

LEARNING ETHICS THROUGH EVERYDAY PROBLEMS: PARENTAL REFUSAL OF NEEDED TREATMENT FOR A CHILD.

APRENDIENDO ÉTICA A TRAVÉS DE PROBLEMAS COTIDIANOS: NEGATIVA PARENTAL AL TRATAMIENTO QUE PRECISA UN NIÑO.

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Abstract: It has already been pointed out that in Medical Schools teaching young people about the ethical problems they are going to encounter in their professional practice can be addressed from an eminently practical perspective. What should be done when parents do not consent to a treatment that is absolutely necessary to save the life of their child, prevent a disability or avoid serious harm? What decision must be made when the legal guardians of a minor refuse an intervention without which the health of the patient will be seriously or irreparably affected? This is the issue that will be dealt with in this paper, providing a simple and easy approach to overcome the problem.

Key words: ethics, child advocacy, clinical education, decision-making.

Resumen: Ya se ha señalado que en las facultades de medicina enseñar a los jóvenes sobre los problemas éticos que van a encontrar en su práctica profesional puede ser abordado desde una perspectiva eminentemente práctica. ¿Qué debe hacerse cuando los padres no dan su consentimiento a un tratamiento que es absolutamente necesario para salvar la vida de su hijo, prevenir una discapacidad o evitar daños graves? ¿Qué decisión debe ser tomada cuando los representantes legales de un menor de edad se niegan a una intervención sin la cual la salud del paciente será seriamente afectada o irreparable? Este es el tema que se tratará en este documento, que proporciona un enfoque sencillo y fácil para superar el problema.

Palabras clave: ética, defensa del paciente menor, educación clínica, toma de decisiones.

INTRODUCTION

It has already been pointed out that in Medical Schools teaching young people about the ethical problems they are going to encounter in their professional practice can be addressed from an eminently practical perspective (1).

Students can be presented with situations from daily life that they are going to be able to resolve without the need for any formal ethical or legal training. These conflicts are completely separate from the practice of medicine, and their solutions basically stem from the natural intuition of the normal human being.

Only common sense will be required.

The issue that will be dealt with in this paper is probably among those that can produce the highest level of anxiety and ethical conflict in the professional.

What should be done when parents do not consent to a treatment that is absolutely necessary to save the life of their child, prevent a disability or avoid serious harm?

What decision must be made when the legal guardians of a minor refuse an intervention without which the health of the patient will be seriously or irreparably affected? (2).

In the Policy Statement on Consent for Emergency Medical Services for Children and Adolescents (3), the problem is expressed perfectly, and those who have had access to the document should know how to act.

However, a very different scenario is proposed in this article, involving second-year medical students with only rudimentary knowledge about the ethical and legal problems that surround the practice of medicine and its uncertainties (4).

For the time being, we are going to set aside any reference to ethical principles or legal norms; there will be time later to analyze them and see how they should be applied.

THE STRATEGY

As occurred in the previously mentioned case of teaching about informed consent, the course is divided into two clearly differentiated parts. In the first part, medicine and its problems are not mentioned at all, while the second part focuses on the professional practice that the students will be undertaking in the near future.

Let the show begin.

The Professor enters the classroom with a serious manner, as if displeased about some news that has produced a change in his/her mood.

Instead of greeting the students in the usual way, the professor starts to speak in an obviously angry tone:

“It’s not fair! Another poor father sent to prison for having had sex with his small children. As if one can’t do what one wishes with one’s own children”. The expression **“one’s own”** is stated with great emphasis and absolute conviction.

That entrance and those first words manage to attract the first looks, which are full of something that can be classified as a mixture of surprise and disbelief.

“What are you saying professor? Do you think it’s bad that they punished that man?” one of the more daring students manages to say with a certain degree of insecurity: the student can’t really believe what a respectable professor in the School of Medicine has just said in the classroom.

“Of course I think it’s wrong. You must remember that these are his children. These creatures are in this world thanks to his participation- admittedly along with the mother- and therefore he has a perfect right to do what he wants with them. Are you telling me that you don’t agree?”

The expressions on the faces can now be perfectly classified: disbelief has turned to hatred.

Now various students raise their hands. Others exchange comments in a low voice.

“Children are not the property of their parents! That man can’t do what he wants with them!” could be an example of the many comments made.

“Why not?” the Professor continues to demand.

“Now look...A father can do what he wants with his children. Now you’re going to tell me he can’t hit them either. They are his, his own property!” The professor says all of this with firmness, determination and conviction.

A revolt is about to take place in the class ...until it reaches a climax.

And at that moment, the Professor starts to speak in a personal way.

“My children are my property to such a degree that I can decide whether I want them to live or die. I have complete control over their lives”, says the Professor with conviction.

Now the situation has to be managed. The professor says to the students:

“What’s wrong? Why does this argument surprise you?”

“As the father/mother of my children, am I not their owner? Can't I use them sexually? Can't I have control over their physical well-being?”

“No”, is the firm and unanimous and response of all the students.

Finally the Professor asks:

“Can't I have control over their lives?”

“No”, the class responds.

“Can I have control over their lives for any reason?”

“No, not for any reason”, they all coincide.

“OK; take this to the hospital”, concludes the “hated” Professor with relief.

Coffee break time.

After returning to the classroom, the first comment is directed toward making the students see that often apparently complex problems that arise in the practice of medicine can have a simple solution if they are approached using common sense.

Now it is time to talk about other situations and what their attitudes should be in each case.

The professor insists on the need, if time permits, to try to obtain the informed consent of the representatives of the minor and document this information in the clinical record, regardless of whether consent was obtained or not.

The professor also explains the existence of the professional's duty to seek the best interest of the child.

There is discussion and an interchange of opinions about the doctrine of the mature minor and how the level of comprehension of the child must be studied in each situation.

When the seminar is over, the teaching team may have some doubts about whether everyone has understood, for example, the doctrine of the mature minor.

However, we are completely sure that all the students have understood that there is absolutely no situation where parents can have control over the lives of their children.

And they will never forget it. We have created a sticky message (5), but with super glue.

It's just a question of common sense.

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