EACH PROMOTING CHILDREN'S RIGHTS AND WELFARE IN HEALTHCARE

2025 EACH RESOLUTION on 'SHARED DECISION MAKING WITH CHILDREN IN HEALTHCARE'

Final resolution of the 16th European Conference of the European Association for Children in Hospital and Healthcare (EACH)

Held in Lund, Sweden from 1st till 4th of October 2025

EACH calls for inclusive communication, including non-verbal, and an increased commitment to Shared Decision Making between child[1], parents* and healthcare professionals. EACH encourages healthcare professionals in hospitals and healthcare settings to implement practices, tools, and training which fully facilitates children's participation in decision making.

Statement:

Why – Why is it needed and what does it bring?

Children are not small adults: each child and family is unique, with their own strengths, needs and wishes. Shared Decision Making (SDM) with children in healthcare is still too often insufficiently implemented across Europe.

- **It brings long-term benefits:** Empowered children become empowered adults, with greater resilience, engagement, and trust in healthcare.
- **It is a matter of quality of care:** SDM leads to improved understanding, reduced fear and trauma, better health outcomes, stronger trust, and more sustainable care.
- **It is an ethical and legal requirement:** Respect for autonomy, protection from unnecessary treatments, and meaningful participation are fundamental to child and family centred care.
- **It is a child's right:** Children have the right to be informed in a manner that is appropriate to their developmental stage, to express their views and concerns, and to be taken seriously in all matters regarding their health (Article 12 UNCRC).

What – add-on to the definition of SDM for child & family

Shared decision-making with children is the **tailored involvement**, discussing and deciding together with the **child and parents** on **all aspects** of the illness and/or condition, treatment, care and support. This applies both **medically** and in relation to the other domains of a child's life: **development, social life and safety**. With attention given to how this **affects** the life of the child and the family throughout the entire care process, **now and in the future**[2].

This goes beyond a consultation model: it is about integrating SDM into the entire care pathway and into the culture of child healthcare.

How – What children themselves ask for

EACH emphasises the voices of children themselves. In the "Disc of Five[3]", children tell us they need:

1. Trust – "See me as a person, not just as a patient."
2. Space – "Give me room to tell what I need and what I think."
3. Time – "Allow me time to understand and make up my mind."
4. Real Listening – "Really hear what I say and take it seriously."
5. Full Explanation – "Involve me in everything, adapted to my age."

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[1] *'Children' means children and young people up to the age of 18 years and 'parents' also includes caregivers.*

[2] *Add-on to the standard definition of SDM so it applies to children & families, Stichting Kind & Zorg (2024).*

[3] *An example of what children say: : The "Disc of Five" originates from Stichting Kind & Zorg, Netherlands (2024).*

EACH also underlines the importance of:

- Preventing fear, pain and trauma during procedures.
- Inclusive communication, including non-verbal, between child, parent(s), and professionals and the use of appropriate education and tools.
- Care in line with SDM and the four domains of children's lives: medical, social, safety, and development.

The member organisations of the European Association for Children in Hospital and Healthcare (EACH), together in Lund on the 4th of October 2025, call upon all states, professional bodies, hospitals, other healthcare settings and everyone who prioritizes the best interests of children, to implement the EACH Charter[4], in particular Article 4 about 'Children and parents shall have the right to be informed in a manner appropriate to age and understanding', Article 5 (5.1) 'Children and parents have the right to informed participation in all decisions involving their health care', (5.2) 'Every child shall be protected from unnecessary medical treatment and investigation', Article 8. 'Children shall be cared for by staff whose training and skills enable them to respond to the physical, emotional and developmental needs of children and families', and Article 10 'Children shall be treated with tact and understanding and their privacy shall be respected at all times'.

EACH notes with concern that shared decision making with children in healthcare settings in many countries in Europe is not implemented in full. As a result, the '**Right of the child to the enjoyment of the highest attainable standard of health[5]'** is not being fully realised. This right is laid down in the General comment No.15 on Article 24 UNCRC. This means that care is **not in the best interests of the child[6]**.

Lund, October 4th 2025

This Resolution was adopted by the Delegates present from Austria, Bulgaria, Czech Republic, Germany, Iceland, Ireland, Italy, Netherlands, Portugal, Scotland, Sweden, Switzerland.

The EACH Charter and its annotations - www.eachcharter.com:

- *Article 4.1: Children and parents shall have the right to be informed in a manner appropriate to age and understanding.*
- *Article 5: (5.1) Children and parents have the right to informed participation in all decisions involving their health care. (5.2) Every child shall be protected from unnecessary medical treatment and investigation.*
- *Article 8: Children shall be cared for by staff whose training and skills enable them to respond to the physical, emotional and developmental needs of children and families.*
- *Article 10: Children shall be treated with tact and understanding and their privacy shall be respected at all times.*

UN Convention on the Rights of the Child

- *Article 3.1 and Article 3.3: Best interests of the child.*
- *Article 12: Right to be Heard: Every child has the right to express their views on matters that concern them. Those views must be taken seriously.* ***Explanation:*** *Children have the right to share their opinions on decisions that affect them. Therefore, it must be possible for children and young people to have a say and to exert influence – to talk, to share their ideas, and to take part.*
- *Article 24: Children's right to health and health services.*
- *General Comment No 15 (2013) on the right of the child to the highest attainable standard of health (Art. 24).*

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[4] *EACH Charter and its annotations edition 2022: www.eachcharter.com*

[5] *2013 General Comment No.15 on the right of the child to the enjoyment of the highest attainable standard of health. Adopted by the Committee on the Rights of the Child at its sixty-second session (14 January – 1 February 2013).*

[6] *Not in the best interests of the child' is the key principle linking to all UNCRC rights.*