



Defense Health Agency (DHA) Clinical Communities Speaker Series

2025 NOV CCSS: Optimizing Patient-Centered Military-Specific Care

2025 NOV CCSS S03: Ethical Decision-Making for Pediatric Patients: When Clinicians and Parents Disagree

Resource List

The article [Parental Vaccine Hesitancy and Association With Childhood Diphtheria, Tetanus Toxoid, and Acellular Pertussis; Measles, Mumps, and Rubella; Rotavirus; and Combined 7-Series Vaccination](#) (2022) assessed the association of parental vaccine hesitancy on child vaccination coverage with ≥ 4 doses of diphtheria, tetanus toxoid, and acellular pertussis vaccine; ≥ 1 dose of measles, mumps, and rubella vaccine; up-to-date rotavirus vaccine; and combined 7-vaccine series coverage for a sample of children aged 19–35 months using data from the 2018 and 2019 National Immunization Survey-Child. Adjusted differences in multivariable analyses of vaccination coverage were estimated among vaccine hesitant and non-hesitant parents and population attributable risk fraction of hesitancy on under vaccination, defined as not being up to date for each vaccine.

[Pediatric Decision Making: Consensus Recommendations](#) (2023) were developed over the course of a 3-day symposium. Despite apparent disagreement in the scholarly literature on standards of pediatric decision making, a recognition that similar norms underpin many of the dominant frameworks motivated a June 2022 symposium “Best Interests and Beyond: Standards of Decision Making in Pediatrics” in St Louis, MO. At the symposium, 17 expert scholars (see author list) deliberated on the question “In the context of US pediatric care, what moral precepts ought to guide parents and clinicians in medical decision making for children?” The symposium and subsequent discussion generated 6 consensus recommendations for pediatric decision making, constructed with the primary goals of accessibility, teachability, and feasibility for practicing clinicians, parents, and legal guardians. In this article, we summarize these recommendations, including their justification, limitations, and remaining concerns.

The article [When Does A Minor’s Legal Competence To Make Health Care Decisions Matter?](#) (2020) explores the significance of minors' competence in medical decision-making within the context of modern American law. Generally, the doctrine of parental consent serves as the primary legal and bioethical framework for health care decisions involving children, supplemented by various exceptions. Some of these exceptions grant decision-making authority directly to minors. However, in American law, assessments of minors' competence rarely result in a transfer of decision-making power from adults to minors. Instead, minors' decision-making capacity becomes pertinent only when legislatures or courts determine that parental discretion does not fulfill important policy objectives or safeguard constitutional rights in specific health care scenarios. In such cases, allowing capable minors to make their own decisions is deemed the best way to achieve these goals or protect these rights. At this juncture, psychological and neuroscientific evidence becomes crucial in guiding the legal determination of whether minors in question are legally competent to make health care decisions.

The Military One Source and the Educational and Developmental Intervention Services published the [Parents Rights and Procedural Safeguards](#) (n.d.) brochures which provides applicable laws and policies related to parental rights, related to early intervention services. The brochure provides information about the stance and role that parents take within early intervention and serves as a Notice of Procedural Safeguards as required under the Individuals with Disabilities Education Act.



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References

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