Bioethics in Pediatrics

Introduction:
At times during the practice of Pediatrics, clinicians must make difficult ethical and moral decisions to serve the best interest of their patients. The scenarios described below are real cases, address ethical issues unique to pediatric patients and give you the chance to develop practical approaches to these problems.

Please note that you can also find the cases, a model case and references on our website: http://www.washington.edu/medicine/pediatrics/students/current/third-year/core-materials/ethics-cases. We have also included a list of online resources to introduce you to broader materials available in pediatric bioethics.

Discussion:
Your bioethical learning objective can be met by a discussion of the cases below, similar cases seen during your pediatric clerkship or through a written reflection submitted to the clerkship directors in Seattle (medical.students@seattlechildrens.org) if you did not have an opportunity to address these issues at your site. On the tracker, please indicate how you met the requirement.

Be prepared to discuss the following (no matter how you meet the requirement):
• The ethical issues raised by each case;
• How you would weigh the various sides of the conflicts/view the different arguments;
• How you would develop a plan to resolve the problem and the ethical conflicts;
• Basic ethical principles that would guide your plans.

Ethics Cases

Case 1
You are a primary care physician who is assuming the care of a family. Upon review of the past medical history of the 1-year-old daughter, you find that she has had no immunizations although she received several well child examinations with their homeopathic caregiver. Her current medications include Chinese herbal supplements and the family follows a vegan diet. You ask the parents why your patient hasn't received immunizations and they state, "We don’t believe in immunizations".

Case 2
A 14 year-old boy is admitted to the Hematology-Oncology ward with acute lymphoblastic leukemia. He presented to the Emergency Department with pallor and dizziness and was found to have a hematocrit of 14.9%. The oncologist would like to start best available chemotherapy immediately, but the patient and his legal guardians (aunt and uncle) have made it clear both verbally and in writing that, as Jehovah’s Witnesses, they will refuse all blood products. His chemotherapy is myeloablative and will cause a further decline in his hematocrit. There is virtually a 100% chance of death with this leukemia if it is not treated and an approximately 75% chance of survival with best available chemotherapy.