Medical Ethics in Pediatrics

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Background

The author's intent in exploring the topic of medical ethics as it applies to authentic pediatric cases encountered over the clinical years was to establish a foundation of guiding principles to reference when similar scenarios should arise in residency and beyond.

Methods

With the aid of the author's mentors, Dr. Michael Felder, DO and Martina Darragh, MLS, a research librarian at the Kennedy Institute of Ethics at Georgetown University, literature searches specific to each of the cases were conducted. The author explored arguments expounded by many of the leading physician-ethicists in the field including but not limited to: Annie Janivier MD, PHD, a professor of pediatrics, neonatologist and clinical ethicist from Montreal, Canada; and John Lantos MD, a pediatrician and director of the Children's Mercy Bioethics Center in Kansas City, Missouri. Statements put forth by national committees such as the American Academy of Pediatricians, the American Congress of Obstetricians and Gynecologists, the American Academy of Family Physicians and the Hastings Center were examined as were legal briefs and archived news articles. Following the study of the collected sources, and consideration of each of their merits, the author reflected on how she would apply this knowledge to future similar cases.

Results

The author wrote four papers based upon the following paradigm issues that arise within pediatrics: truth-telling, resuscitation of the peri-viable infant, the parent-provider disagreement regarding appropriate diagnoses and treatment plans for developmentally disabled children, and models of care as they apply to scenarios in which parents are asked to make decisions for a child who is in critical condition.

Summary

At the end of each paper the author summarizes individual conclusions as they apply to each of the four cases. Overarching themes that were relevant to each of the cases included the necessity of an individualized, case-by-case consideration of variables that comprise the bigger picture and the invaluable contribution that the patient's parents, extended family, and background (culture, religion, beliefs and values) make in providing care that is truly patient-centered.