ADOLESCENT DECISION-MAKING: GIVING WEIGHT TO AGE-SPECIFIC VALUES*

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ABSTRACT. Adults who give proxy consent for medical treatment for adolescents must decide how much weight to give to adolescents' own preferences. There is evidence that some adolescents choose treatments different from what adults see as most reasonable. It is argued that adolescents choose according to age-specific values, i.e. values they hold, as adolescents, and which fulfil important developmental needs. Because not fulfilling these needs may do serious psychological damage, it is urged that proxies give weight to these values, up to the limit where it would endanger or profoundly limit future life.

Key words: Adolescent, decision-making, proxy consent, informed consent, bioethics, developmental needs, body image.

1. THE PROBLEM

Adolescence is a time of ambivalence and bitter-sweet experience. Child or adult? The feeling of being drawn in two directions is a common one: sometimes to want to act with the spontaneity of the child and not be held accountable, other times to be anxious to take on the sober responsibilities of adulthood, to live with the consequences of one's own decisions.

There is ambivalence not only on the part of the adolescent, but also on the part of parent, physicians, or others who are charged with the responsibility of making medical decisions for those not legally old enough to give informed consent for themselves. How should proxy consent be exercised? How much weight should be given to the adolescent's own preferences?

Having a role in medical decision-making is related to competency. Although the competency of children to make medical decisions is generally discounted, it is hard to dismiss in the same way the competency of adolescents, especially older ones who may be only months away from their eighteenth birthday. Even for younger children, there is a growing trend to include them in decision-making, to allow them virtual veto power over their own participation in research, or to lower the age of legal competence.
If one looks to developmental theories of human growth to help answer questions about competence, it is easy to assume that growth in the cognitive and experiential maturity necessary to make good decisions is incremental: the older the child, given normal circumstances, the closer to being able to make reasonable choices, or at least the same kinds of choices that most adults would make. There is good evidence, however, that this is not the case. Young adolescents, it seems, will sometimes reject a choice that even much younger children will choose, along with adults, as the most reasonable.

The sometimes "unreasonable" choice of adolescents is one of the findings in a much-cited study by Weithorn and Campbell. Four different age groups, 9, 14, 18, and 21, were presented four choices for medical treatment of a hypothetical illness, and their treatment choices compared. All of the age groups chose the same alternative that a panel of medical professionals chose as promising the most reasonable outcome, with the exception of a significant portion of the 14-year-olds.

The study presented this question to the test groups:

Suppose you have had grand real seizures of unknown etiology occurring several times in the first week (presented in language understandable to the different age groups).

The treatment options are:
(a) no formal treatment;
(b) phenobarbitol only;
(c) Dilantin only;
(d) sequential trials on each medication if first trial does not control seizures.

Dilantin sometimes leads to marked swelling of the gums, excessive growth of body hair, or both.

Which treatment would you choose?

The adolescents who chose the "less reasonable" alternative rejected any use of Dilantin. Although the difference between the young adolescent group and the other groups was not overwhelming, it was statistically significant and it is suggestive of the kind of problems physicians and parents may experience in trying to determine medical treatment choices for and with adolescents.

Often a person, child or adult, will choose something that seems unreasonable to others. In such cases, we attribute the choice to some idiosyncrasy of that individual. However, when a whole group of same-age persons chooses differently from all others, it suggests the need to re-examine the concept of what is reasonable.

Those adults who exercise proxy consent for adolescents already need