

## REPORT OF THE COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS

CEJA Report 8-I-07

Subject: Pediatric Decision-Making

Presented by: Mark A. Levine, MD, Chair

Referred to: Reference Committee on Amendments to Constitution and Bylaws  
(Jane C.K. Fitch, MD, Chair)

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*The following recommendations were adopted as AMA Ethics Policy at the 2007 Interim Meeting of the AMA House of Delegates. The full report may be available online at <http://www.ama-assn.org/go/cejareports> or upon request by calling (312) 464-4823.*

### RECOMMENDATION

The Council on Ethical and Judicial Affairs recommends that the following be adopted and that the remainder of this report be filed.

Medical decision-making for pediatric patients should be based on the child's best interest, which is determined by weighing many factors, including effectiveness of appropriate medical therapies, the patient's psychological and emotional welfare, and the family situation. When there is legitimate inability to reach consensus about what is in the best interest of the child, the wishes of the parents should generally receive preference.

Physicians treating pediatric patients generally must obtain informed consent from a parent or a legal guardian. Certain classes of children, such as emancipated or mature minors, may provide consent to their own medical care.

Physicians should give pediatric patients the opportunity to participate in decision-making at a developmentally appropriate level. The physician should seek the patient's assent, or agreement, by explaining the medical condition, its clinical implications, and the treatment plan. If the patient does not or cannot assent, physicians should still explain the plan of care and tell him or her what to expect, without deception. In the case of an adolescent patient who has decision-making capacity, the physician should encourage the patient's active participation in decision-making. The use of force such as with using physical restraints to carry out a medical intervention in adolescent patients who do not assent should be a last resort.

Parents and physicians may disagree about the course of action that best serves the pediatric patient's interests. When disagreements occur, institutional policies for timely conflict resolution should be followed, including consultation with an ethics committee, pastoral service, or other counseling resource. If a health care facility does not have policies for resolving conflicts in a timely manner, physicians should encourage their development. Physicians should treat reversible life-threatening conditions regardless of any persistent disagreement. Resolution of disagreements in the courts should be pursued only as a last resort.

(New CEJA/AMA Policy)