OU WB School of MEDICINE

OAKLAND UNIVERSITY WILLIAM BEAUMONT

Conceptualization of the Meaning of Pediatric Assent: A Critical Scoping Review

Natalie Liogas, B.S.[1], Amelia Najor B.S.[1], Jason Adam Wasserman, PhD, HEC-C[2,3,4], Stephanie Swanberg, MSI, AHIP[5] Abram Brummett, Ph.D., HEC-C[2,4], Naomi T. Laventhal, MD, MA[6,7], Mark Christopher Navin, PhD, HEC-C[4,8]

1 Oakland University William Beaumont School of Medicine, Rochester, MI, USA
2 Department of Foundational Medical Studies, Oakland University William Beaumont School of Medicine, Rochester, MI, USA
3 Department of Pediatrics, Oakland University William Beaumont School of Medicine, Royal Oak, MI, USA;
4 Clinical Ethics, Beaumont Hospital – Royal Oak, Royal Oak, MI, USA
4 Oakland University William Beaumont School of Medicine, Rochester, MI, USA
5 Michigan School of Psychology, Farmington Hills, MI, USA
6 Department of Pediatrics, University of Michigan, Ann Arbor, MI, USA;
7 Center for Bioethics and Social Sciences in Medicine, University of Michigan, Ann Arbor, MI, USA
8 Department of Philosophy, Oakland University, Rochester, MI, USA

Introduction

The moral obligation to include children and adolescents in medical decisions has been long recognized (Bartolome 1989; Buchanan and Brock 1990; Gaylin 1982; Katz and Webb 2016; Kon 2006 Leikin 1983). Soliciting pediatric assent is a component essential to this effort.

The AAP has characterized pediatric assent in a 4-part definition (AAP 1995). In includes the following:

1. Helping the patient achieve a developmentally appropriate awareness of the nature of their condition.
2. Telling the patient what they can expect with tests and treatment(s).
3. Making a clinical assessment of the patient's understanding of the situation and the factors influencing how they are responding (including whether there is inappropriate pressure to accept testing or therapy).
4. Soliciting an expression of the patient's willingness to accept the proposed care.

Despite these explicit parameters from the AAP, there appears to be a lack of consensus regarding the operational and conceptual meanings of pediatric assent, as well as the moral value of assent.

Aims and Objectives

This review intends to highlight the ambiguities in clinical literature in order to achieve a consensus in the operational use of pediatric assent in the literature, as well as in practice. This review will examine the meaning, and uses of pediatric assent that specifically pertain to pediatric assent in clinical practice. In summarizing relevant literature, divergent constructs of pediatric assent in the clinical setting with be identified and conceptually mapped. In achieving a consensus on what exactly constitutes pediatric assent, a general working conception and standardized procedures for obtaining proper pediatric assent can be established.

Methods

Relevant MESH terms were identified and nine databases identified in consultation with an information sciences expert. Inclusion and exclusion criteria centered on the use of pediatric assent as a normative construct and in the context of clinical care (as opposed to research). Article screening at both the title/abstract and full text review stages was conducted by two independent reviewers using the COVIDENCE software, with conflicts resolved by a third expert reviewer. Of the 7,446 initial search results (including duplicates), 29 articles were ultimately included in the analysis

The articles included in the study were reviewed independently by two authors for any content that provided:
1. The author's operational definition of assent;
2. Discussion about the temporal nature of assent (e.g. assent as a process);
3. Discussion of the concept of "understanding" and its role in the assent process; and
4. Ethical justifications for soliciting pediatric assent.

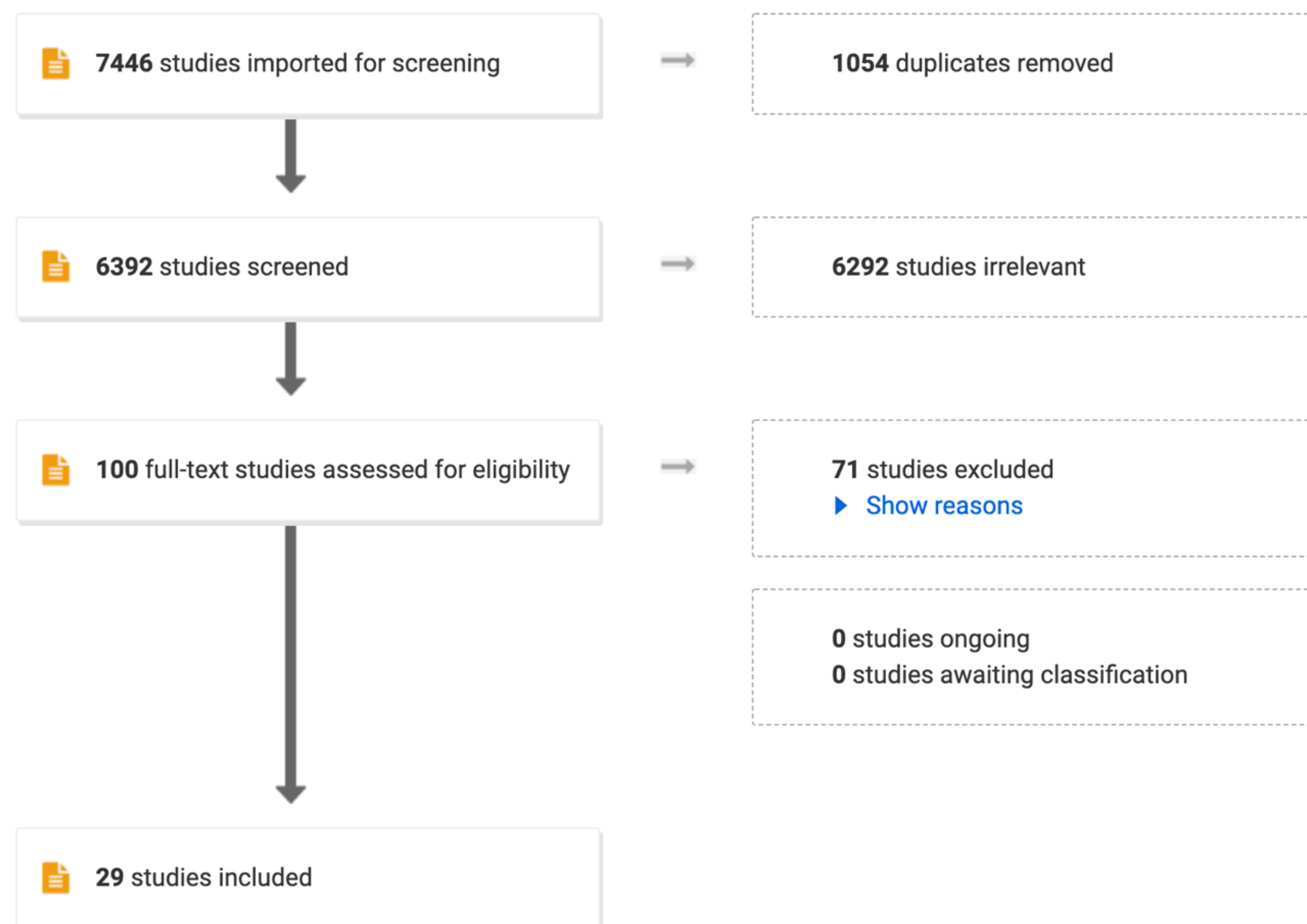
Results

Three central themes emerged from the literature search and review process. These include:

1. The meaning of assent is context dependent, influenced by the treatment, the population (e.g. younger versus older children) and the geographic/cultural context ;

2. Assent is a longitudinal process both in terms of a particular treatment decision or even episode of care, where it involves multiple iterations of engagement, and in terms of the developing maturity of the child over time, which affects the level of understanding that is sufficient for assent and amplifies the weight of the child's preferences; and

3. The ethical justifications for assent are underspecified; while largely mirroring the compendium of both instrumental and intrinsic reasons stipulated by the AAP, authors often invoked, but did not elaborate, broad notions like "respect" or drew on the questionably relevant concept of autonomy.



Conclusions

The meaning of pediatric assent depends on the specific treatment context, the qualities population in question, and the geographic/cultural context. The results of the systematic review intend to highlight discrepancies in the understanding and clinical application of pediatric assent in the hopes of achieving a consensus, and in doing so, we will be able to analyze trends and elucidate the most widely accepted definitions of pediatric assent, and hopefully contribute to a standardized practice for obtaining pediatric assent in clinical practice.

References

W. G. Bartholome, "A New Under- standing of Consent in Pediatric Practice: Consent Parental Permission, and Child Assent," *Pediatric Annals* 18, no. 4 (1989): 2621-65;

Alexander A. Kon; Assent in Pediatric Research. *Pediatrics* May 2006; 117 (5): 1806–1810. 10.1542/peds.2005-2926

W. Gaylin, "The 'Competence' of Children: No Longer All or None," *Journal of the American Academy of Child Psychiatry* 21, no. 2 (1982): 153-62;
S. L. Leikin, "Minors' Assent or Dissent to Medical Treatment," *Journal of Pediatrics* 102, no. 2 (1983): 169-76.

McCullough LB, Coverdale JH, Chervenak FA. Constructing a systematic review for argument-based clinical ethics literature: the example of concealed medications. J Med Philos. 2007 Jan-Feb;32(1):65-76. doi: 10.1080/03605310601152206. PMID: 17365446.

McDougall R. Systematic reviews in bioethics: types, challenges, and value. J Med Philos. 2014 Feb;39(1):89-97. doi: 10.1093/jmp/jht059. Epub 2013 Dec 14. PMID: 24334289.

Mertz M, Strech D, Kahrass H. What methods do reviews of normative ethics literature use for search, selection, analysis, and synthesis? In-depth results from a systematic review of reviews. Syst Rev. 2017 Dec 19;6(1):261. doi: 10.1186/s13643-017-0661-x. PMID: 29258598; PMCID: PMC5738202.

Moazam, F. (2006). Bioethics and organ transplantation in a Muslim society: A study in culture, ethnography, and religion. Bioethics and Organ Transplantation in a Muslim Society: A Study in Culture, Ethnography, and Religion. Bloomington, IN: Indiana University Press.

Mark Christopher Navin, Abram L. Brummett & Jason Adam Wasserman (2022) Three Kinds of Decision-Making Capacity for Refusing Medical Interventions, The American Journal of Bioethics, 22:11, 73-83, DOI: 10.1080/15265161.2021.1941423

Sabatello et al., "Pediatric Partici- pation in Medical Decision Making: Optimized or Personalized?," *American Journal of Bioethics* 18, no. 3 (2018): 1-3.
Tait, A.R., Geisser, M.E. Development of a consensus operational definition of child assent for research. *BMC Med Ethics* **18**, 41 (2017). https://doi.org/10.1186/s12910-017-0199-4

Unguru Y, Coppes M, Kamani N. Rethinking pediatric assent: from requirements to ideal. Pediatr Clin nth Amer. 2008;55:211–22.

EMBARK | on Discovery and Scholarship