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Imaging for Saving Kids - the Inside Story about Patient Safety in Paediatric Radiology

The World Health Assembly (WHA) is the supreme decision-making body of the World Health Organisation (WHO) and is held annually in Geneva. The Assembly is attended by delegations from the 194 WHO Member States, the NGOs in official relations with the WHO and representatives from other UN agencies.

The Sixty-eighth session of the WHA took place in Geneva from 18–26 May 2015. On May 26th 2015, four WHO Member States and nine NGOs in official relations with the WHO¹ co-organised a side event during the 68th WHA entitled “Imaging for Saving Kids - the Inside Story about Patient Safety in Paediatric Radiology”.

The International Society of Radiology (ISR) as a leading global radiology organization committed to improvements in quality care, patient safety and appropriate use of radiology was one of the initiators of the side event.

This event conducted at the United Nations Office at Geneva (UNOG), brought policymakers, health care providers, equipment manufacturers, and patients together to jointly discuss what could be done to improve health and service delivery by maximising the benefits and minimising the risks when using medical imaging in children and how this could be achieved.

Universal health coverage aims to ensure that all people obtain the health services they need without suffering from financial hardship. This outcome requires efficient health systems, suitable health financing approaches, access to essential medicines and technologies, and sufficient capacity of well-trained and motivated health professionals.

Medical imaging enables earlier diagnosis and offers less invasive treatment for sick children. Timely access to basic life-saving procedures, e.g. ultrasound and computed tomography (CT) is important. While resources vary between regions and settings, the stakeholders are improving access to these imaging procedures.

Children are more vulnerable to ionising radiation-related health risks, e.g. x-ray exposure during CT scans. Whenever appropriate, medical imaging without ionising radiation has to be used, e.g. ultrasound or MRI. Good communication with the patient and carers facilitates informed decision-making and minimises procedure delay or refusal due to unfounded concerns. Every procedure should be justified, tailored and optimised.

During the session, the participating stakeholders provided the perspectives of health professionals, patients, families, and health authorities. The current situation in different regions, priorities, and improvement opportunities were discussed.

Improvement in patient safety in paediatric radiology requires multidisciplinary teamwork, collaboration and an integrated framework for actions covering research, advocacy, education, infrastructure, and evidence-informed policy. These actions will help to improve the performance of practitioners, facilities, and healthcare systems. Some examples include: implementing the Radiation Basic Safety Standards (BSS)² through national

¹ Governments of Kenya, Malaysia, Spain, and Uganda; NGOs in official relations with the WHO: Diagnostic Imaging, Healthcare IT and Radiation Therapy Trade Association (DITTA); International Commission on Non-Ionising Radiation Protection (ICNIRP); International Commission on Radiological Protection (ICRP); International Organisation for Medical Physics (IOMP); International Society of Radiology (ISR), International Society of Radiographers and Radiological Technologists (ISRT); RAD-AID International; World Federation for Ultrasound in Medicine and Biology (WFUMB); and World Organisation of National Colleges, Academies and Academic Associations of General Practitioners / Family Physicians (WONCA).

² The International Basic Safety Standards (BSS) for Protection against Ionising Radiation and for the Safety of Radiation Sources is the international benchmark for radiation safety requirements, with major implications for policy and decision making. The BSS edition 2014 is co-sponsored by the European Commission (EC), the Food and Agriculture Organisation (FAO), the International Atomic Energy Agency (IAEA), the International Labor Organisation (ILO), the Nuclear Energy Agency (NEA/OECD), the Pan American Health Organisation (PAHO), the United Nations Environment Program (UNEP) and the World Health Organisation (WHO). Available at http://www-pub.iaea.org/MTCD/publications/PDF/Pub1578_web-57265295.pdf



regulations; putting into practice the ten priorities identified in the Bonn call-for-action³; taking into account the ICRP recommendations on radiation protection in medicine; increasing access to imaging procedures; improving appropriate use of paediatric imaging by policies, providing guidance and tools, and ensuring practitioner education and training; and promoting awareness of stakeholders' roles and responsibilities.

It is important to foster an effective dialogue and build partnerships between health authorities, radiation protection regulatory bodies, practitioner organisations, equipment manufacturers, patients, and families. Facility-based and system-wide actions are complementary for the establishment and maintenance of a radiation safety culture in paediatric imaging. Integration avoids duplication and promotes synergy.

Local implementation of a globally developed improvement model can save resources. The WHO plays a leadership role in facilitating and coordinating improvement actions in different regions and settings. The ISR, as a confederation of around 80 national and regional radiological societies, is committed to improving the access to safe and more appropriate use of paediatric imaging throughout the world and is working with other stakeholders on this priority.

For further information, please visit our website <http://www.isradiology.org> or contact mhierath@isradiology.org.

Issued by: International Society of Radiology
Contact: Ms. Monika Hierath, mhierath@isradiology.org

³ The Bonn call-for-action identified 10 priority actions to improve radiation protection in medicine. Available at http://www.who.int/ionizing_radiation/medical_exposure/bonncallforaction2014.pdf