Myron Genel's explorations bring the idea of advocacy into question: What is it to be an advocate? In Roman times, "advocatus" was the term for a legal assistant or a councillor. It was derived from the Latin "advocare", to call or to summon one to a place, especially for council or aid. It also meant to avail oneself of someone, such as an assistant, witness, or counselor, in some cause. The formal and forensic valence of these usages is an ancient one. In English it continues to suggest a conflictual circumstance. As is conveyed by Genel's essay, advocacy intimates the intrusion of an authority into decisions by parents regarding their children. Under such circumstances, it is unlikely that there will be a single understanding of proper advocacy or of the authority of an advocate.

To make sense of a notion of advocacy, one will at the very least need to ask:

1. To whom does the advocate speak?
2. On behalf of whom does the advocate speak?
3. Whose values does the advocate defend?
4. Whose fights does the advocate defend?
5. By whose authority does the advocate speak?

To answer these questions, one will have to distinguish between advocacy focused on

1. interfering with the claimed liberties of others, such as parents, to make decisions to decline treatment for their children, and
2. securing funds from third parties for parents who would be pleased to use such for the benefit of their children.

The first sense of advocacy is advocacy on behalf of restricting the range of options open to parents. The second focuses on providing a material basis for a greater range of choices on the part of parents. Both of the senses are ambiguous because "best interests" are defined not by the individual to be treated, but by third parties.

Advocacy on behalf of additional funding for new and expensive treatment is morally problematic (1) insofar as there are difficulties in justly acquiring resources to empower parents to make choices beneficial to their children, and (2) insofar as such choices encourage a reliance on technology to
increase marginally at great cost the quality years of life available to children. The problem of just acquisition involves the difficulty of drawing the proper line between public and private resources, a line that must in the end limit the authority of the state to tax private resources, even for the most important of public goals. Entwined with this question is the issue of the limits of state sovereignty and state authority over the lives of citizens. Insofar as there are limits on state authority or insofar as rights are not fully reducible to interests in goods and values, the matter is not simply whether there are good things to do for children, but whether one has the right to do them, all things considered. The additional problem with the allure of technology is that, with ever more funds, we can marginally always do a little bit more. However, if we do not want to spend all of our available resources on extending the lives of individuals, we will at some point need to decide not to invest resources (at least public resources), even though there will be some probability that they will do some good. We will need to support philosophy departments, even though, had the resources been invested in more neonatal intensive care units, more children could have been saved. At some juncture we will need to endorse policies that encourage parents to try to have another child, rather than to invest significant resources in saving the one just born.

The point is that it will not be enough simply to be an advocate on behalf of the patient. Responsible advocacy on the part of the physician should require more than seeking funds to provide treatment. As Genel suggests, sensationalizing particular technologies, failing to underscore the limits of treatment, and not acknowledging that costs can defeat obligations to treat may undermine the capacity of institutions to use new, emerging, and costly technologies effectively, and of parents to make responsible choices. Just as it is virtuous to give free and informed consent to a patient in order to empower the patient’s choice, it is virtuous to aid institutions and society as a whole to make prudent decisions regarding the development of reimbursement policies for transplantation and other costly approaches to saving lives. In the passion to provide costly treatment that offers some chance of saving some lives, one may obscure the importance of the more routine endeavors of medicine. At the very least, one must balance the advocacy of the pediatrician on behalf of the child with an advocacy on behalf of citizens for the prudent use of resources put into the trust of the state or private insurance systems. If one radically alters the allocation of resources held by private or governmental insurance schemes in order to attempt to save lives at great cost and with little likelihood of success, one may have failed on a fiduciary responsibility to those who provided the resources. Thus, one is pressed also to endorse a