

MCS Selective Children and Ethics

Catalog Description: Much of the discourse in contemporary medical ethics focuses on the relationship of mature and autonomous patients to their physicians. The world of children as patients is therefore a unique world since these youngest patients have limited ability for self-determination and limited legal status as minors. Those who specialize in the treatment of neonates, children, and adolescents find themselves in an ethically and legally complicated world in which the treatment of a patient as a person is a uniquely challenging ideal.

Instructor



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Syllabus

Detailed Description:

Over this 5 week selective we will discuss ethical principles and dilemmas as they apply to children. Children are frequently unable to make informed medical decisions themselves and the decision making right is given to their parent(s) or guardian. While the ethical goal should always be centered around the best interests of the child, the decision making process is often complicated with legal implications and there may be discordance between parent and child, families and the health care team, the health care team themselves or the parents themselves. This course will entail reading assignments and will be case based with presentation of articles and class discussions. Discussions outside the classroom will occur in a password protect blog that will reflect the topic of discussion of the week.

Educational Objectives

At the conclusion of this course you will have the ability to:

1. Understand ethical principles as they apply to children
2. Apply ethical principles in clinical situations that involve a child
3. Understand the legal implications as they apply to the ethical decision making involving children
4. How to apply ethical principles when there is conflict between parent(s) and child, families and the health care team or parents themselves

Topics and Dates

Week 1- Ethical issues in the neonate: The care of infants in the neonatal intensive care unit presents many challenging medical, legal, and ethical problems. As technology lowers the age of viability and raises the likelihood of survival among neonates it also raises questions of quality of life, disability, and

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utilization of resources. At the same time the institution of “Baby Doe Laws” in the United States has made neonates a uniquely protected population, complicating the process of medical decision making between parents and doctors.

Week 2- Care of the child with disabilities

Week 3 – Minority vs. maturity with regard to medical decision making: From a legal point of view parents have decision making authority for their minor children. At the same time children need to have increasing participation in health care decisions as they mature. In this unit we discuss the ways in which physicians navigate between the needs of their young patients and authority of their parents in various clinical situations

Week 4 – Confidentiality and sexuality: Issues of sexual orientation, sexual identity, and patterns of sexual behavior and activity are ethically complicated because they raise issues of privacy, professional confidentiality, and often parental authority. In this unit we explore ways in which physicians can become trusted confidants to their young patients while maintaining proper boundaries with parents and guardians. This unit will also explore obligations of physicians to report sexual abuse and mistreatment.

Evaluation

1. Attendance and active participation at all sessions
2. Students will be required to present assigned articles and lead discussions in class
3. Two, one-page reflections on class discussions

Class Size

Minimum 5

Maximum 8