

Selected Ethical Dilemmas of different ages

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Ethical Issues in the Nursing Care of Infants & child

Infants

- Birth of an infant is a source of happiness & joy in human life.
- However, not all newborns, are normal at birth.
- Some are born with minor deviations from health, others are born with gross abnormalities.
- i.e. Trisomy 18, myelomeningocele, Down syndrome
- If family & community resources are scarce, many moral values will compete with each other for whom priority should be given.



Infants

- Some people call failure to save a life “murder”, others prefer not to save life of infants that show few or no prospect of becoming independent, self-sufficient person.
- **The question is?**
 - ✓ How to decide who lives and who dies?
 - ✓ Who is given quality care and who is not?
 - ✓ Who decides?

Children

- Children are viewed as the hope of the future for a better world.
- But, in some parts of the world, large numbers of children are:
 - ✓ ill,
 - ✓ inadequately clothed, housed & educated,
 - ✓ in dire need of curative, preventive, and rehabilitative health care.
 - ✓ may be neglected and abused even in affluent cultures.

The nurse role is:

- To advocate the infants' right to live & be treated under all conditions may conflict with other moral principles i.e. happiness of the greatest number (family).
- Nurses are involved in the health care activities & processes of decision making for all infants.
- ✓ To aid in decisions that are to be made regarding who lives, who receives special consideration, & who is left to die

Abuse & neglected children

- The ethical responsibility of nurses in the care of children includes to be alert to the signs of abuse & to report abuse appropriately.

Abuse & neglected children

Situations that signal possible abuse include:

- Conflict btw the explanation of how an incident occurred & physical findings i.e. poorly explained bruises or fractures
- Age-appropriate behavior/s that signify poor social adjustment i.e. aggressive behavior, social withdrawal, depression, lying, stealing, & thumb sucking
- Alcohol & other drug abuse
- Problems in school
- Suicidal ideation

Abuse & neglected children

- The usual responsibility of handling a pt. treatment confidentiality is waived in the instance of suspected child abuse, even when the person reporting the abuse is the pt.
- Abuse does not have to be confirmed as factual to be reported
- The identification of suspected abuse should be promptly reported
- Those reporting abuse including healthcare providers may be exposed to legal sanctions if they fail to report suspected abuse to appropriate agencies

Surrogate decision making

- B/c children are legally incompetent individuals, they must have surrogate decision makers for important life decisions including healthcare decisions
- The ethical standard that underlines surrogate decision making for children is based on a standard of best interest.
- So, surrogate decision makers should base their decisions on what they believe will provide the most benefits & least burdens for the child

Withholding information from children

- Withholding information from children & allowing for minor refusing treatment should be guided by the minor pt. maturity & developmental status.
- There is no one correct answer to whether or not health information should be withhold from minors, but there are guidelines

Withholding information from children

- Professionals & parents must determine the risk of harm to the pt. if information is withhold
- A multidisciplinary team & an ethics consultation should be involved in decision making
- If the team's determinations differ from those of parents, attempts should be make to negotiate:
 - ✓ When information is disclosed
 - ✓ How quickly it is disclosed
 - ✓ By whom it is disclosed

Which helps parents to accept the importance of adhering to the principles of fidelity & truthfulness in their child's care

Refusal of treatment

- Parents sometimes refuse treatment for their children based on religious beliefs or other reasons.
- Consider the followings:
 - ✓ The support for the child's request by the child's mothering person
 - ✓ Severity of child's condition i.e. child has a terminal irreversible illness vs acute reversible condition
 - ✓ Consequence of direct harm to the child & his realistic understanding of possible consequences
 - ✓ Fear, distress or parental pressure as a motivation of child's decision

Refusal of treatment

- The following principles are followed in overriding parental autonomy in treatment of children:
 - ✓ If incompetent b/c substance abuse, psychiatric illness, minimal ability to comprehend the best interest of the child, physical abuse
 - ✓ Severity of child's condition & direct harm to the child due to nontreatment
 - ✓ The child should be treated even against wishes of his parents to prevent or cure serious disease or disability
 - ✓ Blood transfusion should be given to a child of a Jehovah's Witness if transfusion is needed to protect the child from serious complications or injury

Impaired & critically ill children

Withholding & withdrawing treatment

- A comprehensive discussion of end-of-life issues can be used as a basis for consideration decisions about withholding & withdrawing treatment for children, infants.
- Remember, the pt should be your primary focus of concern

Impaired & critically ill children

- If parents & healthcare professionals disagree about child's treatment, discussion should occur to reach an agreement
- If agreement is still not possible, an ethics committee consultation should be sought
- Offering transfer the child to another healthcare provider may be necessary
- Getting help from legal system should be the last option in process of resolving disagreement

Ethical issues related to children

- The principle of informed consent, its scope & its limits when applied to children.
- Parental control VS. the child's growing autonomy.

Case 1

- What if you were the nurse caring for the preterm, extremely low birth weight infant of a 39 year old first child who is overjoyed about her baby.
- The infant weighs less than 160g, gestational age is less than 26 wks.
- The parents urge the neonatologist to do everything despite the physicians explanation of possible brain damage, CP, retardation..etc..
- The parents see the baby as tiny but with potential to become normal.
- **What do you think? What would your advice be to the parents?**

Case 2

- An infant born with multiple life threatening defects, was placed on a respirator due to respiratory difficulty with diagnostic evidence pointing to trisomy 18 syndrome.
- A pediatric resident points out that another infant who has a respiratory difficulty cannot be put on a respirator because the trisomy 18 infant is using the only available machine.
- This infant has a 50% risk of brain damage.
- The first one 87% risk of dying in his first year.
- What do you think?

Arguments for & against saving premature & deformed infants (5 principles)

1. **The sanctity of life:** to save human life under all conditions
2. **The quality of life:** to promote worthwhile human life with the implication of productivity & independence
3. **Nonmaleficence:** to prevent or minimize harm
4. **Alleviate suffering**
5. **Beneficence:** to seek to do good, as by giving skilled nursing care

But...

- Sanctity of life vs. quality of life.
- Not all life is to be preserved if it fails to comply with quality of life standards

Case 3: may an 8 year old give informed consent to kidney donation?

- An 8 year old suffered from a life threatening kidney disease which necessitated the removal of both kidneys. Her identical twin sister was the ideal donor. She appeared to understand and to agree with the procedure.
- On what grounds should the healthy sibling be permitted or denied the donation of her kidney to her sick sister while placing herself at some risk?

Basis of argument: case 3

- Argue to support donation on grounds of:
 - ✓ greatest happiness of greatest number.
 - ✓ Child's autonomy & self-determination
 - ✓ Love-based ethics

- Argue against donation on ground of:
no benefit to the donor, but certain risk & pain

General principles

- The child's right to know the truth.
- Children do not have the capacity to decide what is in their best interests in health matters.
- Children cannot have such rights as the right to informed consent until they reach an appropriate degree of maturity.
- The concept of “rights in trust” is applicable to children
- The challenge to the nurse working with children is to support the growing independence of a child. One way is by encouraging the child's responsibility for & participation in his or her on health care.
- The nurse acts as the child advocate in case of abuse.

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