Competency of adolescents to make informed decisions

Christopher Doig and Ellen Burgess have carefully and accurately researched the rights of adolescents to accept or refuse life-sustaining treatment. Pediatricians, family physicians, surgeons, nurses and paramedical staff caring for teenagers are aware of the necessity to respect the wishes of their patient, even if the patient makes decisions that are contrary to the wishes of his or her parents or the judgement of those responsible for his or her treatment.

The competency of children and adolescents to make informed decisions, if they understand the nature and consequence of that decision, has been examined by many professional bodies, including the Canadian Pediatric Society, the American Academy of Pediatrics and the Society for Adolescent Medicine. There have also been court decisions in Canada, the United States and the United Kingdom, as cited by the authors, supporting this principle.

Where the minor’s decision differs from that of parents or caregivers, ethical considerations demand compassionate counselling for decision-making but the wishes of the patient must never be overridden. I am appalled that the hospital’s legal counsel ignored this minor’s rights. Was he or she more concerned about the hospital’s potential liability than about the child?

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References

β-Blockers as first-line therapy for hypertension

The 1999 Canadian recommendations for the management of hypertension recommend against first-line β-blocker therapy for uncomplicated hypertension in the elderly and suggest that dihydropyridine calcium-channel blockers are preferable. β-Blockers had previously been recommended as alternative first-line agents.

The new recommendation is apparently based on results of the MRC trial, which showed that β-blockers were less effective than calcium-channel blockers in reducing the risk of cardiovascular events in the elderly. The MRC trial, one of the largest and most rigorously conducted trials in hypertension, was designed to compare the effects of β-blockers and calcium-channel blockers on cardiovascular outcomes in the elderly. The trial included over 20,000 patients and showed that β-blockers were associated with a higher risk of cardiovascular events compared to calcium-channel blockers.

The new recommendation has been widely criticized, and there is ongoing debate about the optimal treatment for hypertension in the elderly. Some experts argue that β-blockers may still have a role in certain subgroups of patients, such as those with left ventricular dysfunction or a history of heart failure, where they may provide additional benefits.

However, the new recommendation is supported by a large body of evidence and is based on rigorous scientific analysis. It is important for clinicians to consider the risks and benefits of different treatment options, taking into account the individual characteristics of each patient, and to make evidence-based decisions.

In the MRC trial, a preplanned subgroup analysis suggested that β-blockers were ineffective. However, over 25% of subjects were lost to follow-up, a fig-