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Editorial

Medical Humanities in Paediatric Clinical Practice

In the past decade, significant improvements in the diagnosis, management, and outcomes of clinical conditions in the young have been evident. Not only has the pathophysiologic basis of diseases been more clearly understood, the mechanisms are better defined; not only have new aetiologic agents and factors been identified, novel signaling pathways at the cellular and molecular levels amenable to pharmacological interventions are discovered; and not only have genetic variations associated with different phenotypic expressions been increasingly unveiled, the potential for clinical translation of bioinformatics at an individual level is ever expanding. The respect for variations among individuals, with regard to the predisposing risk of disease development, the clinical course and response to treatment, has formed the basis of personalised and precision medicine. It appears intuitive that to pinpoint the culprit of malfunction and targets for interventions within the complex human body system, a reductionist approach of dismantling the body into organ systems and submerging into the biological intricacies of molecules and genes may, for some advocates, be the holy grail. There are others who, however, would be begging for answers to legitimate scepticisms. Can paediatric diseases be comprehensively understood based purely on works done in the laboratory? Can paediatric health issues be solved completely with understanding of just the biology of diseases? And furthermore, can the approach to paediatric clinical problems be reducible to merely a set of clinical pathways and management algorithms?

In paediatrics, we deal with children and their families, we consider biological, environmental, social, and psychological factors and their interactions, and we are vigilant of not only individual clinical encounter but also developmental trajectories. 'The whole is more than the sum of its parts', said Aristotle. Promotion of a holistic approach to paediatric patient care has been central to undergraduate and postgraduate paediatric education. Adoption of such an approach involves knowledges beyond the child and the family. These would cover the arenas of ethics, sociology, culture, and even history. The practice of medicine has in essence been regarded as a science and an art. 'The practice of medicine is an art, not a trade; a calling, not a business; a calling which your heart will be exercised equally with your head', as Dr. William Osler put it. Hippocrates said it best when he stated, 'Wherever the art of medicine is loved, there is also a love of humanity.' Medical humanities explore the ethical, social, historical, cultural, artistic, and literary dimensions of medicine. In the practice of paediatric clinical medicine, the importance of comprehending childhood illnesses and healthcare in the broader psychosocial and cultural context, developing effective communications skills, and adopting a humble, serving, empathetic, and

respectful attitude cannot be overemphasized; and the very nature of these characteristics is embedded in the domains of medical humanities.

It would be simple-minded to believe that the reductionist approach is the key to unlock the mysteries of all paediatric problems, congenital and acquired ones. Equally, it would be naive not to recognise and to capitalise on the cutting edge molecular and genomic discoveries and not to explore potential applications of personalised and precision medicine in paediatric clinical care. Notwithstanding, it is counterintuitive to ignore the child as a whole and not to consider his or her illnesses in a wider societal and cultural context. This is well illustrated in the articles published in this issue of the journal.

Lares-Asseff et al¹ determined and found differences in the nutritional status of children younger than 5 years in three communities in the state of Durango, Mexico. While sharing similar geographic characteristics in Northern Mexico, the three communities differ in cultural characteristics, nutritional habits and customs, and political rules. The authors speculated that access to food and knowledge gaps in dietary intake may be important contributing factors. In the local setting, Lo et al² reported on the results of a five-year retrospective review of the clinical characteristics and developmental profile of victims of child abuse. Identifiable risk factors include parents with psychiatric problems or substance abuse, single parenting, low income families, and children having siblings with developmental problems. These studies have highlighted the relevance of the psychosocial, cultural and even political context in understanding the root of these childhood issues and devising effective child health policies. Mohsenpour et al³ conducted a small scale semi-structured interview of Iranian paediatric nurses to understand the perception of nursing errors, an important topic as perception has implications on subsequent practice. Poor communication is an important factor in the origins of medical and nursing errors, and perception of these errors may be contextual.

Through the looking glass of medical humanities, we may better understand the root causes of these errors. We are living in an era of technological abundance and information explosion. The influence of technologies and scientific data on the practice of clinical medicine has never been greater. It is timely for us to pause for a moment to reflect and to remind ourselves that the science of paediatric clinical practice is but a part of a much bigger story of a growing child.

With great humility and gratitude, I write this editorial as the new Chief Editor of the *Hong Kong Journal of Paediatrics (New Series)*. As from April 2017, Professor Godfrey Chan has retired as the Chief Editor of the journal. I would like to thank Professor Chan and the outgoing members of his editorial board for working extremely hard to broaden the scope of the journal and to secure financial support for its publication. I thank in advance the new Associate Editors and editorial board members for their efforts and hard work. We shall do our best to continue improving the *New Series* of the journal as it enters its third decade.

YF CHEUNG
Chief Editor

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