

Decision making for adolescents in pediatrics by Omar Khalaf

In our daily practice, it is our duty in to make sure that an informed consent is obtained from the patient before any procedure or medical intervention is carried out. This consent must contain the purpose, method, duration, and available alternatives, as well as the possible pain or discomfort, risks and side effects associated with this treatment. Upon these conditions a patient may agree or disagree on the proposed treatment. The agreement should be voluntary without any pressure. Therefore, the informed consent is the most important act that can preserve the patient's autonomy. In many cases, the patient might not be competent to be able to make this decision; however, a surrogate will be the party responsible for taking this decision. In pediatrics all those under 18 are legally incompetent to make medical decisions and their parents or guardians must act on their behalf. This is based on the concept that parents know the best about their children, they want the best for them and any decision will affect not only the child but the family as a whole.

Children are considered legally incompetent because they are mentally and emotionally underdeveloped; therefore lack the decisional capacity to make the decision. Nevertheless, adulthood is arbitrary designated by law as being above 18. The law assumes adult as competent and able to make decisions for themselves, unless proven otherwise, but as for those below 18, no consideration is given for their maturity and their ability to understand the problem, risks and benefits, which a big portion of this age group have, especially adolescent.

Ignoring the fact that adolescent patients have the capacity to understand their problems and maybe better than any other person is a breach of autonomy, the most important ethical principle, in which a person's wishes are the most important to respect. Autonomy is about dignifying human choice, and allowing them to lead their own lives. Kant stated that humans should be treated as ends themselves rather than means for other ends. By preserving ones autonomy, we ensure that actions are taken for the advantage of that individual and not any other. This especially important in a group of adolescent, those with chronic illnesses, which have been recurring and have low probability of surviving. These adolescent have lived long with their condition, know everything about it and all the treatments available, and have seen many friends dying from it. It is their own experience, suffering and no one else can understand this more than them. On the other hand, parents may be irrational, emotionally derived, and afraid of the feeling of guilt and as such may not be able to take the appropriate decision. Here although the patients are legally incompetent but they possess better decisional capacity than their surrogate, and therefore the reason why children cannot make their own medical decision no longer stands. This does not mean that all children should be given the right to make their own choice while parents should be put on the side when it comes to their children's health, put rather each case must be individualized taking into consideration the age of the child and his ability to understand the problem and consequences of their actions. This can be assessed by the medical team, and whenever their medical decisions are justified or rational, it is our duty to preserve their autonomy despite parents' disagreement.

Once we acknowledge that many children especially adolescents are capable of understanding their own problems and to take best decision, it becomes easier for us to understand why it is important to preserve their autonomy.

References:

1. Zawistowski CA, Frader JE. Ethical problems in pediatric critical care: Consent. *Crit Care Med* 2003 Vol. 31, No. 5 (Suppl.)
2. Gillon R, Medical ethics: four principles plus attention to scope. *BMJ* 1994;309:184