**Ethical Issues in Pediatric Care Decision-Making: A Dilemma in Surrogate Decision-Making**

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**Introduction**

Among the most difficult and morally demanding aspects of healthcare is paediatric care decision-making. Children's age makes them frequently unable to make wise judgements regarding their own medical care. This disability causes the obligation to be passed to surrogate decision-makers usually parents or legal guardians. Although this procedure is meant to guarantee that choices are taken in the child's best interests, it may cause major moral conundrums. Surrogate decision-makers might have difficult decisions to make balancing medical information, cultural ideas, religious ideals, and emotional relationships. Conversely, healthcare professionals have to negotiate these choices while maintaining their obligation to the welfare of the kid and honouring the family's autonomy.

With an emphasis on the problems in surrogate decision-making, this paper will investigate the ethical questions of paediatric decision-making. Important subjects will include the best interests standard, the part the child plays in decision-making, conflicts of interest for surrogates, religious and cultural issues, and legal systems controlling paediatric care.

The Standard for Best Interests

The best interests standard is among the basic ideas guiding paediatric care decisions. This idea holds that, considering both current and long-term well-being, actions should give the child's best priority top importance. Although in principle this looks like a clear direction, in reality it is frequently vague.

Acting as surrogates, parents or guardians are presumably the most qualified people to decide what is best for their kid. But sometimes their conception of "best interest" can contradict the opinions of doctors, which would cause ethical difficulty. A parent could deny a life-saving therapy because of personal, religious, or cultural views, for instance; a healthcare practitioner would argue that such a denial puts the child's life in jeopardy.

Case Case: The Jehovah's Witness Dilemma

Imagine a kid born into a household that follows the Jehovah's Witness religion; blood transfusions are forbidden in such circumstance. Should the infant need a transfusion to live, medical professionals must balance honouring the family's religious convictions with their ethical obligation to save the child's life. Legal actions resulting from this circumstance usually include courts being sought to supersede parental control in order to guarantee the kid obtains required medical care. Here, the conflict between parental autonomy and the child's right to life and health forms the ethical conundrum.

Limitations of the Standard of Best Interests

One clear drawback of the best interests criterion is its occasional lack of clarity. What is the "best interest" of a kid may mean different things to different people—including parents, doctors, and legal systems. When medical consequences are unknown or a therapy carries a great risk of suffering or poor quality of life, this uncertainty is particularly difficult.

The Child's Participation in Decision-Making

Determining the proper place of the child in decision-making is another ethical question in paediatric treatment. Many older children and teenagers are able to communicate their choices and grasp the effects of medical treatments, even though legally children are not permitted to make their own healthcare decisions until they reach adulthood. Many times, the idea of acquiescence is used to close this disparity. While legal permission rests in the hands of the parents or guardians, assent is the agreement of a kid to a suggested treatment plan.

Honour a Child's Autonomy

Growing older children's autonomy and right to participate in choices influencing their health becomes a major ethical issue. Developmentally appropriate approaches to include children in decision-making are stressed in paediatric ethics. Sometimes teenagers will clearly and logically indicate whether they want certain therapies or not. When the child's preferences run counter to those of the surrogate decision-makers or with medical advice, ethical conundrums result.

An teenager with a fatal condition, for example, could decide to forego intensive therapies in favour of quality of life over lifespan. Healthcare practitioners must balance the child's developing autonomy with parental authority and the medical team's advice about what is best if the parents insist on using all available therapies.

Gillick Competence:

From the UK court case Gillick v. West Norfolk and Wisbech Area Health Authority, the idea of Gillick competency offers a moral and legal framework for determining a child's ability to make autonomous choices. This theory holds that if a kid under sixteen is judged to have enough knowledge and intellect to grasp the nature and implications of the therapy, they may agree to medical treatment without parental participation. Although this idea helps competent minors be empowered, it also generates possible conflicts with surrogates who could disagree with the child's decisions.

Interest Conflict in Surrogate Decision-MakingConstructing

Whether they are parents or legal guardians, surrogates are supposed to make choices that best serve the kid. Ethical conundrums, therefore, develop when the surrogate's interests, values, or feelings compromise her capacity to provide objective judgements for the kid.

Emotional Preference and Policy-Making

Making medical choices for their children presents emotional difficulties for many parents. Their affection and devotion can cause them to base judgements on sadness, hope, or fear instead of logical evaluation of the medical facts. When a kid has a terminal disease, for instance, parents may find it difficult to accept the truth of their child's diagnosis and hence demand on further care that would simply prolong misery. This emotional predisposition might cause conflict with doctors who would advise palliative care as the most humane choice.

Financial and Social Pressures

Sometimes societal influences or financial concerns might also affect surrogate decision-making. For example, in cases where healthcare is pricey, surrogates may deny treatments owing to financial restraints, even if they are in the child’s best interest. On the other hand, in nations with publicly sponsored healthcare, the government might step in should it believe that the denial of treatment is motivated financially.

Religious and Cultural Ideas

Surrogate decision-making sometimes involves cultural and religious values, hence ethical conflicts in a multicultural healthcare environment might arise. Respect of cultural variety is vital, but healthcare professionals also have to make sure these values do not endanger the kid. When surrogate beliefs guide actions that may not fit the child's medical requirements, ethical conundrums result.

For instance, certain societies could give spiritual healing top priority above medical intervention or might believe that particular medical operations are unsuitable. This might result in a conflict between surrogates who give cultural values first priority and medical experts following medical evidence-based procedures.

Legal and ethical frames

Different ethical and legal frameworks meant to safeguard the rights and interests of the child and the surrogate govern decisions on paediatric care. These models try to balance the often conflicting interests of parents, doctors, and the kid.

Parental Rights against State Interests

Though this power is not absolute, most legal systems offer parents great authority to make healthcare choices for their children. The state may step in when parents object to treatments judged required to save the life or health of a child. Many times, courts are asked to settle such disputes; depending on the jurisdiction, legal precedents differ. Generally speaking, courts give the child's right to life and health first priority above parent autonomy.

Medical Futility: Palliative Care

Medical futility is one major ethical dilemma that has become more and more important in paediatric treatment. Medical futility is the state of affairs when therapies are unlikely to significantly improve the patient. In children's care, this often relates to terminal diseases or circumstances where aggressive treatment choices could prolong life but at great pain.

Healthcare professionals could advise switching to palliative care when they feel that further therapy is pointless. Surrogates, hoping for a miracle or clinging to the concept that any life, no matter how little, is worth saving, may object to such advice, however. Respecting the surrogate's desires and stopping damage to the kid creates ethical conundrums in which case one must choose.

informed permission and decision-making authority

Although informed permission is pillar of ethical medical practice, in cases of paediatric treatment it is usually given by surrogates. When surrogates lack the ability to completely appreciate the consequences of the medical choices they are making or are not sufficiently educated, ethical problems result.

Medical professionals have an ethical responsibility to make sure surrogates are well aware of the alternatives to suggested treatments, dangers, and benefits. This may be difficult, however, in cases when surrogates have low health literacy or are swayed by religious, cultural, or emotional elements that compromise their judgement.

Ethical Conundrums in Particularly Paediatric Cases

Neonatal Intensive Care:

Neonatal intensive care, where judgements must be taken about very preterm or seriously sick neonates, is one of the most morally difficult areas in paediatric treatment. Many times, these circumstances call for tough decisions about whether to start or keep life-sustaining medicines. Sometimes doctors may advise turning off life support if they think the newborn has little chance of survival or will have a poor quality of life. Parents may, however, see things differently depending on hope, faith, or other personal circumstance.

Terminal Illness and End-of-life Care

Another major ethical difficulty in paediatric decision-making is end-of-life care for children with terminal conditions. Surrogates may have to make painful choices on whether to concentrate on palliative care or keep on intensive therapies. When surrogates are not ready to let go and accept that the kid is dying, these choices might cause moral conundrums even if medical data indicates that more therapies are useless.

In summary

Especially in the context of surrogate decision-making, paediatric care decision-making entails negotiating a convoluted web of ethical questions. Although the driving concept should always be the child's best interests, deciding what those are frequently difficult. Surrogates, doctors, and—where suitable—the child must collaborate to make choices honouring their autonomy, safeguarding of life, and avoidance of needless suffering. Conflicts often arise, however, when various stakeholders see different directions on the best line of action.

Emotional, cultural, religious, and economical elements that could hamper logical decision-making augment the ethical conundrums present in surrogate decision-making. Legal systems exist to provide direction and, when needed, to step in circumstances when surrogates make choices that may not be in line with the welfare of the kid. These models are not without flaws, however, either.

Paediatric care decision-making aims ultimately to respect the views and beliefs of the surrogate decision-makers while safeguarding the health, dignity, and rights of the youngster. The ethical questions surrounding decision-making will only get more complicated as medical developments push the limits of what is feasible in paediatric care and need constant communication and thought among healthcare practitioners, ethicists, and society at large.

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