Ethics and Pediatric Psychopharmacology

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Introduction
Although recent and future advancements in clinical research and our understanding of mental illness in children promise to allay some concerns about the safety and efficacy of psychoactive medications and the validity of psychiatric diagnoses in youth, the more complex social and ethical concerns surrounding the treatment of children with mental health disorders remain beyond the scope of most clinical research. The first principle described in the code of ethics published by the American Academy of Child and Adolescent Psychiatry calls upon physicians to maintain a “developmental perspective” when caring for children.\(^1\) Conflicting, but perhaps equally valid interpretations of this same principle form the basis for the on-going debate over the use of medications for the treatment of childhood psychiatric disorders.

Clinical and Ethical Issues
Those who strongly oppose the pharmacological treatment of psychiatric disorders of childhood argue that this increasingly common practice denies children their right to developmental freedom. According to them, a child whose behavior, thoughts or emotions are controlled by medication is deprived of the developmental opportunities that allow him to gain a sense of self-efficacy, learn to take responsibility for his actions or develop techniques for self-regulating his behavior.\(^2\) Such a child might be less prepared to face the challenges of adult life and may never achieve a sense of self-fulfillment with the knowledge that he required or still requires such pharmacological “enhancement.”\(^2,3\)

The counterargument to this is that parents, teachers, tutors and many others involved in raising children, are constantly intervening in a variety of ways to support, coach, and help a child “enhance” her performance or “improve” himself in some way. As a society, we generally support such efforts, at least to some degree: The parent who ignores his child's pleas for help with his homework is viewed as careless and even neglectful, but the parent who consistently does her child's school projects from start to finish is frowned upon. Defining the middle ground, the appropriate amount of assistance that supports a child's efforts without compromising their sense of self-efficacy, is a challenge.

Others strongly opposed to medications that select for certain “desirable” behaviors and reduce other “undesirable” behaviors argue that a child deserves the opportunity to develop a self and that such interventions to “shape” a child under the guise of “improvement” deny them this basic right. The bioethicist, Joel Feinberg, describes children as “protoadults,” dependent and vulnerable as they engage in the early stages of self-discovery.\(^3\) He explains that adults have a responsibility to protect this valuable developmental process as well as a child's “right to an open future.”\(^3\) One could make the argument that qualities which are disruptive and might detract from learning in the classroom setting may be rewarded in other cultural or social settings and contribute to an individual's success. Further, there are some critics who warn against such pharmacological intervention predicting that it might result in “enforced benevolent conformity” and threaten social diversity.\(^2\)

The other side of this argument is that such pharmacological intervention is not significantly different from - and no less influential than - countless other medical and educational interventions that society routinely supports to better the lives of children, increase their chances for success and level the playing field. We correct over-bites with braces and cleft-lips with
surgery, school systems select for children with certain kinds of intelligence measured by standardized tests and rewarded by society, parents encourage their children to participate in certain extracurricular activities that might increase their chances of a college scholarship or admission to a prestigious institution all in an effort to “improve” children, help them “keep doors open” and “reach their potential.” Some experts note that stimulants and other psychoactive medications might help “level the playing field” and promote more equal opportunities for children with mental health problems and certain traits or qualities that frustrate their ability to succeed alongside their peers.²,⁴,⁵

Society expects parents to teach their children to behave well, encourage them to get good grades and help them succeed in sports and other extracurricular activities, and behave in a socially acceptable manner. Parents who are “not involved” in shaping their children in these ways are viewed as irresponsible. At the same time, the over-bearing, controlling parent who wishes to live vicariously through his child and pressures him to become a high-powered lawyer or a world-renowned physician is seen as selfish and does his child a disservice by denying his developmental freedom. Parents who recognize their ability and responsibility to “shape” their children to some degree constantly work to balance their conflicting obligations to influence their children and let them develop freely as individuals²,³

Thoughtful parents may struggle with the decision of whether to initiate medication in their child and they may experience pressure from multiple sources. Aware of the increasingly widespread use of psychoactive medications, parents are turning more and more to their children's educators and physicians wondering if their own child might benefit from pharmacological treatment. Some parents fear that not offering these medications to their children might put them at a competitive disadvantage.²,⁴ While some parents may experience pressure to try such medications to appease school officials or avoid putting their child at a competitive disadvantage academically, others are mistrustful of such “unnatural” interventions and resist medication at all costs. Child psychiatrists and pediatricians routinely find themselves in a difficult position when their own understanding of the child's “best interests” conflicts with that of the parents.²,³,⁴

The principle of maintaining the “developmental perspective” described by the AACAP may serve as a useful guide during these challenging encounters with parents.¹ The physician who understands the value of respecting parental autonomy as it relates to a child's development must balance this benefit against any potential benefits that the child might gain from pharmacological treatment for his or her mental health problem. Parental autonomy must be respected in an effort to protect the intimate environment of the family in which children develop morally and psychologically and experience unconditional affection and a sense of belonging that is not contingent on accomplishment.³ When physicians respect parental autonomy and identify parents as the primary decision makers, parental knowledge of and affection for children is legitimated, the child's respect and trust for his parents is affirmed and the private parent-child bond is validated.⁶ A supportive developmental environment is strengthened and maintained.

Conclusion
Ultimately, a physician must consider each child individually and in the context of his or her family and developmental environment when determining whether or not pharmacological treatment is in the best interests of the child. Those for and against the use of psychoactive
medications in children agree on the importance of respecting a child's developmental process and maintaining a “developmental perspective” but reasonable disagreements arise in the interpretation and application of this principle.1 Lacking a single, correct interpretation on which to base treatment decisions, physicians, educators and lawmakers must make an effort to become more aware of these different perspectives and approach children and their families with tolerance and understanding.

References:

2. Beyond therapy: biotechnology and the pursuit of perfection. “Better Children.” The President's Council on Bioethics, Washington, DC, 2003. Accessed on September 8, 2011 at: http://bioethics.georgetown.edu/pcbe/reports/beyondtherapy/chapter2.html. This is a very thoughtful article put forth by the President's Council on Bioethics, which discusses a wide variety of ethical concerns raised by the availability of new technologies including pre-implantation genetic diagnosis, gender selection and psychotropic drugs. Members of the council put forth concerns and a logical approach to addressing these concerns that is centered on the welfare of children.

3. Miller RB. The duty to care. In: Children, Ethics and Modern Medicine, University Press Bloomington, IN; 2003: pp. 25-50. In this book, Dr. Miller engages in a detailed discussion of ethically challenging situations commonly encountered by physicians and others dedicated to the care of children. He describes the opposing viewpoints and areas of potential conflict between parents and physicians, physicians and society and physicians and children applying ethical principles to these situations to help guide practitioners in their decision making.

4. Cummings CL, Mercurio MR: Ethics for the pediatrician: autonomy, beneficence and rights. Pediatrics in Review 2010; 31: 252-255. In this brief article, Drs Cummings and Mercurio describe clinical situations from their own experience that illustrate ethical challenges encountered on a regular basis by pediatricians who must address the needs of parents as well as children. The three over-arching medical principals of autonomy, beneficence and respect for patient rights are described and applied to real-life clinical scenarios.

5. Elliot C, Kramer P. Better Than Well: American Medicine Meets the American Dream. Norton New York, NY; 2003: pp. 257-258. Elliot writes about the concerns and deep-seated resistance that arise simultaneously as American society adopts new “enhancing” technologies (new tests, drugs, treatments, etc) in the quest for self-improvement and happiness. He discusses why such technologies, which are readily embraced, are a source of fear and moral concern. He illustrates by numerous examples how social pressures (including pressures to conform and compete) drive the adoption of these
technological advancements in our society.


Hickey and Lyckholm discuss ethical principals as they relate to the care of children. They provide examples of religious or faith-based views of parents and/or children, which may conflict, with views held by the medical community with regard to “best practices” and the treatment of children with medical illness. In this discussion, they describe why the autonomy of parents and their beliefs with regard to the care of their own children are to be valued and carefully weighed against the medical interests of the child when there is conflict.