

PERSPECTIVE

EAP statement: Communicating air pollution risks to children and families

European Academy of Paediatrics Strategic Advisory Group on Ethics on behalf of the European Academy of Paediatrics, EAP, Brussels, Belgium

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Air pollution is a major cause of non-communicable disease (NCD) and mortality in children and adults. Knowing this, do we have a professional obligation to discuss it with our patients and families, or do we risk placing an unnecessary burden on them that they have limited control over? What ethical principles should we apply?

1 | BACKGROUND

The WHO states that air pollution is the **second highest risk factor for noncommunicable diseases**, and ranked as the fourth largest contributor to the global burden of disease, above other significant paediatric health risks.¹

The UNICEF report *Breathless Beginnings: The Alarming Impact of Air Pollution on Children in Europe and Central Asia* states that:

In 2019, 5801 children and teenagers in 52 countries in Europe and Central Asia died from causes linked to air pollution. Many more suffered the health and development effects of breathing polluted air, including non-fatal diseases, hospitalizations and disabilities.

Around 85 per cent of under-20s who died from causes related to air pollution in Europe and Central Asia in 2019 did so before their first birthday

– accounting for the deaths of 4917 infants. These deaths were preventable.²

In the European Economic Area, 'air pollution causes low birth weight, asthma, reduced lung function, respiratory infections and allergies in children and adolescents, as well as increased risks of adult chronic diseases'.³ Children are uniquely vulnerable to air pollution due to their higher respiratory rate and proximity to exhaust pipes.

In the United Kingdom in 2021, a South London coroner stated that 'The adverse effects of air pollution on health are not being sufficiently communicated to patients and their carers by medical and nursing professionals' in a prevention of future death report following the inquest into the death of 9-year-old child Ella Kissi Debra, the first person in the world to have air pollution listed as a cause of death on her death certificate.

Following this, several organisations have worked to address this criticism. However, one barrier to meaningful change has been clinicians' uncertainty regarding the ethics of following the coroner's instructions. 'The European Academy of Paediatrics exists to promote the health of children and young people in Europe' as its principal mission. This Ethics Working Group statement aims to address these ethical concerns.

Our duty as paediatricians and child health professionals is to provide children and their families with relevant information about their health and wellbeing. At the very least, children with

- ARTICLE 3 (*the best interests of the child*) In all decisions and actions that concern children, the best interests of the child shall be a primary consideration.
- ARTICLE 4 (*implementing the UNCRC*) The state must do all it can, through passing legislation and creating administrative systems, to promote and protect children's rights.
- ARTICLE 5 (*parental guidance*) The state must respect the rights and responsibilities of parents to guide their child in exercising his or her rights and in a way that is consistent with a child's developing capacities.
- ARTICLE 6 (*children's survival and development*) Every child has the right to survive. The state must do all it can to make sure children survive and develop to the full extent possible.

And specifically,

- ARTICLE 24 (*health and healthcare*) Every child has the right to the best possible health and to healthcare. The state should ensure children have healthcare services, nutritious food, clean water, **a clean environment** and healthcare information. Richer countries should support poorer countries in this.

UNCRC

respiratory illnesses living with poor air quality should be told of the risks of air pollution to their health. How else can we make shared decisions with them?

Individuals in the most deprived communities are the most vulnerable to the effects of air pollution. To argue that they should not be troubled by this information is patronising. Mitigating risk by behaviour change is important, but individual capacity may be limited; however, all citizens, with the exception of children, can vote for local and national politicians who deliver policies that support clean air. As there is now strong evidence of harm from even low levels of air pollution, failure to disclose this knowledge to families is paternalistic and arguably makes paediatricians complicit in an ongoing mass breach of children's rights.

Paediatricians have a duty to work collaboratively with parents and young people to advocate together about issues of such magnitude for the future of all children and more immediately for those most vulnerable to the deleterious effects of air pollution, for example, those with serious lung diseases and those living with social deprivation.

All professionals working with children have a clear responsibility to ensure the information they communicate to children and families is up to date, with several excellent resources available to help us do this effectively.^{4,5}

An important broader question is, of course, the negative effects of climate change on all children, but here, the effects, including disease severity, are determined by a less direct combination of geography, socio-economic status, quality healthcare, and climate.⁶ However, it is clear that children are specifically an important partner for professionals to engage with, many having not just greater concern about the negative effects of climate change than their parents, but also acting as agents of change in fostering climate change concerns in their parents.

The recent European Court of Human Rights ruling that the Swiss state violated the Human Rights of older women by their

FIGURE 1 The United Convention on the Rights of the child articles relevant to clean air.

inaction on climate is clearly seismic,⁷ opening up all subject states to similar legal claims. It was less widely reported that concurrent claims brought by European children were dismissed without being heard. Children, who have more rights than adults by virtue of the UN Convention on the Rights of the Child (UNCRC), have thus received less protection than adults.

Articles 3–6 and specifically 24 of the UNCRC, signed by all European countries, construct a clear narrative that all states are duty-bound to comply with (Figure 1).

2 | CONCLUSION

- Paediatricians and all child-health professionals in Europe and other regions should engage with children and families likely to be affected by air pollution by directly and explicitly discussing the risk to the child, potential mitigating factors and the routes of affecting change, and even the potential for legal redress.
- EAP demands that all European countries respect and honour European children's fundamental right to clean air.
- Paediatricians have a professional responsibility to advocate for actions that protect children's health.
- Paediatricians should work with children and families to advocate for social policies that improve air quality in our communities.
- The causes of air pollution are broadly the same as those of climate change, with most actions to address the former having benefits for the latter, which is widely accepted as the most serious problem facing the world.⁸
- Medical organisations should ensure that no 'inconvenient truth' is hidden from patients.

AUTHOR CONTRIBUTIONS

Mark Hayden: Writing – review and editing. **Heather Lambert:** Writing – review and editing. **Ann De Guchteneere:** Writing

– review and editing. **Joe Brierley:** Writing – review and editing; conceptualization.

CONFLICT OF INTEREST STATEMENT

None of the authors have any conflict of interest to declare.

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