

To what extent should minors have the right to advocate for medical action?

Theme: Ethics

Word Count: 1993

Stimulus:

In season 13, episode 22 of the show *Grey's Anatomy*, Liam, a child, arrives by himself at the hospital complaining of head pain and dizziness. He suddenly begins seizing, prompting Dr. Karev to take a CT scan immediately. Once Liam's parents were contacted and arrived at the hospital, Dr. Karev reveals to the parents that Liam has a large brain tumour requiring surgery to stop its inevitable progression that would lead to worsen headaches and pain for Liam, ending with possible death. The parents are adamant on taking Liam home against medical advice, knowing there is a real chance that he would die. The parents are religious, and respond that Liam will not die if it's God's will. Liam returns by himself again a couple days later, but his condition has worsened to the point where death is imminent without surgery. Liam himself expresses that he "prayed and prayed, but it didn't work" (Fuentes, 2017), and asks "can you help me, Dr. Karev?" (Fuentes, 2017). Liam asks for medical intervention.

Word Count: 166

The main issue raised through this episode is the differing views between parents and their child. While a doctor legally has to respect the beliefs and consent of a parent, it becomes difficult when the decision not only poses inevitable risk to the child, but also diverges from the child's wishes. The ethical issue arises when Dr. Karev must decide whether to abide by the law, respecting the parents' decision, or do what he believes is right and listen to the child's plea for help. Ultimately, it can be argued that the parents are only acting on what they believe is right and best for their child, even if it differs from medical advice. They believe their son's soul is at stake if they do not fully leave his condition up to God's will, a value that is central to their lives. However, Liam expresses a different view, but whether his view can be basis enough to act upon becomes the issue. There has been debate for how capable a child is to make decisions logically and their ability to advocate for their own beliefs. All these issues lead to the development of the philosophical question: To what extent should minors have the right to advocate for medical action? This issue can be narrowed down to whether a child has autonomy and if a parent has the right to override their views. The philosophical views that can be applied are paternalism and the best interest policy.

Paternalism is the belief that it is justified to interfere with a state of another individual against their will, stating that it protects the person from harm and that they will be better off with interference (Dworkin, 2020). Paternalism applies to a large spectrum of issues, but ultimately questions the treatment of persons when they are not fully rational (Dworkin, 2020). In the context of making decisions for children, the belief is built upon the claim of developmental limitations of children. Supporters of paternalism will argue that children can not properly discern the consequences of their actions, especially in complex situations, due to their lack of cognitive and emotional abilities. This view can be justified as children do lack mental

development. The brain of a child is biologically less developed, and their ability to consider and comprehend the full consequences and risks of decisions are significantly less than an adult's (Larcher, 2015). By letting a parent make decisions, it can be assumed that parents will act to benefit their children, as it is in their best interest as well. Moral paternalism tries to improve a person's moral character, thus a better person, without regards to if one's life goes better as a result (Dworkin, 2020). In the context of moral paternalism, religion is often a central piece of identity, and the shared familial views can be crucial to a child's belonging and treatment at home. It is meant to prevent harm from those who are not fully rational.

However, there are many criticisms of this view. Firstly, every individual will develop at a different age, and it is difficult to determine at what point a child can gain the autonomy to make these decisions, when paternalism is no longer required (Suber, 1999). Typically, age cutoffs are used to determine when youth reach certain milestones in autonomy, such as driving or consumption of alcohol. In most countries, the age of majority is set at age 18, even if the development of cognitive ability is gradual and varies for each individual (United Nations, 2023) (Arain et al., 2013). Reaching the age of majority implies that the individual is a full legal adult, where decisions no longer need the supervision from a guardian, thus granting full autonomy and responsibility for actions (United Nations, 2023). What becomes justified under the claim of paternalism becomes blurred, as an individual's cognitive and emotional maturity can not be fairly judged. If the individual has the cognitive ability to assess the consequences of their decision, they should be able to make their own decisions, but being underage subjects them to a violation of autonomy if their reasoning differs from their guardians. When looking at moral paternalism, more criticisms arise. To begin, morality is extremely subjective. Morality is often tied with culture and religion, meaning an individual's understanding of what is moral will

greatly differ based on their upbringing. John Stuart Mill makes the argument that “the same causes which make [an individual] a Churchman in London, would have made [them] a Buddhist or a Confucian in Peking” (Mill, 1859). Mill argues that the morals or religions that an individual believes in is rooted in their surroundings rather than what is truth. Thus, imposing one’s religious beliefs on another individual can not be justified, as its benefit is subjective; there is no justification that the individual will benefit or be protected, thus contradicting the very goal of paternalism. Lastly, it can be argued that paternalistic actions are an assumption of infallibility or superiority. The authorities may not have the complete knowledge or understanding of what is the best outcome for an individual. Although they may have a better cognitive ability than the individual that they are making decisions for, it does not necessarily equate to the most informed and able to make the decisions. A decision would be best made when one is well-informed, and in comparison to trained professionals, a parent may lack the same knowledge. If the authority is not properly informed, the individual may end up with more harm than benefit.

A contrasting view that can be applied to this case is the best interest principle and the harm principle under utilitarian views. The best interest principle states that the best interest of a child should be promoted (Buchanan and Brock, 1989). Although there are many views on this principle, one of them is that one must act “so as to promote maximally the good” (Buchanan and Brock, 1989). A second way it can be interpreted is that one must act in terms of a child’s hypothetical choices (Archard, 2023). The decision is to be made as if the child could reasonably and rationally decide. The harm principle dictates that one should act in a way that does not cause or incite harm to others (Mill, 1859). These ethical principles would result in the individual’s input holding more weight and their objective well being is prioritized.

However, these views still face many criticisms. The best interest principle is ambiguous because of the many interpretations; it is difficult to actually determine what is objectively best (Ross, 1999). Buchanan and Brock's interpretation concludes that decisions should be made to promote the maximal good of the child. One should act according to what provides the most net benefit, with quality of life judgements taken into account. However, critics may argue that benefit can not be quantified and judged, as well as the lack of objectivity when determining what is the maximal good (Ross, 1999). The consequences of an action often holds probability and uncertainty, making it difficult to accurately weigh the net benefit. Additionally, the interpretation of what is in the best interest of the child will differ depending on who the individual is, thus an objective course of action can not be reached. These criticisms, however, target the interpretation of what is most beneficial; the principle that the good and well being of the child should be prioritized stands. If the interpretation where the child's hypothetical choice is accepted, an emphasis is put on child autonomy and importance in their opinion (Archard, 2023). Critics argue that there is ambiguity, as making assumptions always leaves room for deviations from truth; a child's current views can drastically change by the time they reach adulthood. There is no certainty in how the child would make decisions if they possessed the mental capacity of an adult, thus assumptions made are vulnerable to bias through other individuals', particularly the parents', opinions, and may not reflect the child's ideals. Although there are flaws within this interpretation, it highlights the importance of child autonomy and choice. While considering what the child values and the motivations behind their desires, a logical course of action can be determined. The child is able to advocate for their own treatment, while still having the protection of their limited cognitive abilities. Even if there are slight deviations from the theoretical choice the adult version of the individual would make, the act is

still in their best interest. The harm principle can be introduced to objectively determine the course of action that would cause the least harm to the individual. However, Mill's harm principle presents its own limitations, often criticized for its inaccurate definition for harm, where it only considers physical or inciting physical harm as punishable and wrong. It is criticized by its focus on physical harm as the only negative outcome, without consideration of other factors that may be deemed harmful. However, the principle presents a way to prioritize the well being of the individual. When considering these two principles, it can be concluded that the choice that should ultimately be made is the one that promotes the maximal good for the child. This includes acknowledging the child's autonomy and choice, as it is ultimately their quality of life that may be affected, and acknowledging which choices objectively are deemed better due to how harmful they are.

In relation to the stimuli, Liam understands that his pain can not be taken away with prayers and is actively seeking out medical help (Fuentes, 2017). His moral principles are varied from his parents, where he believes that medical intervention is beneficial and necessary. His parents' only objection is their religious belief, which causes poor logical reasoning not to receive treatment. The parents may believe that Liam's soul is being protected, but it is objective that Liam's condition will only worsen and lead to death. Paternalism means he can not advocate for his medical action, due to his supposed lack of mental capacity. This principle extends to medical practice in reality. The treatment of children is left to parents to decide, where the choice that best benefits the child's health is not always chosen. In addition, those deemed cognitively impaired or in an unconscious state also have their rights to make medical decisions suspended. In these cases, paternalism would put the decision, regardless of the individual's own wishes or circumstances, in the hands of their guardian due to their lack of full rationality at the moment.

When following the best interest principle, Liam would choose to do the surgery if he was an adult, given that he does not hold the same views against medical intervention as his parents do; he already actively seeks out help. When considering his desire to live and cure the pain he is in, the surgery should be done as the risks are already outweighed by the inevitability of death that faces him without removing the brain tumour. The parents are actively harming their child by not allowing medical intervention. The harm principle states that these actions can be restricted. The child should not have to suffer because of their parent's choice that causes physical threats to their health, when the other option is objectively more beneficial. These principles allow Liam to advocate for what he believes and what is best for him.

In conclusion, the argument from the side of the best interest and harm principle should be accepted. A child should be allowed a degree of autonomy when deciding on actions that ultimately affect their quality of life the most. If their parents are actively causing more harm than necessary, a child should be able to advocate for themselves. The paternalistic argument is flawed as it advocates for an individual being able to make decisions for another based on the premise that it is for their own benefit, however, there is little logical reasoning that justifies the outcome being actually beneficial. Through the application of the two principles, it is determined that a child should be able to advocate for their own medical action if their parents' choice is actively causing harm. Their opinion should also be respected and heavily considered when making decisions.

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