

Virtual Mentor

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FROM THE EDITOR

Our Children, Our Future

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According to the drug company, Eli Lilly, about 400,000 children, ages 7 to 15, are "abnormally" short and could benefit from growth hormone treatment. The Food and Drug Administration (FDA) agrees and has just approved growth hormone to treat children who are healthy but short—boys predicted to be shorter than 5-foot-3 as adults and girls predicted to be shorter than 4-foot-11. Given our social norms and values, many parents, concerned about their short children, believe the FDA decision will contribute to a brighter, more promising future for their children.

Parents worldwide are concerned with their children's futures. But sadly, in many parts of the world, parental anxiety is often centered on providing the simple, basic needs of life to their children such as adequate nutrition, a good education, and access to medical care. For these parents, their child's height is the least of concerns.

Pediatricians are regularly confronted with parents who believe they are acting in their child's best interest. Since most pediatric patients are unable to fully understand their medical conditions and cannot make informed decisions for themselves, pediatricians must deal with the parental decision makers. The resulting decisions usually end up being in the child's best interest. With advancing medical technology, parents are confronted with increasingly more options for tests and procedures, some of which may be unnecessary and perhaps not even in the child's best interest. At the same time, more pediatric patients are surviving illnesses that were once fatal. As a result, there are minors with chronic illnesses who are, as they become adolescents, increasingly competent to make health care decisions. Because medicine in particular and our society in general value the development of and respect for moral agency, we encourage the increasing participation of adolescents in their health care treatment decisions. Sometimes a child's decisions are contrary to what the parents consider to be in the child's best interest and differ from decisions the parents would make and have made up to that point in the child's care. These clinical situations pose enormous challenges to pediatricians as they strive to do what they think is in their patients' clinical, psychological, emotional, and future best interests.

In this issue of *Virtual Mentor*, we examine the ethical and professional challenges in the specialty of pediatrics. This month's learning objectives are:

1. Understand the ethical issues associated with the fact that the patient is generally not the decision maker.
2. Understand what physicians can do when parents decisions appear not to be in the patient's best interest.
3. Learn methods for involving pediatric patients in decision making/assenting.
4. Understand the guidelines concerning treatment of seriously ill newborns.
5. Understand the pitfalls of prescribing for behavior on the basis of symptoms alone.
6. Learn the federal guidelines for using children as research subjects.
7. Understand methods for assessing whether minors should serve as live kidney donors.

Audiey Kao, MD, PhD is the editor in chief of *Virtual Mentor*.

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