The Ethics of Medical Interventions Against Parental Consent

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Introduction

Between an adult patient and physician they are the only two people that have a say in the patient's medical treatment with the patient having the final say. In pediatrics, there is a patient, parent, and physician which adds a third party that is a proxy decision maker for the child but lacks absolute authority over the child's medical treatment. While the vast majority of time physicians and parents work together to communally decide on a medical plan of care for their children there are instances where the two parties disagree. When this disagreement arises physicians are frequently unsure how to proceed and this uncertainty can result in delays of patient care which can have dire consequences. In pediatric ethics there is currently much debate about when and how physicians can intervene against parental consent. The goal of this study is to give a sense of the diversity of the pediatric ethical literature regarding parent/physician disagreements and to address ambiguities about pediatric interventions.

Aims and Objectives

1. Perform a critical scoping review of the current pediatric ethical literature regarding physician intervention against parental consent
2. Provide a sense of the diversity in the current literature
3. Identify and explore the multiple meanings of interventions
4. Explore ambiguities about various ethical concepts in pediatric interventions

Methods

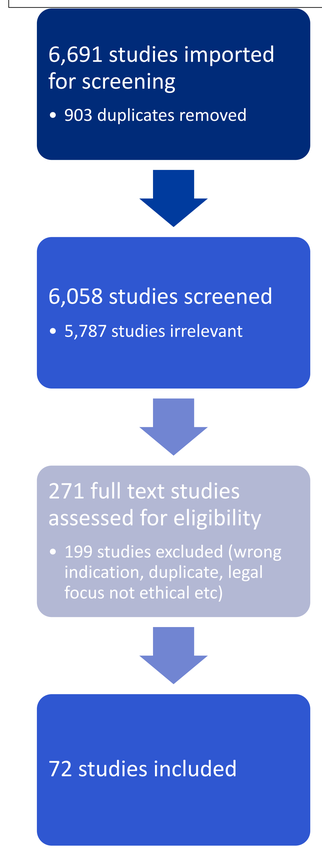
This critical scoping review was performed with a search strategy generated by an information sciences researcher and experts in pediatric ethics[1]. The search was then conducted on 11 databases including PubMed, Embase, Cochrane Library, Philosopher's Index, Sociological Abstracts, JSTOR, Scopus, Web of Science, and Google Scholar with dates restricted to publications between 2010-2020 to focus on the current state of ethical debate regarding pediatric interventions.

Search terms with conjunctions and disjunctions were identified to capture results that were about 1) Pediatrics 2) Interventions 3) Clinical context AND 4) Ethics[2]. Results were then screened by two authors independently on COVIDENCE first by title and abstract, then full text to ensure each article met inclusion criteria and exclusion criteria (Table 1). A final content analysis was then performed by the same two authors independently with their extracted results reviewed, analyzed, and synthesized by a third author.

Table 1: Inclusion and Exclusion Criteria

Inclusion Criteria	Exclusion Criteria
1. Article addresses/describes attempts to interfere with or influence parents' decisions to affect outcomes of treatment decisions.	1. Article does not address/describe attempts to interfere with or influence parents' decisions to affect outcomes of treatment decisions.
2. Significant discussion of normative claims is present in the article (generally, a solid paragraph or more discussing an ethical position on pediatric intervention) (by normative we mean papers about what is ethical or moral).	2. Significant discussion of normative claims not present in the article (i.e. a strictly empirical article) (by normative we mean papers about what is ethical or moral).
3. Significantly focused on pediatric intervention (as defined broadly in 1A above) (i.e. pediatric intervention is not a main object of analysis; e.g. only mentioned)	3. Not significantly focused on pediatric intervention (as defined broadly in 1A above) (i.e. pediatric intervention is not a main object of analysis; e.g. only mentioned)

Figure 1. Search Results and Screens



Results

Of 6,961 search results 72 publications were included in a final content analysis. Although over ten different frameworks for intervention were mentioned only three (Harm Threshold (34.7%), Best Interest Standard (31.9%), Constrained Parental Autonomy (12.5%)) were endorsed by more than 10% of authors.

Although the vast majority (81%) of authors mentioned government intervention as the predominant method to resolve disputes, 22% of authors identified non-governmental forms of interventions.

FIGURE 2: ETHICAL FRAMEWORK ENDORSED

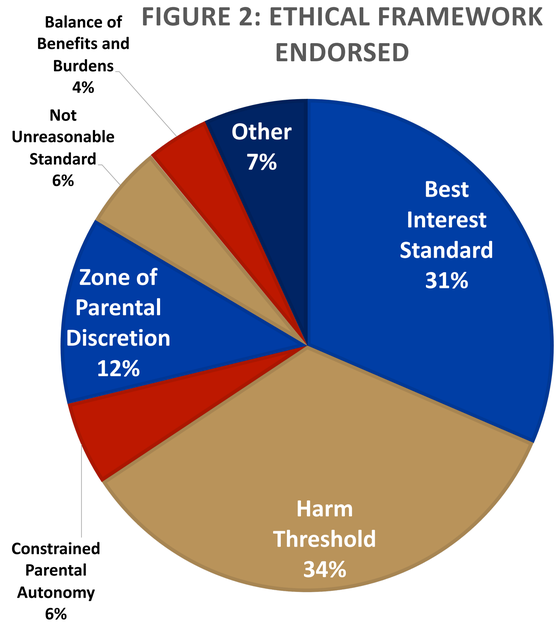


Table 2: Methods of Intervening

Government	Non-Government
- Child Protective Services - Court orders - Custody revocation	- Ethics Committee - Shared decision making/non-coercive measures - Manipulation/Nudging

Conclusions

Debates in the scholarly literature about how to justify pediatric interventions are likely circumscribed or otherwise biased by an inattention to the diverse ways that pediatric clinicians can intervene against parents' wishes. In particular, the burdens and risks involved with different kinds of interventions may differ from each other by such a large degree, such that these different kinds of interventions require different justifying principles. In particular, the use of coercive state power to overcome parent resistance likely has comparatively high burdens and risks associated with it. For that reason, such interventions may only be justified in cases when not using those kinds of interventions imposed significant risks of serious harms on child patients. In contrast, some of the non-governmental kinds of intervention (e.g. Ethics Committees) are associated with comparatively lower burdens and costs. Accordingly, these kinds of interventions may be justified even in cases where parental refusal does not place children at significant risk of harm.

The pediatric ethics literature appears to illustrate substantial conflict about the conditions under which physicians should seek to intervene against parent preferences in pediatric decision making. For example, a review study from McDougall and Notini identified nine different ethical frameworks for how to respond to ethical conflicts between pediatric clinicians and parents about medical decision making for children[3]. However, our study shows that very few of these principles are considered to be 'live options' in today's debate. One reason is that some of the putatively different intervention principles may not appear to be entirely conceptually distinct, at least once they have been interpreted. It ultimately appears as if the main debate in the literature is between The Harm Threshold and Best Interest Standard but even these principles that appear to be conceptually distinct from each other may not differ much from each other when it comes to practical application. This may be due to a lack of knowledge about the variety of methods to intervene and the potentially substantial burdens and harms associated with state interventions.

References

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