Annotations

Terminology in community child health—an urgent need for consensus

Despite repeated attempts at clarification, confusion still surrounds the precise meaning of the terms screening, surveillance, monitoring, assessment, and examination in the context of the continuing debate on the future of the community child health services. In some eyes, the recently published Hall and Butler reports have compounded the problem. ‘Developmental screening’ is a peculiarly troublesome expression, and refers to the repeated examination of children rather than true screening in the sense of early disease detection. ‘Surveillance’ is also used to denote repeated examination but has come to embrace a wider range of activities including immunisation and health care. ‘Monitoring’ is usually subsumed under the heading surveillance, though it is often applied specifically to the repeated assessment of growth and development. ‘Assessment’ has connotations of in depth examination of children with impairment (hence ‘assessment centres’). Recently the term ‘examination’ has been proposed as a substitute for ‘screening’ in order to avoid confusion with early disease detection. This merely circumvents the problem, as examination is a procedure common to a variety of paediatric activities which have quite separate functions.

The current terminological impasse is obstructing progress towards a widely acceptable reformation of the role of the community child health service, which has remained trapped in a professional and organisational vacuum for 15 years.

Reasons for current confusion

These are largely historical in that they reflect evolving concepts and practice in community child health, a branch of clinical medicine that occupies an uncomfortable intermediate position between hospital based therapeutic paediatrics and community based public health. Neither the individual centred ‘medical model’ of the former nor the population based epidemiological paradigms of the latter seem entirely appropriate to the work of community paediatricians. As a result, this group of doctors has tended to develop their own distinctive professional attitudes, concepts, and terminology, which do not always accord with those of their mainstream paediatric and public health colleagues. Consequently, well meaning attempts to redefine the core activities of community paediatricians have founded on the rocks of misunderstanding and misinterpretation of ambiguous technical language.

A way forward?

There are no instant remedies for this chronic linguistic malaise, but progress may best be achieved by a return to first principles and by abandoning, where necessary, the habitual resort to arbitrary or archaic terminology. Community paediatricians must find a means of communicating not only with each other but with their colleagues in other branches of the health service. As a first step, the following glossary of some of the more problematic terms is offered for consideration and debate.

Proposed definitions

SURVEILLANCE

Child health surveillance is the systematic and ongoing collection, analysis, and interpretation of indices of child health, growth, and development in order to identify, investigate and, where appropriate, correct deviations from predetermined norms.

Surveillance may be of two kinds: clinical surveillance, which focuses on the individual child, and population surveillance, in which data are recorded on a group, community, or entire population of children. Clinical surveillance enables an early clinical diagnosis to be reached when an abnormality is identified, regardless of whether or not the abnormality is treatable, while population surveillance provides the database for the early formulation of a community diagnosis.

Comment

The definition proposed here is comparable with that which is widely used in the public health literature and is usually synonymous with monitoring. It implies data collection and analysis at a population level with a view to detecting deviations from a predetermined norm. (Preventive and other interventions, such as immunisation, may be initiated by surveillance but are not an intrinsic part of it.) The main purpose of surveillance is the gathering of information for facilitating the reaching of a diagnosis. The routine measurement and recording of height, weight, and developmental progress of individual children is therefore a form of clinical surveillance, as the discovery of deviations from population norms is the raison d’être of this type of activity. Aggregated growth and development data from a large number of children may be analysed to monitor the health of a total population. While it is useful to distinguish between clinical and population surveillance, in practice the database for both is generated in an identical manner.

MONITORING

Monitoring is synonymous with surveillance (see above).
Examination is the action of establishing the clinical state of a child by means of a combination of questioning, testing, and observing the child in the context of a professional relationship.  

Comment
Examination is a generic term used to denote any fact-finding activity, though it is usually clinical in nature. It conveys no implicit or explicit purpose, which may be diagnostic, preventive, therapeutic, or administrative. Consequently, it serves no useful function other than as a description of data collection undertaken by a professional.

Conclusion
We urgently need to reach a consensus on these issues. Without a wide measure of agreement on basic terminology, fruitful discussion of the underlying concepts is impossible. If we are to drag the community child health service into reality, we will have to reassert our authority over language rather than to continue to pay the price of continued subservience to an outdated and misleading jargon.

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