

Children's training, such increase awareness of children's individual

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Children's participation in decisions could affect treatment outcome, and often children play only a minor role in decision-making.

Here, paediatricians role come to offer children opportunities for participation and to guide parents as to how their child could be involved (Ruhe et al., 2016). In order to do assure adequate patient participation, paediatricians and other professionals caring for children with cancer need special training, such increase awareness of children's individual needs, capacities, and preferences and learning about strategies to involve them according to these abilities and wishes (Ruhe et al., 2016). They emphasized the level of children involvement should not only depend on children's maturity, but on their preferences too. Since wishes regarding involvement can differ from child to child. In another study, Ruhe, et al.

, 2016, said that participants children mentioned some obstacles that came out of their involvement or non-involvement in their care, such as confusion of information provided, sense of being overlooked, and pressure in making a decision. Despite these challenges children considered their involvement as important because they were the ones affected by the illness and treatment. According to International Society of Pediatric Oncology, Involving children in communication about their illness and treatment decision is an ethical obligation and demonstrates respect and value to their opinion.

Children's participation in decisions could affect treatment outcome, and often children play only a minor role in decision-making, and her paediatricians role come to offer children opportunities for participation and to guide parents as to how their child could be involved (Ruhe et al., 2016).

In order to do assure adequate patient participation, paediatricians and other professionals caring for children with cancer need special training, such increase awareness of children's individual needs, capacities, and preferences and learning about strategies to involve them according to these abilities and wishes (Ruhe et al., 2016).

They emphasized also that, level of children involvement should not only depend on children's maturity, but also on their preferences, since wishes regarding involvement can differ from child to child. Through clinical trials progress in medical therapies for childhood cancer have been achieved. It is known that treatment decision making in childhood cancer itself is stressful situation for parents; then what if parents asked to enter their child in a clinical research trials, this will be another stress added to them. According to Shilling & Young, 2009, some parents saw trials as a threat to their child or fear regretting their decision, whilst others saw trials as offering hope better treatment for their child. The role of parents in trial decision making is complex and it is a challenge for researchers in discussing pediatric trials with parents to balance the tension surrounds them.

Therefore, researchers are required to support parent's decision making appropriately and guard against the possibility of regret (Shilling & Young, 2009). Subsequently, to conduct a trials with children it is required to understand the special situations of parents and their particular need for support to allow them to retain a sense that they have safeguarded their child's interest and secure the best outcome for them (Shilling & Young, 2009). In another study, Hoberman et al.

, 2013, highlighted an important modifiable factors that influenced the consent process. Factors included the involvement of a researcher who made them feel comfortable and proper understanding of the study, the clarity of explanation on how research risk is minimized, how participation affects standard of care, the right to withdraw at any time, and the benefits to the child and other children. Additionally, they found that, parents with high socioeconomic status and more educated declined consent to their child's participation and had high level of decisional anxiety. Kelly & Ganong, 2006, in a unique study, presented a special findings about treatment decision making in single parents, and re-partnered parents suggesting that, decision making process of single, divorced and re-partnered parents might differ from that of married parents. They found that both biological parent and step-parents assigned decision-making primacy exclusively to the biological parent which is supporting the critical importance of treatment decision making of parents of children with cancer as a natural extension of their parental role. As that, the parent imperative for treatment decision making compelled custodial parents to reach out to the co-parent, and the co-parent to step up to be actively involved in the treatment decision-making process.

They elucidated also, that majority of co-parents stepped up to decision making, this behaviour reflected a natural part of the parenting role, but when they did not, researchers assumed that this reflected their previous level of parenting. Moreover, it was noted that maternal gatekeeping plays a role in limiting paternal involvement however, single mothers initially attempted to engage fathers in the treatment decision-making process. From

another perspective, Katherine & Lawrence, 2006, said that parent's focus on the ill child created opportunities for parenting collaboration and cooperation that had not always been present prior to the child's diagnosis. But unfortunately, normalization for parents in their study which consisted returning parents' previous patterns of interaction with their former partners was not effective. Study mentioned that separated biological parents also reported increased difficulty interacting with step-parents than did parents who had separated years previously. Parents are eligible to make medical decisions on behalf of their children, moreover; they also have the right to refuse or discontinue treatments, even those that may cause life-threatening. Hord et al., 2006, argued that, since the cure rates for many childhood malignancies are more than 50% with standard therapy regimens, withholding treatment can be a difficult ethical dilemma for the treatment providers who should seek legal recourse in such case.

They added, it is physician's responsibility to the patient to establish the course of treatment that will provide the best opportunity for long-term survival, but when dealing with patients with poor prognosis, limiting medical therapy is reasonable, ethical, and morally defensible because the burdens of therapy may outweigh the benefits, and parents must consider quality of life. However, many studies have highlighted several factors that might influence parental treatment decision making for children with cancer. Pyke-Grimm et al., 2006, elucidated some factors that were frequently identified to affect parent's decision such: parent's relationship with physician, nature of

communication, trust in the physician, parents and physician knowledge and experience. According to Pyke-Grimm et al.

, 2006, most of the parents preferred collaborative role with physician in treatment decision making, and this reflecting the importance of parent's relationship with the physician in determining their role in treatment decision. Better communication between parents and physicians and other health care providers found to be associated with improved psychological adjustment and treatment adherence. Also, this study referred to parents trust in physician as an important factor in the situation of treatment decision making process. It is pointed that parent's decision about their child's cancer treatment was influenced by trust in physician. At last, study listed physician's superior knowledge as an important factor in parents' decision process.

Parents' participation in decisions making was influenced by their awareness of doctor's level of knowledge, and experience, believing that physician having knowledge, and experience were expert at dealing with cancer (Pyke-Grimm et al., 2006. According to Miller & Nelson 2012, parents' demographic characteristics such as education, income, race, gender; and previous experience with a similar decision treatment decisions for their children are factors affecting parents' decision-making. They found that, low participation of parents in treatment process was associated with lower education, male gender, minority status, and not having previous experience with a similar decision. According to previous view, parents are considered the key part in childhood cancer medical decision making. Many strategies and policies have been developed to facilitate parental decision

making processes such as informed consent. It is legally allowed for parents to provide informed permission for their children.

Several literatures showed that making treatment decision is one of the most major challenges faced children's parents with cancer. Definitely, it is a difficult responsibility for parents to make decision that will affect their child health and life span. According to Stewart, Pyke-Gerimm, & Kelly 2012, making the right decision is a nature extension of the parental role, of acting in one's child's best interest and ensuring the best possible results. They found that uncertainty was characterized as one of the most stressful aspects of parenting a seriously ill child. Whereas uncertainty related to limited knowledge and experience can often be improved. It is possible to say that, the nature of parents' relationships with the physician responsible for child's care, was central to the decision making process.

Therefore, physician attributes that convey trustworthiness found to ameliorate the parents' emotional stress associated with uncertainty and decision responsibility (Stewart, Pyke-Gerimm, & Kelly, 2012). Furthermore, McKenna et al., 2009, identified parental perceptions of their own involvement in the decision to enrol their child on to a specific cancer treatment protocol. They found that, parents were happier with their decision when they felt that they had made an informed choice and received the right amount of information regarding treatment options, while decision-making process was more difficult when parents were unsure what to do.

Accordingly, information and support tailored to parents' specific needs may therefore enhance satisfaction with clinical decision making and reassure parents about decisions made in the long-term interest of their child's health. Another important finding was that, parent's satisfaction with both the decision-making process, and their confidence in the decision was impacted with accessibility of treating physician, information provided and degree of support afforded to them. (McKenna, et al., 2012. On another study, Mack, et al.

, 2011, evaluated the extent to which parents' roles in decision making in the first year of their child's cancer treatment matched their preferences. They found that, the majority of the studied parents were able to have their desired level of involvement in decision making for their child's cancer, but nearly a quarter were less involved in decision making than they wished, a circumstance that was associated with decreased trust of the child's physician. Treatment decision is a critical and complex task especially when providing care for pediatric oncology patients. Physicians are facing many challenges when identifying and selecting from available treatment options. Ethical practice of medicine involves a set of responsibilities, namely providing maximum benefit and avoiding harm, relief of symptoms, and saving and/or prolonging life (Friebert & Kodish, 1999). Many ethical theories argued that physicians must provide information for patients and their families to enable them to take their own decision rather than making decisions for patients (Simons et al., 2006).

Whitney et al., (2006), integrated the ethical theory with the concrete realities of clinical medicine as physicians strive to find the right treatment choice for oncology child, and they suggested that physicians have decisional priority when there is one clear best medical option, whether the chance of cure is significant or vanishingly small. Empirically and ethically, physician role is to assume decisional priority because of his or her knowledge, based on the best available evidence as applied to the child's circumstance, indicate that this is the most effective treatment approach priority, and then comes the role of the parents to exercise decisional and legal authority (Whitney et al., 2006). In my point of view, I believe this is an ethically appropriate division of the work of decision making. Childhood cancer is the cancers that occurs in children younger than 18 years.

Although cancer is uncommon in children, it has been classified the leading cause of death in children under 15 years, despite many medical interventions available. There are no known causes of childhood cancer, and it occurs across all ethnic groups; moreover, some children are even born with cancer. A child's cancer diagnosis creates major emotional distress, and affects personal and family equilibrium.

After the diagnosis of cancer it begins the most critical and difficult step; it is a treatment decision making of a life-threatening illness and risks associated with treatment. For children with serious illness such as cancer, the clinical decision making is a significant challenge for physicians, parents, and patients. It is accompanied with unique ethical issues (Whitney et al., 2006).

Therefore, ethics practice is necessary during clinical decisionmaking in pediatric oncology.

Accordingly, this paper will be focused on a number of key themes: decision making in pediatric oncology by physicians; parents' participation in treatment decisions; factors that might affect parent's decisions; participation of child in clinical trials and refusal of treatment by parents. I will then turn my attention to another ethical dilemma such as involving pediatric patient in decision making; preservation of fertility; end of life preference and choosing a do not resuscitate. (DNR). Finally, I will offer my own thoughts and hypothesis.