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Ethical Issues in Paediatric Practice - Part I: General Principles

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Abstract

Clinical problems with ethical implications pose an ever increasing dilemma in everyday medical practice, and this is particularly the case with ethical issues involving children and those unable to take their own decisions. In this editorial we shall review some of the general principles that guide medical ethical problems.

MeSH: Ethics

Introduction

Clinical problems with significant ethical implications pose an ever increasing dilemma in everyday medical practice in the 21st century and rarely present a simple solution. This is particularly the case with ethical issues involving children and those unable to take their own decisions. Whilst the patients' interests should come first and all personal, cultural and religious bias eliminated, the impact of costly treatment for the individual patient on the available healthcare resources must also be taken into account. Hence it is essential to establish an ethically acceptable code of practice which will allow doctors to provide an objective approach to management that is both rational and consistent, both for the child as well as society at large regardless of creed or culture. In this editorial we shall review some of the general principles that guide medical ethical problems, whilst the forthcoming series of articles will address specific ethical issues relating to disability, the initiation of intensive care or 'extraordinary' measures and, finally, issues relating to the discontinuation of care and the dying process.

General ethical principles

The ideal code of ethically acceptable practice may be approached, if not fully achieved, by applying the following accepted principles in the decision-making process.

1. Respect of the individual's autonomy
Autonomy implies that all are free to take an active and totally independent role in the decision-making process. For this to occur, patients must be fully informed and understand the implications of their medical condition, its treatment, complications and outcome. In practice, however, the vast majority of children do not have the ability to be truly informed, and rely on others for guidance. If anything, this situation heightens the doctors' responsibility to ensure true informed consent, albeit through third parties.

2. Respect of the individual's competence
Competence implies the patient's level of understanding that allows him or her to weigh up the ethical issues posed by a clinical situation, assimilate these and reach a rational decision. This degree of comprehension is often a problem with young children, thereby increasing the responsibility of parents and the medical team to assume the role of competent advocates on their behalf.

3. Respect beneficence
Beneficence defines the medical principle of 'do no harm', a hallmark of the Hippocratic oath, and should apply in all cases. Medical practice frequently entails a compromise between benefit and harm, especially with regard to interventional procedures and drug therapy, but should always be biased toward 'benefit'. Hence, in practice, it may be perfectly acceptable to embark on high-risk therapy in a fully informed individual (or his/her advocate), provided there is a realistic chance of reasonable benefit.

4. Respect of the truth
There is never a case for wilfully lying to patients. Similarly, there is rarely any justification in withholding or omitting information from patients.

5. Respect of patient confidentiality
All patients have a right to confidentiality. However, disclosure of confidential information without consent may be justified in situations where failure to report may lead to greater disadvantage to the patient (e.g. physical abuse).

6. Avoidance of paternalism and bias
Practitioners should strive to remain truly objective and avoid all personal, racial, cultural, religious or other bias when counselling or treating children. Personal prejudice and preconceived ideas must never influence the provision or withholding of medical care to patients, regardless of whether they are disadvantaged, have a pre-existing disability or otherwise. The wishes of parents and guardians must also be respected, again regardless of any personal bias.

7. Avoidance of all conflicts of interest
The patient must always come first, before any vested interest of any third party including physicians as well as the parents, guardians, extended family and society.

8. Respect the limitations of medical care
Medical care should strive to support the patient, and should be tailored to the needs of the individual including any complications or disabilities. It is ethically appropriate to appreciate realistic goals which medical care can achieve, and wrong to aim toward exaggerated or impossible expectations. Hence, it is equally unacceptable to 'treat at all costs', as it is to 'play god'.

Ethics in the decision-making process

Given the above accepted guidelines, ethically acceptable decisions can only be based on:

Omniscience	knowledge of all the facts
Omni percipience	consideration for all the points of view
Disinterest	absence of any vested interest in the various parties
Dispassion	avoidance of any emotional bias
Consistency	management that is reproducible for all similar cases

In practice, many of the above ideals do not fully apply to a particular case. For example, it is often difficult to completely separate disinterest and dispassion from patients with whom an attending physician has built a close, professional relationship. For these reasons, it is not just desirable but essential to establish independent ethics committees to oversee particularly difficult decisions (both with regard to clinical medicine and research). These should be composed of medical, nursing, paramedical and legal experts, laypersons and representatives of various support groups.

Informed consent

Informed consent is not necessary simply to satisfy medicolegal requirements, but is indeed a pivotal issue with regard to patients' 'free choice' and active participation in their own management. It is fraught with problems in the competent adult, and is doubly more difficult to achieve in minors. Truly informed consent can only exist when patients are sufficiently informed to weigh up all the pros and cons of treatment, and their consent is given freely without coercion, vested interest or bias from physicians or third parties.

Conclusion

Medicine is never a pure science and contentious issues in management abound. A single, simple solution to a given ethical problem in medicine is extremely unlikely, particularly in patients who are either too young or incapable of grasping the nuances of treatment. These patients rely on third parties for their decision making, and this adds a further dimension to an already complex situation. It is only by careful attention to a strict code of ethics based upon respect and tolerance of other persons, whether 'competent' or not, that decisions can be taken which are truly in the best interest of patients and society at large.