



**Defense Health Agency (DHA) Clinical Communities Speaker Series
Resource List – March 2020**

Children and Youth: Advanced Practices for the Pediatric Health Care Provider:

Not Always Life and Death: Ethics and Palliative Care in Primary Care Pediatrics

Differences (disorders) of sex development are diverse conditions with variations in chromosomal, gonadal, and/or genital development. Fertility potential in this population is variable. Recent investigations into fertility potential in those previously thought to be infertile suggest that the majority may have fertility potential through experimental protocols. Fertility preservation may be more successful if pursued in childhood. In the article, [The Ethics of Fertility Preservation for Pediatric Patients with Differences \(Disorders\) of Sex Development](#) the authors outlined how important it was to carefully consider pediatric ethical issues specific in this population, including gonadectomy, consent/assent, experimental treatment and false hope, cost and insurance coverage, genetic transmission to offspring, and gender dysphoria.

Early childhood caries (ECC) is the single most common chronic childhood disease. In the treatment of ECC, children are often given moderate sedation or general anesthesia. An estimated 100 000 to 250 000 pediatric dental sedations are performed annually in the United States. The most common medications are benzodiazepines, opioids, local anesthetics, and nitrous oxide. All are associated with serious adverse events, including hypoxemia, respiratory depression, airway obstruction, and death. There is no mandated reporting of adverse events or deaths, so we don't know how often these occur. In the article, [Ethics Rounds: Death after Pediatric Dental Anesthesia: An Avoidable Tragedy](#) the authors presented a case of a death after dental anesthesia and asked experts to speculate on how to improve the quality and safety of both the prevention and treatment of ECC.

Specialized pediatric palliative care (SPPC) is increasingly involved in the care of seriously ill children, yet the evidence on its impact has not been comprehensively reviewed. The authors in the article, [Impact of Specialized Pediatric Palliative Care: A Systematic Review](#) concluded that receiving SPPC was associated with better child quality of life. However, the paucity and low certainty of the evidence precluded any firm recommendations about SPPC practice. Larger collaborative networks and greater consensus regarding SPPC research standards are needed.

Pregnant adolescents have a higher risk of poor maternal and fetal outcomes, particularly in the setting of concomitant maternal alcohol and other drug (AOD) use. Despite numerous programs aimed at reducing overall teen pregnancy rates and the recognition of AOD use as a risk factor for unintended pregnancy in adolescents, interventions targeting this specific group have been sparse. In adult drug-using women, financial incentives for contraception have been provided but are ethically controversial. The article, [Paid Protection? Ethics of Incentivized Long-acting Reversible Contraception in Adolescents with Alcohol and Other Drug Use](#) explores whether a trial could ethically employ monetary incentives in adolescents with AOD use to promote the use of long-acting reversible contraception (LARC), with special attention to the relevant distinctions between adults and adolescents.



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References

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