

Sample Analysis, Synthesis, & Response Paper I

Children's Rights to be Active Participants in Healthcare Decisions

By: Jillian Mooney

Informed consent is the “process by which patients are informed of the possible outcomes, alternatives, and risks of treatments” (Burkhardt & Nathaniel, 2002, p. 422). Informed consent is a patient’s right and it provides an opportunity for patients to actively participate in their own healthcare. The process of informed consent allows patients to ask questions and voice any concerns and objections. Children are not guaranteed this right. There is no law that requires children to be active participants in the decision making process regarding their own healthcare. Sometimes children are allowed to voice their opinions, but there is no guarantee that parents and healthcare professionals will take children’s opinions into consideration.¹

Parents provide the legal informed consent for their children. This raises legal and ethical issues for nurses when they act as patient advocates for children. When are children capable of participation in the decision making process? Do children benefit developmentally from participation in the decision making process? Does active participation in the decision making process have an effect on treatment outcomes? What steps should nurses take when children disagree with the decisions made by their parents?^{2, 3}

General Background

Legal Rights of Children

Decisions about a child’s healthcare are the responsibility of the parents until the child is 18 years of age or the child is emancipated and considered a mature minor. Parents are expected to make healthcare decisions in the best interests of their children. They do not have to discuss healthcare options with their children before making any decisions. Legally, parents have control over their children’s bodies. Children do not have autonomy, “freedom to make independent choices” (Burkhardt & Nathaniel, 2002, p. 417), regarding their own healthcare. Children only have control over their healthcare in the areas of reproductive health. Adolescents can make treatment decisions regarding sexually transmitted diseases, pregnancy, and birth control without having parental permission.

The concept of assent is becoming more common in children’s healthcare. When children assent to treatment, they are agreeing to the treatment decided upon by their parents. Assent is not legally required. The American Academy of Pediatrics Committee on Bioethics (1995) recommends that assent of the patient (when dealing with children) should be included in the decision making, but each child’s cognitive development level should be evaluated to determine decision making abilities.

1: This paragraph determines the focus of the paper and briefly describes the problem.

2: These questions tell the reader what the paper will cover. Sometimes, it might be more appropriate to make them statements rather than questions.

3: However, the questions help to organize the content of the paper.

Note: You must provide in-text citations for all references including secondary sources.

Children's Ability to Make Decisions

Children's ability to make decisions is based on their developmental level.⁴ According to Piaget, the formal operations stage of development involves hypothetical and abstract thinking. The development of formal operations around age 11, allows children to "deal with possibilities, including those that contradict known reality" (Sigelman & Rider, 2003, p. 175).⁵ This movement from concrete thinking to abstract thinking enables children to evaluate and compare the possible outcomes of different treatment options. They are able to understand that different choices will bring different results.

Children are not considered competent to make decisions regarding their own healthcare. For a person to prove competency they must establish "(1) evidence of choice; (2) reasonable outcome of choice; (3) rational reasoning; and (4) understanding of the risks, benefits, and alternatives." (Mohr & Kennedy, 2001, p. 198). Children who have moved into the formal operations stage of development are able to evaluate different options and choose an option based on rational reasoning. Each child must be evaluated for competency because there is not an exact age at which children begin formal thought processes.⁶

Children's Involvement in Healthcare

Benefits of Participation on Development

Allowing children to participate in decisions regarding their own healthcare is a valuable teaching tool. Nurses and parents can use these opportunities to teach children about the healthcare process and how to ask questions about treatments. Being an active participant will also help children gain self confidence in their abilities. Respecting children's abilities to make decisions promotes self-esteem and enhances the children's overall well being (Coyne, 2006). Completely ignoring children when discussing their healthcare option results in negative effects. Coyne (2006)⁷ found that children feel upset, angry, and depressed when ignored by healthcare professionals.

Children should be informed of their diagnosis and treatment options. Involving them in the decision making process will help them develop the skills to make informed healthcare decisions as adults. An argument against allowing children to make decisions is that their "decisions are based on limited world experience" (Ross, 1997). By allowing children to be involved, but not giving them the final choice, they are able to gain more experience. Parents and healthcare professionals should assist children in the decision making process and teach them the important aspects.

Benefits of Participation on Treatment Outcomes

Compliance involves accurately following a therapeutic regimen prescribed by a healthcare provider.⁸ Adults, who are active participants in deciding their regimens, often have difficulties with compliance. Children are expected to be compliant without understanding their illness or what the regimen is and why it is necessary. Coyne (2006) found that children want to understand their illness and prescribed treatment regimens so they can actively participate in getting better. Children should be encouraged to seek out information. Compliance will increase the desired outcomes of the treatment regimen.

Conclusion

Nurses' Role

By being advocates for children, nurses can teach children how to advocate for themselves. When a child dissents to a treatment, it is the nurse's responsibility to

4: Good transition.

5: Good use of well-known author in the field of development.

6: The student stresses the importance of determining developmental level vs. age of patient.

7: No need to repeat the year in the same paragraph.

8: This transition could be smoother and less abruptly stated.

find out why before treatment is initiated, if possible. Dissent may be due to fear and lack of understanding about the treatment. The nurse can use this as an opportunity to teach the child, answer any questions the child may have and dispel any fears. The nurse is enabling the child to have his opinion heard in regards to his treatment. This process may not change the prescribed treatment regimen, but it will give the child a sense of involvement and importance. The nurse can teach the child that it is acceptable to ask questions about things not understood.

“By respecting the child’s potential for becoming a self-determining person, learned helplessness is decreased” (Beidler & Dickey, 2001).⁹ Learned helplessness is the “tendency to avoid challenges and to cease trying when one experiences failure, based on the belief that one can do little to improve” (Sigelman & Rider, 2003, p. 262). Nurses are helping children develop into educated decision makers when they encourage and support children’s participation. Constant rejection of or ignoring children’s opinions on their treatment teaches children that their opinions do not matter. If this continues, children will no longer offer their opinions and will not be prepared to make decisions as adults. Nurses have the ability to prevent learned helplessness.

9: Introduce your quote using a signal phrase for easier transition and flow. The citation needs a page number because it is a direct quote.

Final Thoughts

Children should be active participants in decisions involving their healthcare. This does not mean that children should have the final say in choosing which treatment regimen to follow. Active participation involves healthcare professionals explaining the child’s diagnosis and treatment options and eliciting the child’s opinions. The child’s opinion on treatment should have an impact on the final decision made by the parents. This involvement in the decision making process will help children developmentally and encourage compliance with the treatment regimen. Nurses should support children to actively participate and stand up for children when necessary.¹⁰

10: Could have had a stronger ending using an example or scenario.

Note to student:

Good work on this paper, Jillian. You set the stage for the problem by telling the reader the general background issues of legal rights of children and children’s ability to make decisions. Then you went into more detail of the benefits of children’s participation on both the development and treatment outcomes. You ended with the nurse’s role and final thoughts. The paper was organized well using appropriate headings and moved along with good transitions for the most part. A stronger ending using first person would have strengthened the paper. A few APA, spelling, grammar and punctuation problems were noted.

References

- Beidler, S.M., & Dickey, S.B. (2001). Children's competence to participate in healthcare decisions. *JONA's Healthcare, Law, Ethics, and Regulation*, 3(3), 80-87.
- Burkhardt, M.A., & Nathaniel, A.K. (2002). *Ethics & issues in contemporary nursing* (2nd ed.). Clifton Park, NY: Delmar Learning.
- Committee on Bioethics (1995). Informed consent, parental permission, and assent in pediatric practice. *Pediatrics*, 95, 314-317.
- Coyne, I. (2006). Consultation with children in hospital: Children, parents', and nurses' perspectives. *Journal of Clinical Nursing*, 15, 61-71.
- Mohr, W.K., & Kennedy, S.S. (2001). The conundrum of children in the US health care system. *Nursing Ethics*, 8, 196-210.
- Ross, L.F. (1997). Health care decision making by children: Is it in their best interest? *Hastings Center Report*, 27(6), 41-45.
- Sigelman, C.K., & Rider, E.A. (2003). *Life-span human development* (4th ed.). Belmont, CA: Wadsworth.