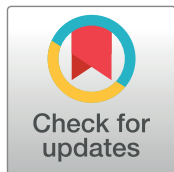




English version



Versión español



CrossMark



OPEN ACCESS

Citation: Restrepo-Jiménez JP.
“Love is the best medicine”:
reimagining pediatric hospitalization
through child- and family-centered
care. Colomb Med (Cali), 2026;
 57(1):e4006647 <http://doi.org/10.25100/cm.v57i1.6647>

Received: 27 jan 2025

Revised: 28 dec 2025

Accepted: 25 feb 2026

Published: 30 mar 2026

Keywords

Humanization of Assistance; Patient-Centered Care; Pediatrics; Hospitalization; Child; Family.

Palabras clave

Humanización de la Atención; Atención Centrada en el Paciente; Pediatría; Hospitalización; Niño; Familia.

Copyright: © 2026 Universidad del Valle



VIEW POINT

“Love is the best medicine”: reimagining pediatric hospitalization through child- and family-centered care

“El amor es la mejor medicina”: Reimaginando la hospitalización pediátrica desde un cuidado centrado en el niño y su familia

Juan Pablo Restrepo-Jiménez ^{1,2} 

¹ Universidad del Valle, Departamento de Pediatría, Cali, Colombia.  ² Hospital Universitario del Valle, Área de Pediatría General, Cali, Colombia.

Abstract

Pediatric hospitalization involves not only treatment but also exposing the child to an unfamiliar environment, which may increase fear, anxiety, and depersonalization of care. This article describes an experience of transformation in pediatric practice, highlighting how humanization interventions contribute to the well-being of children with serious illnesses and their families, and aims to integrate emotional well-being into clinical practice. The program EL AMOR ES LA MEJOR MEDICINA (love is the best medicine) seeks to create a supportive environment that complements traditional care, promoting emotional, psychological, and social well-being through playful, artistic, and affective initiatives. This experience highlights the power of empathy and compassion as essential pillars of meaningful care, seeking to care not only through knowledge but also through our being, moving from disease-centered care toward a model centered on the patient's human experience.

Resumen

La hospitalización pediátrica implica, además del tratamiento, la exposición del niño a un entorno desconocido, lo que puede aumentar el miedo, la ansiedad y la despersonalización del cuidado. Este artículo narra una experiencia de transformación en la práctica pediátrica, destacando cómo las intervenciones de humanización contribuyen al bienestar de los niños con enfermedades graves y de sus familias, con el objetivo de integrar el bienestar emocional en la práctica clínica. El programa EL AMOR ES LA MEJOR MEDICINA busca crear un entorno de acompañamiento que complemente la atención tradicional, promoviendo el bienestar emocional, psicológico y social mediante iniciativas lúdicas, artísticas y afectivas. Esta experiencia resalta el poder de la empatía y la compasión como pilares esenciales para una atención significativa, que busca cuidar no solo con el conocimiento, sino también con el ser, pasando de una atención centrada en la enfermedad a un modelo centrado en la experiencia humana del paciente.

Conflict of interest

None declared.

Funding

Ninguno.

Acknowledgments

A los niños y sus familias, quienes, aun en medio de la enfermedad y la hospitalización, nos enseñaron que cuidar también significa escuchar, jugar, sonreír y acompañar.

Al Hospital Universitario del Valle Evaristo García y a todos los profesionales que han contribuido a hacer posible esta experiencia de humanización.

A los estudiantes de medicina y de pediatría de la Facultad de Salud de la Universidad del Valle, cuya sensibilidad y compromiso han sido esenciales para convertir estas actividades en experiencias reales de cuidado. Gracias a ellos, esta experiencia ha podido crecer y perdurar en el tiempo.

A todos quienes, desde diferentes lugares, han hecho de la hospitalización una experiencia más humana.

Corresponding author

Juan Pablo Restrepo-Jiménez,
e-mail: juan.restrepo.jimenez@correounivalle.edu.co

Thirteen years ago, I began my practice as a pediatrician at Hospital Universitario del Valle, the largest high-complexity public hospital in our region. It was where I had always wanted to be. Each day, there were major clinical and administrative challenges, as we cared continuously for children with acute, chronic, and life-threatening illnesses, many of whom required prolonged hospitalizations. The daily clinical routine in every corner of the hospital was marked by illness, suffering, and uncertainty, as it is in any healthcare setting. Children and their families (because when a child becomes ill, the whole family becomes ill with them) arrived amid fear, distress, and vulnerability, seeking our help.

My work was carried out primarily in the pediatric inpatient unit, a space intended to provide comfort and healing but which, at times, can become a cold, hostile, and impersonal environment for many patients. Over time, I observed how many children, after weeks or months of hospitalization, began to lose something essential within themselves: they stopped playing, stopped asking questions, and even stopped smiling. Hospitalism ceased to be an academic concept and became a visible, everyday reality that profoundly affected their well-being^{1,2}.

Despite being connected to monitors, having catheters, or facing devastating diagnoses, children remained children. They continued to dream, imagine superheroes, enjoy colors, seek opportunities to play, and believe in the magic that can transform their lives. However, illness and hospitalization profoundly disrupted that universe. I then began to ask myself: What more could I do for them? Was treating the illness enough? How could I truly care for a child in a comprehensive way?

The answers were not always revealing; they were not found in clinical guidelines or protocols. Yet I felt that medicine was not limited to a list of diagnoses and treatments for biological disorders, but encompassed something much deeper and essential to the therapeutic process: human connection. I was not referring solely to conventional medicine, focused on the physical dimension, but to a holistic approach to care that also recognizes the emotional, social, and spiritual dimensions of the human being.

These questions led me to explore the teachings of various masters, from the classical writings of Hippocrates to contemporary literature on person-centered medicine and the humanization of care. Thus, the journey began with the recognition of something we do not always see, yet which is fundamental: the subjectivity inherent in every human being—their emotions, spirituality, and inner being. Because pain is not only physical; illness also affects one's identity, hope, and very sense of meaning in life³⁻⁵.

I then decided to embark on a journey to complement medical care with an approach centered on humanizing care for the patient and the family⁶. I wanted to incorporate a form of medicine that looked beyond the disease and recognized each person in the context of their history, emotions, and needs. It was in compassionate love that I found a profoundly transformative element. I came to understand that when a person feels valued, cared for, and accompanied, it also changes the way they cope with illness and experience hospitalization^{3-5,7}.

At times, what a patient needs most is not simply a medical prescription, but a hand to accompany them, a word of comfort, and a smile that restores trust. In the midst of illness and suffering, empathy and compassion become an ethical imperative, a reminder that every human being remains profoundly valuable. Therefore, healthcare cannot be reduced to a cold metric of market efficiency. When we strip medicine of its commercial character and prioritize genuine care, we restore the medical act to its true meaning⁸⁻¹⁰, allowing patients to trust again and, for the youngest, to rediscover their childhood. Humanizing care does not require major interventions but rather small gestures that remind patients they are still seen, heard, and recognized as individuals.

Love has an extraordinary characteristic: the more it is shared, the more it grows. It is within everyone's reach, especially those who represent a child's first source of care: parents and caregivers. In this sense, love has the capacity to turn anyone into an agent of care, capable of



Figure 1. Pediatric humanization model “EL AMOR ES LA MEJOR MEDICINA”. The model seeks to preserve the experience of childhood during hospitalization through compassionate, patient- and family-centered care, structured around five interrelated dimensions: emotional, environmental, therapeutic, relational, and educational. Together, these dimensions promote comprehensive pediatric care centered on the child and family.

accompanying others, alleviating their suffering, and contributing to their well-being. Thus, the institutional humanization program EL AMOR ES LA MEJOR MEDICINA was born, conceived as a structured strategy organized into different lines of action, each comprising components and activities aimed at strengthening a culture of care for hospitalized children. The following sections describe these lines of action and the main lessons learned during their implementation.

Preserving the experience of being a child

Over more than a decade, the initiatives that gave rise to the “EL AMOR ES LA MEJOR MEDICINA” program evolved from individual acts of support into a progressively structured model for humanizing pediatric care. Since its inception in 2014, the program has been designed to preserve and protect the experience of being a child during hospitalization. Over the years, it grew to incorporate new interventions and the participation of patients, families, students, healthcare professionals, and institutional and community partners, thereby enabling its consolidation and sustainability.

Guiding principle of the program

To preserve the experience of being a child during hospitalization through compassionate, patient- and family-centered care that protects childhood, dignity, and family bonds, even in the midst of illness.

Model architecture

The experience developed at Hospital Universitario del Valle can be understood through five complementary lines of action (Figure 1):

Emotional humanization

This line of action seeks to provide emotional support to children and their families during hospitalization and includes activities such as:

El Día de la Sonrisa (Smile Day). The first step was to thank and recognize our patients as our greatest teachers, and to express our gratitude for their trust and for the privilege of being their doctors during one of the most vulnerable moments of their lives. From this feeling, El Día de la Sonrisa was born—a day when the inpatient unit is transformed into a space of celebration, games, music, colorful balloons, and joy for children and their families. As the central event, we dedicate the day to a particularly vulnerable child, celebrating their birthday in advance with cake, gifts, and a letter written by the entire team. This initiative seeks to convey hope, strength, and comfort, reminding children and their families of how valuable they are. For a few hours, illness ceases to be the protagonist, and childhood once again takes center stage. The first time we held it, it transformed not only the unit's atmosphere but also our understanding of care.

Cine Amor (Love Cinema). A weekly space where children and their families watch a playful and educational film while enjoying popcorn. More than a recreational activity, it seeks to provide an opportunity for entertainment, learning, and family connection.

El día en que tu luz llegó a iluminar el mundo (The day your light came to brighten the world). Through this initiative, we celebrate children's birthdays during hospitalization, reminding them and their families that, even in the midst of illness, they remain unique individuals and that every life deserves to be celebrated. More than commemorating a date, each celebration is an opportunity to honor the life and story of each child.

Pasaporte a la Alegría (Passport to Joy). This initiative is currently being implemented and will allow hospitalized children, under strict safety protocols and whenever their clinical condition permits, to enjoy recreational activities outside the hospital, such as visits to the city's movie theater or zoo. It stems from the conviction that illness should not deprive children of experiencing the ordinary joys of childhood or of enjoying moments of happiness, freedom, and normality during prolonged hospitalizations.

Environmental humanization

This line of action seeks to transform the hospital environment into a warmer, more welcoming space that is responsive to the needs of childhood. Its main expression is La Sala de los Sueños.

La Sala de los Sueños (The Room of Dreams). It was inaugurated in 2018 as a permanent space for play, creativity, and social interaction for hospitalized children. It was created with the purpose of providing a place where, even if only for a moment, they could stop feeling like patients and return to being children. Surrounded by colors, toys, video games, musical instruments, audio resources, stories, and messages of hope, children find a space to play, interact with other children, and participate in recreational and artistic activities that promote their emotional and social well-being.

In addition, each room is equipped with a television and DVD player with educational and recreational content, providing children and their families with opportunities for learning, distraction, and companionship during hospitalization.

Therapeutic humanization

This line of action brings together complementary activities designed to promote the emotional well-being of hospitalized children and support their recovery process.

Actividad asistida por animales Junior Alegría (Junior Alegría animal-assisted activity). While preparing for El Día de la Sonrisa, a child receiving palliative care expressed a simple yet deeply meaningful wish: to see a dog again and remember his former pet. Although animals were not permitted to enter the hospital at that time, through collaborative efforts and the implementation of biosafety measures, we managed to discreetly bring Mocha, a

trained assistance dog, into the ward. Mocha's presence brought joy to patients, families, and healthcare staff. For that child, seeing his wish fulfilled in the midst of illness once again illuminated his face. But the most moving moment came a few minutes later.

Nearby, a girl with severe emotional trauma remained silent and sad. Mocha slowly approached her and lay down beside her, as if silently sensing her pain. After a long time, the girl smiled again. Her eyes came alive, and she began interacting once more with those around her.

That transformative moment led to the creation of the "Junior Alegría animal-assisted activity," a program developed with scientific support and safety protocols, through which our "Dogtores" join us weekly in the hospital, contributing to the well-being of patients and the hospital community ¹¹.

Saludharte (humanized health through art). Learning about the power of art to transform the hospital experience led to the creation of Saludharte, an initiative aimed at integrating art and culture into the hospital environment. Narrative painting has been one of its most meaningful tools, allowing children to express their inner world, emotions, fears, dreams, and hopes through images that they were often unable to put into words. Their drawings reflected not only artistic talent but also profound processes of resilience, emotional expression, and the reframing of their experience of illness and hospitalization. They also facilitated emotional expression and coping with illness, strengthening children's identity and sense of autonomy during hospitalization. Through art, children ceased to be merely patients and rediscovered themselves as creators, dreamers, and protagonists of their own stories ¹².

Over time, this project extended beyond the walls of the hospital; its artworks were selected as monthly covers of the scientific journal *The Lancet Child & Adolescent Health* ¹³ throughout 2025, bringing the sensitivity, creativity, and strength of hospitalized children to the attention of the international community.

Evariclown (hospital clowning activity). It is a hospital clowning activity that brings laughter, play, and tenderness directly to children's bedsides. Through humor, imagination, and emotional connection, these visits transform the hospital experience, with laughter becoming a form of human connection capable of easing emotional tension and restoring essential aspects of childhood.

Relational humanization

This line of action seeks to strengthen the relationship among children, their families, and the healthcare team, promoting care that is closer and more humane.

Humanizing the medical record. Humanizing care also means transforming the way we write medical records and communicate with our patients. Several studies have shown that language influences the quality of care and our relationship with those we care for ¹⁴. For this reason, we began incorporating questions that allowed us to get to know the child beyond the diagnosis: What makes you happy? What scares you? What is your favorite food? What is your favorite toy? What is your dream? This helps us understand each child's story and personalize care through simple gestures, such as performing the physical examination while listening to their favorite song.

In addition, we make sure to address children and their caregivers by name, both during clinical encounters and in the medical record. They ceased to be "the malnutrition in bed 12" or "the nephrotic syndrome in room 5" and became unique individuals once again. Even the first order in the management plan ceased to be a medication; it is now: "love, joy, and human warmth," as a constant reminder that these are not merely an adjunct to care, but an integral part of it.

Educational humanization

This line of action focuses on educating children, families, students, and residents through practical educational experiences.

Palabras que curan (words that heal). This activity is a hospital-based childcare and parenting strategy aimed at strengthening comprehensive child care through three main areas: accident prevention (La Casita Segura), healthy eating (Cómo Comes Sanas), and humanized parenting (La Letra con Afecto Entra). The latter seeks to strengthen the emotional bond between children and their parents or caregivers, recognizing them as the primary source of love, security, and care during childhood.

As part of this activity, the “20 hermosos regalos para la salud de nuestros hijos” were developed—a series of messages and emotional exercises designed to promote affectionate parenting and strengthen family bonds. Placed beside each child’s bed, these messages invite caregivers to pause for a moment and connect emotionally with their children through everyday gestures of love, presence, and companionship. They are small moments of mindfulness and connection within the routine of care.

In development. In addition, we are currently developing initiatives such as “El Banco de la Alegría,” inspired by the idea that “Christmas can be any day,” so that every child admitted to the hospital receives a special gift capable of conveying warmth, affection, and a sense of welcome. Other initiatives under development include “Unidos por el Corazón,” “Me Siento Niño Otra Vez,” “Una Caricia para el Alma,” “Sanando con tu Corazón,” and “El Diario de los Mil Colores,” all aimed at promoting the emotional and human well-being of our patients and their caregivers.

This process has benefited from the valuable support of medical students and pediatric trainees, primarily from Universidad del Valle, who have played an important role in the development and growth of these activities.

Resources needed

The essential resources for initiating a humanization process are not necessarily financial. Although some initiatives may require infrastructure, materials, or financial support, the main drivers of change are often people committed to transforming the experience of patients and their families.

The minimum elements identified for initiating this type of strategy include:

1. A committed leader to promote and coordinate the initiatives.
2. A small group of motivated collaborators.
3. Basic institutional support to facilitate their development.
4. Participation of students, volunteers, or healthcare staff.
5. Community partnerships that contribute to the sustainability of the activities.

Many of the interventions described were made possible through volunteer work, donations, and interinstitutional collaboration. The development of La Sala de los Sueños, for example, was carried out progressively through fundraising campaigns and with the support of various external partners. This experience suggests that the lack of substantial financial resources should not be considered a barrier to initiating humanization processes, particularly when commitment, creativity, and teamwork are present.

Between challenges and opportunities (barriers and facilitators)

At the beginning, we faced personal and administrative barriers: “Is this really necessary?”, “We are here to treat illnesses, not to play,” “What is a doctor doing with a painted nose?” or “Is there scientific evidence for this?” were some of the questions and comments we frequently heard. Even the development and approval of the protocol for the “Dogtores” program

required nearly a year of collaborative work with the Epidemiology and Infectious Diseases teams, with the aim of ensuring appropriate safety conditions for patients.

The implementation of the program was accompanied by multiple challenges, particularly during its early stages. The main barriers identified were limited financial resources, the administrative processes required to approve new initiatives, and the initial resistance of some healthcare professionals who viewed these activities as unrelated to traditional clinical practice. Likewise, some interventions required complex institutional processes to ensure their feasibility and safety. The Junior Alegría animal-assisted activity probably represented the greatest logistical challenge.

Several factors facilitated the program's gradual consolidation. These included increasing institutional support, the enthusiastic participation of volunteers, partnerships with external organizations, the commitment of collaborators from different disciplines, and, above all, the positive response of children and their families: children began playing and smiling again, families felt more supported, and the atmosphere in the unit began to change. This experience encouraged us to move forward, seek new partners, and strengthen a program that has been made possible through the perseverance and commitment of many people.

Program evaluation

The journey we have undertaken over these years has shown us the importance of evaluating this experience more systematically. While our efforts during the initial stage focused on building, implementing, and expanding the program, it is now important to better understand its scope, recognize what has worked, identify opportunities for improvement, and continue learning from this experience.

The indicators presented below are not intended as a definitive list, but rather as a proposal to guide the evaluation of the program and provide a better understanding of its implementation and impact. We hope they will also serve as a guide for other institutions seeking to develop and evaluate humanization initiatives adapted to their own contexts.

1. Program implementation
 - Program coverage: assessed by the proportion of patients and families who participate in at least one program activity.
2. Patient and family experience
 - Perception of the care experience: assessed through a survey addressing satisfaction, humanized care, and emotional well-being.
3. Patient safety
 - Adverse events related to program interventions: assessed through the institutional adverse event reporting system.
4. Impact on the healthcare team
 - Healthcare team well-being and engagement: assessed using a perception or workplace well-being instrument.

In addition, testimonials and experiences shared by patients, families, and healthcare professionals constitute a valuable source of qualitative information that complements the quantitative indicators. Over the years, spontaneous expressions such as "I feel like a child again," "Thank you for making us feel valued," and "Thank you for reminding us why we love what we do and for whom we do it," the latter expressed by students, have reflected the human impact these experiences have on those who participate in them.

Program implementation (adapting the model to other contexts)

Although the activities described in this experience were developed in a high-complexity teaching hospital, the principles underlying them can be adapted to institutions with different levels of resources. Our experience with the program has allowed us to identify several elements that may facilitate its implementation in other pediatric hospitals. With the hope that this experience can be applied in different settings, we propose a progressive implementation strategy that each institution can adapt according to its resources, needs, and capacities.

Rather than reproducing each initiative exactly, institutions can select, modify, or create interventions that are consistent with their resources, organizational culture, and the population they serve. In this sense, the model should not be understood as a rigid set of activities, but as a flexible framework aimed at strengthening patient well-being.

First stage: starting with low-cost, high-impact actions

The first step is to identify a committed leader who can champion the program within the institution. From there, simple activities can be implemented, such as humanizing the medical record, celebrating hospitalized children's birthdays through "El día en que tu luz llegó a iluminar el mundo," emotional support sessions, and group recreational activities. These initiatives require few resources, are easy to implement, and can generate visible changes in the experience of children, their families, and the healthcare team.

Second stage: consolidation

As the program grows, it is essential to build a network of participation involving students, volunteers, families, and healthcare staff. When everyone feels part of the project, the initiatives become stronger, more sustainable over time, and contribute to establishing a genuine culture of humanization within the institution.

Third stage: expansion

Once the program has been consolidated, the next step is to strengthen it through strategic partnerships with foundations, community organizations, artists, universities, and businesses. These collaborations can provide resources, logistical support, volunteers, and new opportunities to broaden the reach of the interventions.

Fourth stage: maturation

Once humanization has become firmly established as part of the institutional culture, more complex initiatives can be developed. At this stage, projects requiring specific infrastructure or safety protocols can be implemented, such as permanent hospital-based recreational spaces and animal-assisted activity programs.

Fifth stage: evaluation

Periodic evaluation of the program using indicators makes it possible to assess its implementation, strengthen its outcomes, identify opportunities for improvement, and ensure its sustainability (Table 1).

Cultivating a culture of humanization

The program has also become a learning environment for medical students, pediatric residents, and hospital healthcare staff. Spending time with children and their families has allowed them to understand, through experience, the value of empathy, compassion, and presence in the act of caring. Beyond strengthening clinical competencies, this experience reminds them that medicine is practiced not only through scientific knowledge, but also through the ability to listen, accompany, and alleviate suffering with humanity.

Table 1. Key components, strategic objectives, and suggested activities for program implementation

Stage	Objective	Suggested activities
Start	Identify a committed leader; engage the team, and initiate low-cost, high-impact activities	Humanizing the medical record, hospitalized children's birthdays, emotional support
Consolidation	Create a support network	Engage students, residents, volunteers, and families
Expansion	Strengthen resources	Partnerships with foundations, universities, and the community
Maturation	Develop more complex projects	La Sala de los Sueños, Junior Alegría animal-assisted activity, artistic programs
Evaluation	Measure and improve	Satisfaction, emotional well-being, participation, and sustainability

Lessons learned

Perhaps the most important lesson from this process is that humanization does not depend exclusively on major interventions, complex infrastructure, or substantial financial resources. In many cases, it begins with simple yet transformative actions: listening, calling patients by name, learning about their dreams, spending time with their families, or recognizing that behind every diagnosis lies a unique human story.

We also learned that building a culture of humanization requires time, persistence, and collective participation. None of the initiatives described emerged immediately; rather, they were the result of years of gradual work, continuous learning, institutional partnerships, and shared commitment.

The lowest-cost intervention developed during this experience was precisely the transformation of everyday clinical relationships. Learning to see the child beyond the illness made it possible to build closer relationships, strengthen trust, personalize care, and create a more humane care experience for both patients and those who accompany them.

Finally, we came to understand that preserving the experience of being a child during hospitalization is not an activity added to medical treatment, but an essential dimension of comprehensive pediatric care. From this perspective, humanization ceases to be a complementary strategy and becomes a way of practicing medicine, reminding us that every clinical encounter is also an opportunity to safeguard the dignity, hope, emotional bonds, and humanity of those who place their trust in us at times of particular vulnerability.

Final reflection

Healthcare professionals become part of our patients' stories and, in many cases, directly influence those stories. No matter where in the world we are, there is always room for a hug, a smile, or a word of comfort. Humanization does not depend on scientific advances, but on our ability to connect with patients, to see them as unique individuals, and to provide the comprehensive care they deserve. Healing involves more than treating the body; it also means caring for the soul, mind, and heart. We are not technicians of bodies, but healers of people, companions in their stories, and guardians of their humanity during times of vulnerability.

The pursuit of more humane medicine, placing the comprehensive well-being of patients and their families at the center, should remain an ongoing endeavor in clinical practice ⁶. Although science will continue to advance at an extraordinary pace, compassion, human connection, and hope will remain essential elements of the experience of healing.

Throughout this journey, we came to understand that humanizing care not only transforms the experience of hospitalized children and their families, but also transforms those of us who have the privilege of accompanying them. In the end, we all become part of the same story of care: patients, families, and healthcare teams. What we do for others also changes us; we are all connected.

Every child deserves to feel loved, safe, and, above all, to continue being a child, even in the midst of illness and hospitalization. Caring for their childhood is also caring for their health. As Oscar Wilde wrote: "The best way to make children good is to make them happy"¹⁵.

References

1. Spitz RA. Hospitalism; an inquiry into the genesis of psychiatric conditions in early childhood. *Psychoanal Study Child*. 1945;1:53–74. doi: 10.1080/00797308.1945.11823126. [CrossRef] [Google Scholar]
2. Bhandari M, Abbasi A, Bhatt V. The effect of hospitalization on children: a review of psychological, social, and developmental impacts. *Indian J Surg Nurs*. 2025;14(1):19–21. doi: 10.21088/ijsn.2277.467X.14125.3. [CrossRef] [Google Scholar]
3. Méndez Toledo JR. Beneficios, desafíos y estrategias en la implementación del cuidado humanizado de enfermería en hospitalización: revisión narrativa. *Enfermería (Montev)* 2025;14(1):e4309. doi: 10.22235/ech.v14i1.4309. [CrossRef] [Google Scholar]
4. Busch IM, Moretti F, Travaini G, Wu AW, Rimondini M. Humanization of Care: Key Elements Identified by Patients, Caregivers, and Healthcare Providers. A Systematic Review. *Patient*. 2019;12(5):461–474. doi: 10.1007/s40271-019-00370-1. [CrossRef] [Google Scholar]
5. Mezzich JE, Perales A. Atención clínica centrada en la persona: principios y estrategias. *Rev Peru Med Exp Salud Publica*. 2016;33(4):794–800. doi: 10.17843/rpmesp.2016.334.2567. [CrossRef] [Google Scholar]
6. Cacace PJ, Giménez-Lascano G. Modelos de atención centrados en la persona: Evolución de conceptos humanizadores de nuestras prácticas. *Rev Mex Med Fam*. 2022;9(2):63–72. doi: 10.24875/RMF.21000070. [CrossRef] [Google Scholar]
7. Tala TA. Compasión en salud: Una mirada a su pasado, presente y futuro. *Rev chil neuro-psiquiatr*. 2023;61(1):127–134. doi: 10.4067/S0717-92272023000100127. [CrossRef] [Google Scholar]
8. de Zulueta P. Compassion in 21st century medicine: Is it sustainable? *Clin Ethics*. 2013;8(4):119–128. doi: 10.1177/1477750913502623. [CrossRef] [Google Scholar]
9. Sinclair S, Jaggi P, Bouchal SR, Kuhn S, Schulte F, Guilcher GMT, et al. Implementing compassion in pediatric healthcare: A qualitative study of Canadian patients', parents', and healthcare providers' perspectives. *J Pediatr Nurs*. 2022;62:e103–e112. doi: 10.1016/j.pedn.2021.08.001. [CrossRef] [Google Scholar]
10. Olszewski AE, Bogetz J, Bradford MC, Mercer A, Scott M, Fields B, et al. Family Responses to Different Types of Clinician Empathy Expression in Pediatric Care Conferences. *J Palliat Med*. 2024;27(3):383–387. doi: 10.1089/jpm.2023.0373. [CrossRef] [Google Scholar]
11. Pastor MP, Delgado HEV, Pisonero RM, López AS, García GAB, Molina SA. Terapia asistida con animales en pediatría: una revisión sistemática. *Revista Sanitaria de Investigación*. 2024;5(3):195–195. <https://revistasanitariadeinvestigacion.com/terapia-asistida-con-animales-en-pediatria-una-revision-sistemica/> [Google Scholar]
12. Üstündağ A. Evaluation of Emotional Well-Being in Hospitalized Children Using Their Own Drawings. *J Soc Behav Health Sci*. 2024;18(1):56–72. doi: 10.5590/JSBHS.2024.18.1.05. [CrossRef] [Google Scholar]
13. Gibson J. Handle with care: contains dreams. *Lancet Child Adolesc Health*. 2025;9(1):10–10. doi: 10.1016/S2352-4642(24)00335-3. [CrossRef] [Google Scholar]
14. Rodríguez SN, Prieto MP. Rol del lenguaje en la humanización de la salud. *Rev Bioet Derecho*. 2021;(52):105–120. doi: 10.1344/rbd2021.52.35016. [CrossRef] [Google Scholar]
15. Wilde O. Epigrams of Oscar Wilde. Ware: Wordsworth Editions; 2007. pp. 172–172. [Google Scholar]