

*Case-Based Teaching Guide*

# Religious, Cultural and Philosophical Objections to Medical Care

## Overview

Responding to a parent's refusal of medical care based on religious, cultural or ethical considerations presents complex challenges. Physicians must balance respect for the parent's wishes and legal rights with the child's well-being. What are the limitations on a parent's right to refuse treatment for a child? What are the steps a physician must take in order to justify involving state agencies to compel treatment? How do you resolve conflicts between the parent's values and those of the medical profession?

These materials the ethical issues that arise when the values of parents and health care providers come into conflict over care decisions. Participants will learn the components of informed consent or permission, and understand the limitations of a parent's right to refuse treatment for a child. Participants will discuss the steps to take in order to justify involving state agencies to compel treatment for a child, and identify strategies to resolve conflicts between the values of a parent and the medical profession.

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## Overview of primary case

A 4-year-old child presents to the Emergency Department with a 3 cm laceration sustained while walking around in a friend's backyard. The wound is moderately dirty. The child's mother agrees to have the wound irrigated and sutured. She says she believes in naturopathy and will not permit antibiotics or immunizations. The child has had no tetanus immunizations.

- Is this a decision that you will permit the mother to make?
- How do we decide when it may be necessary to interfere with a parental decision?
- If you decide that a parental decision places a child in danger, what are your options?
- Under what conditions would you feel compelled to call Child Protective Services or obtain a court order to compel treatment?
- Does it matter if the basis for the parental decision is religious, cultural, or something else?

## Alternative cases

1. Dennis Nixon and his wife, Lorie, belong to a small religious sect called the Faith Tabernacle Congregation. They believe that disease comes from the devil and that only God can cure illness. They believe in divine healing and do not seek medical care for their children when illness strikes. Instead, they spend much time in prayer and, for serious illnesses, may seek to be "anointed" at their church.

The Nixon's have 10 children and they take good care of them. Lori is pregnant with another. The children always wear helmets when riding their bicycles. In 1991, one of their children, an 8-year-old named Clayton, died of complications resulting from an ear infection treated with prayer alone. In June of 1995, their 16-year-old daughter, Shannon, began to experience dizziness, weakness, constant thirst and vomiting. She lost weight. After several weeks her mental status began to wax and wane. On June 21, amidst nearly constant prayers, she fell into a coma and died.

Pennsylvania prosecutor took the Nixons to trial on charges of manslaughter. A jury found the couple guilty in two hours.

2. A 5-year-old Hmong child has a cleft palate causing severe speech impairment. The family refuses surgical repair. The pediatrician considers this neglect and is seeking a court order. Should cultural differences be respected in decisions regarding health care to children? How is this different from a Christian Scientist refusing treatment for meningitis?

## Learning objectives

After participating in this module, the learner will:

1. Understand the components of informed consent or permission
2. Understand the limitations of a parent's right to refuse treatment for a child
3. Identify the steps one must take to justify involving state agencies to compel treatment of a child
4. Recognize the conflict between the parent's values and those brought to the situation by medical professionals, and identify strategies for resolving this conflict

## Suggested reading for instructor

Committee on Bioethics, American Academy of Pediatrics. Informed consent, parental permission, and assent in pediatric practice. *Pediatrics*. 1995;95(2):314-317.

Committee on Bioethics, American Academy of Pediatrics. Religious exemptions from child abuse statutes. *Pediatrics*. 1988;81:169-171.

Committee on Bioethics, American Academy of Pediatrics. Religious objections to medical care. *Pediatrics*. 1997;99:279-281.

Diekema, DS. Parental refusals of medical treatment: the harm principle as threshold for state intervention. *Theoretical Medicine and Bioethics*. 2004;25(4):243-64.

Sheldon M. Ethical issues in the forced transfusion of Jehovah's Witness children. *J Emerg Med*. 1995;14:251-257.

Swan R. Faith healing, Christian Science, and the medical care of children. *The New England Journal of Medicine*. 1983;309:1639-1641.

## Case discussion

A 4-year-old child presents to the Emergency Department with a 3 cm laceration sustained while walking around in a friend's backyard. The wound is moderately dirty. The child's mother agrees to have the wound irrigated and sutured. She says she believes in naturopathy and will not permit antibiotics or immunizations. The child has had no tetanus immunizations.

**This patient, a 4-year-old, has sustained a wound that you would consider dirty and at risk of tetanus. What do you think is best for this child?**

Focus here on the need for tetanus vaccine and immunoglobulin. Can also discuss whether the group feels antibiotics are indicated.

**Most of you agree it would be best for the child to be vaccinated against tetanus, which in this case would involve both the vaccine and immunoglobulin. You would also be more comfortable if the child were on antibiotics. The mother has declined any of those treatments because of her naturopathic beliefs. Are you going to allow her to make that decision?**

Emphasize that this is a different question than the one that preceded it. Simply having established what you think is best for the patient does not answer the question of whether a parent who disagrees with you can be overridden. The first question is about what you think is best for the child. The second question is about what authority you have to interfere with the choice of a parent.

**What is your authority in this situation?**

Except in emergency situations where a child's life is threatened imminently, or a delay would result in significant suffering or risk to the child, the physician cannot do something to a child without the permission of the child's parent or guardian. Touching (or administering a medication or vaccine) without consent is considered a battery under the law.

**Given that, and assuming you have not been successful in changing the mother's mind, what are your options?**

Only the "state" can order a parent to comply with medical recommendations. The physician's options include either tolerating the parent's decision (while continuing to try to convince them to act otherwise) or involving a state agency. This can take different forms, but most frequently includes either involvement of Child Protective Services (i.e., reporting medical neglect) or a court order. Both of these are a big deal and will generally be perceived as very adversarial by parents.

**How do we decide whether a parent has exceeded her authority in making a medical decision for her child? What are the limits of parental authority to refuse a medical intervention? In other words, what is the threshold for when we should involve state agencies in a case like this?**

When a parent places a child at *significant* risk of *serious* harm.

**How much risk is too much for a parent to subject a child to? Does it matter how great the potential harm is?**

Harm must be more than trivial. Generally harm must be serious.

**Does it matter how likely the harm is?**

Risk of harm must be significant, not simply a possibility. The threshold in this case is lower if this is a grossly contaminated wound as opposed to a cut with a clean kitchen knife.

**Does it matter how imminent the harm is?**

In this case, the harm is not imminent in the sense that it will occur immediately. But there is a time beyond which the vaccine's effectiveness in preventing tetanus begins to drop. Thus, in this case, we have a day or two to try to work with this family, but not much more than that.

**Does it matter whether the recommended treatment is accompanied by the potential for significant toxicity or side effects or risks?**

Yes.

Another thing that matters is whether benefit has been established. There is a difference between proven efficacy (data-based) and convention ("it's standard of care").

The usual ethical concepts of harm, benefit and best interests are value-laden. What seems to be obviously a minimal harm to many medical professionals may seem like a huge harm to those with different belief systems. What counts as significant is very personal.

Judgments in medicine about efficacious care are often based on minimal data and can change with time. It takes a degree of arrogance to overpower parents' assessment of what would be best for their child.

**Would it matter if the parents were Christian Scientists and refusing immunization, immunoglobulin and antibiotics because of their religious belief (in contrast to a nonreligious belief like naturopathy)?**

The constitution requires that government not interfere with religious practice or endorse particular religions.

The government has an interest in protecting children and innocent third parties.

Freedom of religion does not permit a child to be harmed, neglected or abused through religious practices. In *Prince v. Williams*, the United States Supreme Court stated, “Parents may be free to become martyrs themselves. But it does not follow they are free, in identical circumstances, to make martyrs of their children before they have reached the age of full and legal discretion when they can make that choice for themselves.”

The American Academy of Pediatrics (AAP) does not believe refusal of routine immunizations should be viewed as child neglect.

**Are there other important considerations?**

Conditions for justified state interference with parental decision-making:

1. By refusing to consent are the parents placing their child at significant risk of serious harm?
2. Is the harm imminent, requiring immediate action to prevent it?
3. Is the intervention that has been refused necessary to prevent the serious harm?
4. Is the intervention that has been refused of proven efficacy and therefore likely to prevent the harm?
5. Does the intervention that has been refused by the parents not place the child at significant risk of serious harm, and does its projected benefits outweigh its projected burdens significantly more favorably than the option chosen by the parents?
6. Would any other option prevent serious harm to the child in a way that is less intrusive to parental autonomy and more acceptable to the parents?
7. Can the state intervention be generalized to all other similar situations?
8. Would most parents agree that the state intervention was reasonable?

## Conclusion with suggestions

Respect and care must remain the atmosphere in disagreements with parents.

Interference with parental decision is not appropriate if the prognosis is grave even with treatment.

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