirmed SARS cases. The case showed that the number of child patients affected by the SARS emergency policies was much higher than the reported cases. These children were also required to go through a 21-day isolation period when their parents were not allowed to be with them and no visitation was allowed. Even for non-SARS and not suspected cases, hospital visitation was also curtailed.

1.2 Child patients have special needs because of their less mature physical and mental development. The isolation from parents and from each other could have a significant impact on them especially on those too young to understand the need for segregation and no visitors. While we understand such practices are necessary to avoid cross-infection, special allowances did not appear to have been made because of their young age and immaturity.

### 2. Important role of parents

2.1 The Charter for Children in Hospital introduced in 1998 by the Hong Kong Committee on Children's Rights was supported by all paediatric units of all public

hospitals. The Charter which aims at addressing the special needs of young patients stated that "Children in hospital shall be able to have their parents with them at all times, provided this is in the child's best interests."

- 2.2 While the concern for cross infection is understandable, children are admitted to hospitals for various different reasons. To deny all child patients, regardless of whether or not they are SARS patients, the support of a parent during their hospitalization needs strong justification. When in an unfamiliar hospital environment where strangers in heavy protective gear may perform painful or unpleasant procedures, children benefit both psychologically and physically from the presence of a parent. Indeed, optimal medical care for children often depends on parental support and care for children after medical interventions. In short, severe restrictions on visiting are detrimental to the children's physical and psycho-social health.
- 2.3 During the height of the SARS outbreak, some parents refused to leave the children's wards for fear of not being allowed to re-enter. This shows how anxious they were to provide support to their hospitalized children.
- 2.4 The absence of parents also hindered medical staff's ability to acquire first-hand information on the medical and family history of child patients.
- 2.5 In 2002, the Hong Kong Committee on Children's Rights and Playright Children's Play Association jointly conducted a survey of children who experienced a hospitalization in the two previous years. Results indicated that children ranked injections and blood taking as the two most terrifying experiences they had experienced during their hospital stay in terms of medical practices. Lack of companionship and boredom were considered to contribute to anxiety in the child patients.

### **3. Play service for children**

- 3.1 Children learn and grow through play and the right to play is essential for children irrespective of where they are. Play also serves as distraction from unpleasant medical procedures and provides a way for hospitalized children to pass the time. The Charter for Children in Hospital states that, "Children shall have the opportunity for play, recreation and education suited to their age and condition." However, we are very concerned that young patients' right to play was severely compromised during the SARS outbreak.

- 3.2 The Play Service which is provided on a voluntary basis was completely suspended during the SARS outbreak. Children in isolation wards, without the companion of parents and friends, lost the advantages accrued from the much treasured play service.
- 3.3 Packed toys were distributed to the young patients by Playright. While this was most commendable and the support of the Hospital Authority in ensuring this happened was commendable, this cannot even come close to the benefits of a service provided by trained play specialists.
- 3.4 Most play services in hospitals are currently provided by volunteers. The SARS outbreak highlighted the necessity of having regular staff in charge of the play service instead of relying solely on volunteers.

#### **4. Education for children**

- 4.1. Like the play service, Hospital School was also completely suspended during the SARS outbreak. In future, the Hospital Authority might consider introducing tele-education facilities if the patients need to stay for weeks. Further the SARS outbreak saw many organizations providing on-line teaching for children suspended from schools. It would be nice if the Hospital Authority could provide computers with internet facilities for children so they can continue their education when schools are suspended.
- 4.2 Isolation at home can be another option for those in convalescence provided adequate support and training are given to the family.

#### **5. Space and isolation facilities**

- 5.1 Overcrowding is a major contributing factor to cross infection. As children are normally accompanied by their parents, the appropriate space provision for a children's ward should be seriously looked into.
- 5.2 Although young children appeared to be less affected by SARS, the older children's disease pattern was similar to that of the adults. Isolation facilities to prevent cross-infection amongst the children, their carers and the hospital staff should be re-examined before another outbreak of SARS or other infectious diseases.

#### **6. Long term physical and psychological welfare of children affected by SARS**

6.1 As SARS is a new disease and many children lost their family members, the children's long term physical and psychological welfare needs to be given much attention. Yet it is important for the children to lead as normal a life as possible out of unwanted publicity and media attention and also discrimination by being a former SARS patient.

Prepared by : Hong Kong Committee on Children's Rights

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