

Makenzie Marwitz

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Professor Carlin

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Ethical dilemmas within healthcare are very prominent due to the lack of boundaries and following ethics that the foundation healthcare workers provide. Within the child life profession, ACLP provided a child life code of ethics for child life specialists to look back on if there comes a time when they may be conflicted in an ethical dilemma. Ethical dilemmas often involve choices between two or more options that could have a positive or negative consequence. The importance of an ethical decision-making model reflects the competing values and principles individuals may need to consider. In my current issue this week, the case of Cassandra C., a 17-year-old in Connecticut who refused to continue receiving chemotherapy to treat Hodgkins Lymphoma but was forced upon.

The problem with Cassandra's case is that she is still a minor, which means that a parent or guardian has the legal right to make decisions for her. The daughter told the parents she was not interested in continuing the chemotherapy due to her Hodgkins lymphoma; therefore, the parents informed the doctor of their next steps. Due to this decision, the hospital where she was receiving treatment had the court be involved in overruling the parents when they believed their medical decision was threatening the health of their child. According to the Connecticut Supreme Court, they made the decision and ruled that Cassandra must continue to undergo chemotherapy against her will. The family fought that Cassandra is a "mature minor" that grants her the right to refuse treatment, but the court declined due to the success rate of curing Hodgkins's lymphoma being 85%. They stated, "If this were a one-shot treatment—perhaps painful or uncomfortable but over quickly—it would be easy to conclude that forced medical treatment would do more good than harm. However, that is not the case when the patient has to endure the discomforts of chemotherapy for as long as six months" (Macklin, 2015). There were troubling ethics within

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this case that stated newborn and young children cannot make judgments for themselves, but how about teenagers who are close to making their own decisions?

After Cassandra's defense against the hospital, she underwent surgery to install a port through which the drugs would be administered. While they were forcing her to do the treatment, Cassandra stated, "I was strapped to a bed by my wrists and ankles and sedated." (Cassandra, 2015). At Connecticut Children's Medical Center, they took her phone away, and the hospital room was also removed. They made visiting limited with her family members. For example, her mother has been allowed to visit her, but only with a child welfare worker. In addition to the trauma she underwent within the hospital, she was put into a foster home until their hearing with the court.

In the case of Cassandra, the dilemma stems from two ethical principles. The first principle is the respect of autonomy, which calls for respecting an individual right to self-determination. In the medical sense, that is looked at as allowing a patient to refuse medical treatment, even if it could harm their life. The other ethical principle that was revoked within Cassandra's story is beneficence. In her case, this involved physicians and hospitals maximizing benefits and minimizing harms in caring for patients. With the child life code of ethics, this story correlates with principles 1, 2, 3, and 4. Principle 1 is "CCLSs hold a primary commitment to the psychosocial care of the patient and family and uphold the mission, vision, values, and operating principles of the profession" (CCLC, 2020). The physicians, in this case, did not respect Cassandra's decision-making during her treatment, which led them to go beyond their mission as healthcare professionals and neglect her trust in them. Principle 2 is defined as "CCLSs have a duty to maintain objectivity, integrity, and competence while exhibiting compassion" (CCLC, 2020). The doctors in the case went behind the back of the family and patient to involve the court

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in forcing chemotherapy upon this patient. While the doctors are showing compassion for the child, they are neglecting to use integrity. The other principle that was provoked in this case is principle 3, "CCLSs have an obligation to maintain an environment that respects every variation of race, identity, ability, and community" (CCLC, 2020). Principles 1 and 2 are related in the sense that the doctors violated this code of ethics by not creating an environment that respects Cassandra and her family's choice of autonomy. As healthcare professionals, we have to put into the mindset that the family is making this decision out of the best interest of their child. Denying the patient and family's decision could cause tension with trust but also cause stressors for them if they are going to be hospitalized in the future. The last principle that is affected is 4, which is defined as "CCLSs respect the privacy of children and families and maintain confidentiality within the standards and requirements of employers, local governing regulations, or private practice standard" (CCLC, 2020). The doctor went to court without signing an agreement with the family to disclose their case information and diagnosis.

In conclusion, Cassandra's case is one of many where healthcare professionals have refused to respect the autonomy of the patient and her family. The various child life principles were not only provoked but caused detrimental mental and physical harm to the child. Not only did the doctors and court force her to receive medical treatment, but it resulted in her being drained and in pain, causing her to be restrained to a bed and limited contact with family members. In these ethical situations, as a child life specialist, I would have honored her choice of refusing chemotherapy and started to create legacy-making activities that are related to palliative care. This article is harmful to read for the patient and their family. Although they can not change the past, I hope they have healed today.

## References

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