In the United States, it is the accepted policy that parents are responsible for their children’s well-being on the presumption that they will attempt to always act in their children’s best-interest. However, this principle can become complicated whenever a parent’s belief system conflicts with accepted child-rearing philosophies, particularly in the area of healthcare. There have been many documented instances in which a parent’s religious belief influences the healthcare their child receives. For example, Jehovah’s Witnesses believe that anyone who undergoes a blood transfusion is guilty of a mortal sin, and will spend eternity in hell. For this reason, the church of Jehovah’s Witnesses strongly advocates against this treatment for members of its congregation. But, does a Jehovah’s Witness parent have the right to refuse a life-saving blood transfusion for their child, especially if it is not certain that their child will embrace the Jehovah’s Witness lifestyle upon maturity? This is the ethical question of if parents have the right to deny medical treatment for their children on the basis of their beliefs.

This question has been partially resolved legally in the U.S. and other Western countries’ court systems. However, because of the lingering societal differences, cases in America set different precedents than their Western counterparts. For example, the U.S. court system usually does not respect American children’s wishes medical treatment, regardless of age. A child could be 8 or 17, and his wishes could possibly not be respected in any manner. Yet, many Western nations take into account very strongly the age of a child in the consideration of sanctioning action against a child’s wishes, even if
the lack of medical action would result in death. Conversely, U.S. law usually abides by
the precedent of intervening medically in 90% of the cases of parental refusal of
treatment for children of all ages.

Although some legal precedents have been set in regards to this dilemma, U.S.
law does not adequately address all the components of this ethical issue. The age of the
child, as well the mental capacity of his parents, the physician’s obligations, the efficacy
of the treatment plan, power of religious convictions, and the resulting social
stigmatization or reward are all contributing factors that complicate the issue of deciding
whether or not it is proper for the state to intervene on behalf of the minor to preserve
life. These complexities compel every situation to be thoroughly examined so that the
child’s welfare is held at the forefront position. Therefore, it is impossible to give a
definitive answer on whether or not the state should intervene in a child’s medical care.
We are only capable of examining any given situation through the lens of hindsight that
provides the legal precedents and wisdom to provide the optimal solution for the child in
question.

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