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EDITORIAL

Editorial

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Medical care always requires the taking of a detailed medical history, a complete and detailed physical examination, a few moments of reflection, the establishment of a diagnosis, and the critical and individualized evaluation of each patient, to allow the physician to reach a decision regarding the diagnostic investigation and the therapeutic approach.

All of the steps described above must be taught and learned in a detailed and repetitive fashion during the practice of medicine, and always with care and attention. Consultation represents the most significant moment of the performance of a pediatrician and, during its occurrence, the relationship between the pediatrician and the child or adolescent and their family is fundamental for the establishment of a bond that will contribute to a good outcome.

The comprehensive care of pediatric patients is based on the identification of physical, psychological, and social problems; on the preventive and curative instruction, always taking into account the stage of growth and development; and on the understanding of their cultural and socioeconomic situation, as well as the adequate assessment of their family circle. Pediatricians will adopt different attitudes depending on the age of the children or adolescents, taking into account the most common interests, abilities, and fears in each age range, as well as the expectations of the parents.

The constant advancement of medicine will never alter the human nature of the medical act, which combines science and art, technical ability and sensitivity. Hence the need for an awareness of certain characteristics and for the self-development of pediatricians, for an improved medical practice. Among them, empathy and communication, in conjunction with scientific knowledge, stand out.

In the physician–patient relationship, various factors interact continuously: degree of education, personality, sensitivity, capacity for empathy, culture, prejudice and myths of those involved. In this process, adequate communication is only achieved after listening with attention and affection.

Physicians must know the communication strategies that broaden understanding, and must also perform critical assessments of themselves and of the people with whom they are communicating, especially via glances, gestures, voice tones, postures, distances, and emphasis. They must be aware of the manner in which words are used in a specific context, of spoken and unspoken words.

All of these aspects should be taught to graduate students and residents. During all discussions of clinical cases, bioethics exercises should also be performed. The fact that all information stemming from consultation is strictly confidential should never be neglected.

Younger physicians must always try to remember the professionals or tutors attracted their attention and why they did so: whether it was for their gentleness, empathy, communication ability, sensitivity when delivering difficult news to relatives, or their care when communicating a serious illness or the death of a child.

It should be noted that, in the same way that physicians evaluate their patients, the patients and their relatives also evaluate their doctors. An ethical posture is essential for those dealing with life!

The relationship between physicians and their patients and relatives has also changed over time. Currently, decisions are shared to a greater degree and patients are more aware of their problems. It also the responsibility of pediatricians to encourage children and adolescents to communicate their questions and to develop self-care and responsibility over their bodies and their illness, thus contributing to their own independence.

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It is also worth noting that the bond between the patients, their relatives, and pediatricians may become fragile in the context of the new health systems, because of the development of impersonal relationships, especially after multiple consultations in an emergency setting. Therefore, it is crucial for every child to have his/her own pediatrician and to be seen by a specialist in every health or hospital center.

Often, the care provided by the physician is part of the therapeutic process. This occurs from the moment at which the child and relatives are received, without forgetting that this nucleus must also contribute to therapy or reshape the meaning of the care provided by it.

Another important topic is the relationship between pediatricians and other physicians and health professionals. In the event of communication problems, solutions must be sought to achieve an integrated team work, always keeping in mind the well-being of the patient.

Various issues come up during the daily life of a physician, which deserve reflection based on doctrine and ethics. I find that publishing the *Revista Residência Pediátrica* was a good idea, as it brings to the attention of young pediatricians questions that are not discussed often during the routine training of the specialists that provide care to children from the newborn stage to adolescence.

The current edition includes articles that should not be missed. One of them addresses autonomy and risks, and raises questions regarding adequate communication in the physician-patient-family relationship. In order to exercise free will or choice, it is crucial to have an adequate source of information and to know how to think. Based on this text, a good exercise for residents would be to practice nonverbal communication, understand the risks inherent to the situation of the patient, and share them with the parents, while always clarifying matters according to their capacity to understand the issues in question.

Another article talks about the emphasis on care beyond curing, by stimulating the dignity of the individuals until the end of their lives and during chronic disease, while also considering psychological and spiritual aspects. This can be a major learning opportunity for residents and broaden their life perspectives. The text also stands out for addressing pain relief and its regular evaluation, as well as the relevance of pharmacological knowledge and the existence of multidisciplinary teams.

Other text traces a timeline of research involving pediatric patients, and the evolution of the services that have recently been incorporated into this activity, aiming at the respect and protection of children and adolescents.

The difficulties that are part of the detection of brain death and the need to individualize each patient, to humanize the situation, to provide support to families, and even to evaluate organ donation, all of which are sensitive situations that have to be considered and reflected upon by physicians, are addressed in other article of this edition.

The aspects pertaining to the delivery of bad news to patients and their relatives, which is a difficult task that requires training, are discussed in the subsequent article. The author reveals the importance of preparation to be the bearer of such news, a task whose success depends on empathy and on knowing how to listen, which is a key factor that is as important as technical competence!

In one of the articles, the reader will find a description of basic ethical practice and the precautions regarding the exposure of physicians themselves, as well as of their patients. This pertains to a reflection on dignity and health care, especially when it comes to patient records and social networks.

In turn, the characteristics that are essential for the physician/patient/relatives relationship, and the demonstration that a humanized practice is most efficient, by associating technical competence with compassion, are discussed in the subsequent text, thus contributing to the wealth of ethical pondering proposed.

This edition also includes an analysis of the responsibility of the physician on duty, which is a very common situation among younger doctors. It represents a call for alertness and involvement in this role's standards and activities, as well as for self-evaluation after each duty shift regarding their attitudes and interactions with their team.

This edition includes a pertinent analysis of patient autonomy and of free will among pediatric patients and their relatives, taking into account the vulnerability and fragility that are inherent to children and adolescents.

In the face of this cluster of high-quality articles, all that remains for me to do is to praise the authors for their dedication, and to recommend the full reading of the *Revista Residência Pediátrica*, especially to younger specialists, who will find in this publication a powerful tool for the daily exercise of self-examination aimed at their improvement as physicians and as individuals!