Introduction to the Issue

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Clinical ethics is a necessary compliment and counterbalance to the explosion of abilities that come with advances in modern medicine. Clear minds and cogent principles of respect for autonomy, nonmalfeasance, beneficence, and justice serve as guides to prevent abuses and atrocities in the name of medicine and science. Within the larger milieu of clinical ethics endeavors, pediatric clinical ethics presents unique challenges. The reason for this is the reality that children, because of their lack of developmental maturity, do not directly decide their own fate. Parents and/or guardians serve as a proxy for them in the provision of consent for medical care. As such, communication in pediatric medicine can be complicated by concerns of perspective, determining what is actually in the child's best interest, and potential conflicts between clinicians and family members involved in the care team.

That reality made necessary a forum devoted to pediatric clinical ethics, birthing this journal. This issue starts with the heart of many challenges in providing ethical care to children—the care and communication at the intersection of the clinician, the consent providers, and the actual affected patient.

The entries in this edition of the *Journal of Pediatric Ethics* look at the challenges around communication and decision making and how they affect care decisions for the child. These decisions are as focused as the presence of intravenous access and as grand as life-sustaining chemotherapy against cancer. There are issues of balancing the belief systems of the parents against what may be more objectively best for the patient as established by data. There is conflict between the principles of autonomy and nonmalfeasance. There are challenges of deciding what is indicated and what is not, given that medical certainty is not always an absolute certainty. Finally, perspectives and discussions, using peer-reviewed and objectively rigorous approaches, favor those clinician/scientists and their perspectives over that of laypersons who serve in the role of parents and patients. Thus, there is a chance that academic dialogue is biased. In the end, this collection of articles is not the exhaustive endpoint to the discussion on how to effectively communicate and provide ethical care in pediatric settings. These submissions define the literature around proxied decision making, as happens by parents on behalf of their children, conflicting interests of those involved in the decision-making process, and reconciliation of the rights that parents have to make decisions that may be criticized and resisted by the team of care-providers. Ultimately, it is ironic that the one most affected by the medical decisions and communica-

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tions in pediatric medicine, the child, has the least powerful voice.

This edition of the *Journal of Pediatric Ethics* includes original data documenting careproviders' attitudes, literature reviews cataloguing the state of understanding, and perspectives provided by parents who have been involved in the healthcare system with their children. It is the sincere desire of the journal's editorial team that these submissions codify the current realities in this area of clinical ethics and spur intensive efforts to find consensus and solutions around areas of dis-synergy and disagreement.

Sincerely,
Maurice G. Sholas, MD, PhD