

The history of adolescent medicine in Portugal

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Abstract

The aim of this paper is to review the early development of adolescent medicine in Portugal.

Keywords: Adolescent medicine. History. Early development. Portugal.

A história da medicina adolescente em Portugal

Resumo

O objetivo deste artigo é rever a evolução da medicina do adolescente em Portugal desde a sua criação.

Palavras-chave: Medicina do adolescente. História. Evolução. Portugal.

Keypoints

What is known

- In the past, adolescent medicine was largely neglected. There is evidence of the importance of investing in adolescent health.

What is added

- Understanding the development of adolescent medicine over the years is crucial to provide the best possible care to adolescents in Portugal.

Introduction

The Portuguese Society for Adolescent Medicine (PSAM) completes its 24th anniversary this year (2024).

To celebrate this date, the authors propose sharing a historical review of adolescent medicine (AM) in Portugal, its first steps and its development.

It has been a long journey, unknown to many, so this report may be a legacy for future generations.

Over the years, memories tend to fade, and generational memory has limits. It would be a shame for younger pediatricians and doctors in general not to be

aware of this exciting journey we had the privilege to begin. That is why it is so important to share the process of individualization and empowerment of adolescent health care in Portugal.

Adolescent medicine over the last two centuries

According to the definition of the World Health Organization (WHO), adolescence is the period of life between 10 and 19 years of age.

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AM is the specialty responsible for the clinical care of this age group, one which has a number of characteristics that make it distinct from every other age bracket.

Although it has been recognized for decades all over the world, in Portugal, AM is actually only 24 years old.

For some people, and even among health professionals, AM has been considered a new fashion, conceived with no strong clinical justification and with no need for individuation within pediatrics. This might be considered an inaccuracy, probably grounded on a lack of information¹.

In fact, adolescence has always been recognized both as a source of potential and concern. There are numerous documents about adolescence before Christ, written by Aristotle and Socrates, summarizing the concerns around this specific age, which are not so different from recent reports.

During the 19th century, Stanley Hall (1846-1924), a psychologist working with adolescents in a school setting, became aware of the distinct characteristics and specific needs of adolescents. In 1904, he published the first book on adolescent health entitled “Adolescence – Its Psychology and its relations to physiology, anthropology, sociology, sex, crime, religion, and education”².

Some years later, Roswell Gallagher (1903-1995) progressed Hall’s view. During his adolescence, Gallagher had to be hospitalized for a considerable length of time due to a tuberculosis infection. Probably as a result of this event, he became quite sensitive to the issues related to adolescent health. When he graduated in medicine, he began working as a school physician^{2,3}. He became so interested in adolescents’ specific characteristics and needs that he felt the urge to share these concerns with his colleagues. In 1941, he organized the American Academy of Pediatrics’ first symposium on AM. Ever since then, this “new” medical specialty has grown and in 1951 he created the first adolescent inpatient unit at Boston Children’s Hospital, where he worked until his retirement in 1967. This is why he is considered the “father of Adolescent Medicine”¹.

In 1967, a formal academic program in AM was initiated in the Bronx by the Division of Adolescent Medicine at the Montefiore Medical Centre/Albert Einstein College of Medicine.

In 1968, the Society for Adolescent Medicine (SAM) was created. The stated goals of the SAM were “to improve the quality of health care for adolescents, to encourage the investigation of normal growth and development during adolescence, to study those

diseases that affect adolescents, to stimulate the creation of health services for adolescents, to increase communication among health professionals who care for adolescents, and to foster and improve the quality of training of those individuals providing health care to adolescents”¹.

The American Board of Pediatrics administered the first examination for sub-board certification in AM in November 1994. In 1998, the Accreditation Council for Graduate Medical Education, through its Pediatric Residency Review Committee, accredited 16 AM fellowship-training programs¹.

Adolescent medicine in Portugal

In Portugal, by the end of the 20th century (more precisely, in the 1980s), pediatrics was responsible for the surveillance of children and adolescents only up to the age of 12.

Traditionally, adolescents were followed in primary care by general practitioners, but when there was a need for hospital attendance or hospitalization there were neither specific wards nor health professionals with specific training in attending adolescents.

Because of the specific characteristics and health needs of adolescents, many health professionals did not feel comfortable in treating adolescents, and therefore the easiest way to deal with this was to assume that adolescents were a healthy group with no need for a specific approach.

Of course, this cannot be true, otherwise we would be thinking like the old shepherd in *Winter’s Tale III* (William Shakespeare 1564-1616): “I wish there were no age between ten and three-and-twenty, or that youth would sleep out the rest, for there is nothing in the between but getting wenches with child, wronging the ancients, stealing, fighting”⁴.

Meanwhile, Maria de Lourdes Levy (1921-2015), a pediatrician and the first female full professor in pediatrics in Portugal, started a lively discussion on the emergence of this “new age group” within pediatrics and in 1993 she wrote a paper entitled “Adolescentes. Nova disciplina em Pediatria?”⁵ Her vision facilitated the creation in 1996 of the first Portuguese adolescent outpatient clinic in a pediatric department, at Hospital de Santa Maria, headed by Helena Fonseca. At that time, she was a young pediatrician who decided to obtain specialized training at the University of Minnesota, where she was awarded her master’s degree. That same year, the clinic was invited to organize the 4th European Meeting of the International Association for Adolescent Health (IAAH) in Lisbon, under the topic

“O adolescente e a família numa sociedade em mudança”. This meeting hosted more than three hundred health professionals who discussed the topic under different angles at the Lisbon Catholic University.

In the same decade, a few other pediatricians with the same concerns and sensitivity began considering adolescence as an integral part of pediatrics.

In 1997, another outpatient clinic was created in Viseu at the pediatric department of Hospital de São Teotónio by pediatrician Carlos Figueiredo, and another in 1999 in Porto at the pediatric department of Hospital Geral de Santo António by Paula Fonseca.

In 1999, Lawrence Neinstein was given the Society for Adolescent Medicine ‘Visiting Professor Award’ and the recipient was Hospital de Santa Maria, Lisbon. The intention of this award is to provide an educational experience in AM for a group of healthcare providers who may not otherwise have the opportunity to benefit from specialized expertise. The initiative hosted a group of pediatricians coming from across the country and was crucial for consolidating the field at the national level and changing the paradigm.

At that time, there was no official representative of Portugal in the international organizations of AM. However, Helena Fonseca was already internationally recognized as a pediatrician with huge experience in this area and she was regularly invited to participate in various international events to represent Portugal. This situation had to become official and a Portuguese association had to be created. Helena Fonseca joined other colleagues and proposed the creation of a Portuguese Society of Adolescent Medicine (PSAM) to the Portuguese Society of Pediatrics (PPS).

The name and the logo (Fig. 1) of the proposed society were agreed upon by all the pioneer members, and it was consensually accepted that it should be named ‘Sociedade de Medicina do Adolescente’ instead of ‘Sociedade de Medicina da Adolescência’, due to the importance we wanted to give to the adolescent as an individual person. Following the same reasoning, the logo represents the individual adolescent at the center of our attention, painted in two colors, representing individual diversity. The circle around aims to represent all significant people (parents, teachers, and health care professionals) who care about adolescents.

On May 6, 2000, Helena Fonseca, Lourdes Levy, Carlos Figueiredo and Paula Fonseca were present at the Portuguese Congress of Pediatrics in the elections for the new proposed societies. The creation of PSAM was voted on and unanimously accepted⁶.

The team quickly started to organize educational pre- and post-graduate training sessions. At that time,



Figure 1. Portuguese Society of Adolescent Medicine logo.

only the Faculty of Medicine of the University of Lisbon was offering AM as an elective in the pre-graduate curriculum. The first years of PSAM’s existence were dedicated to offering regular workshops and training initiatives. Its first National Congress took place in 2002 in Évora, a joint initiative with the 14th Meeting of the Adolescent Committee of the Latin American Association of Pediatrics (ALAPE).

In 2004, the Famalicão Hospitalar Center, following the reconstruction of the pediatric department wards, created a specific unit for the hospitalization of adolescents up to 18 years of age. Meanwhile, hospital management locally allowed the admission of adolescents up to the age of 18 in the emergency room⁷.

However, it was only in 2010 that the age for pediatric care was officially extended to 17 years and 364 days at the national level⁸. Pediatric departments were compelled to adapt to this new reality gradually.

In 2005, PSAM was invited to organize the 8th World Congress on Adolescent Health around the topic of “Positive Youth Development: Empowering youth in a world in transition”, which was a success and an opportunity to boost the dissemination of the field.

In the following years, many other departments of pediatrics in Portuguese hospitals developed outpatient clinics for adolescents, across the continent and islands (Madeira and Azores).

In 2010, the first edition of the master’s course in adolescent health took place at the University of Lisbon. Later, in 2014, the first cycle of special studies in AM was launched at the Department of Pediatrics, at the Hospital de Santa Maria.

Final comments

Unfortunately, AM was quite neglected in the past⁹.

Nowadays, with the increase in knowledge and advances in science¹⁰, almost all Portuguese Faculties of Medicine have included AM to some extent in their pre-graduate curriculum and the large majority of

Portuguese departments of pediatrics have outpatient clinics dedicated to adolescents.

This is in line with the current evidence of the importance of investing in adolescent health and well-being^{11,12,13}.

A word of appreciation to all those who throughout the years have contributed to the launch of this field in our country as well as to the vast group of Portuguese pediatricians who believe deeply in AM and are engaged in providing the best possible care to adolescents in Portugal.

Authors' contributions

Paula Fonseca: Conception and design of the study, report, review or other type of work or paper; Drafting the article; Final approval of the version to be published. Helena Fonseca: Conception and design of the study, report, review or other type of work or paper.

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