

From the Editor

Joining Together

Ian D. Wolfe

ABSTRACT

Many ethical issues in pediatrics involve considerations in how we (clinicians, parents, family, and patients) join together. Often this is seamless, sometimes not. This article introduces this theme that involves elements in how people join together and also how they go forward together. The articles in this issue will be discussed in relation to this theme.

At Children's Minnesota, where this editor works as a clinical ethicist, one of our values is "join together." This value is driven by the understanding that in pediatrics we are stronger together through partnering with parents and community. This vision of "team-based care" includes recognition that it takes many clinicians working alongside one another in partnership with families and other community stakeholders to provide the best care for children. But this is not always easy.

When there are many stakeholders involved, there are also many different obligations. In most situations in pediatric healthcare, these ob-

ligations work synergistically towards improving a child's health. Sometimes these obligations seem to be in competition, bringing forward ethical questions and even conflict. Conflict doesn't always mean there is a clear right or wrong path. In pediatrics, many conflicts are disagreements about which "right path" is the best one.

A good assumption to start any encounter in pediatrics is that, in general, no one comes to the table intent on doing unethical things, and parents and clinicians want what is best for the child. The reasons we find ourselves in disagreement, conflict, or have questions about what is right are often due to how we perceive the situation, how we view professional and parental obligations, and, often, deeper emotions and perceptions we might not be aware of or know how to process.

In this issue of the *Journal of Pediatric Ethics*, we delve into these spaces of shared decision making, disagreement, and perspective. In "Disagreement and Ethical Decision Making in Pediatric Emergency Care," Joseph P. Shapiro and Jeremy R. Garrett discuss disagreement and decision making in the unique environment of pediatric emergency care, where there are many challenges.

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In “Using a Shared Decision-Making Model: Navigating Parent and Patient Refusal of Blood Products,” Kimberly E. Sawyer, Michael J. McNeil, Monika L. Metzger, Jaquelyn Boggs, Clifford M. Takemoto, Aimee C. Talleur, and Liza-Marie Johnson discuss a model of decision making when parental beliefs conflict with professional obligations.

Patterson, in “Sonny Disgust and Anna Fear: An Ethic of Obligation,” discusses how the emotion of disgust and fear affect how we interact with our patients.

Angelle L. Klar, in “Time: A Mother’s Plea,” provides a reflexive exploration of the perspective of a mother who faces difficult decisions.

Finally, we must also include parents’ and

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Roxanne E. Kirsch, Lauren Chad, Andrew Helmers, Sarah Lord, Kevin Weingarten, Jonathan Hellmann, Melissa McCradden, and Randi Zlotnik Shaul, in “The Clinical Bioethics Associate: An Innovative Model of Care Nested in a Pediatric Bioethics Department,” present a model for pediatric bioethics that provides a structure that acknowledges everyday ethical challenges and supports those who face these challenges.

We can’t explore these spaces properly without an introspective look at how we approach patients and how we understand or attempt to understand their perspective, or how we meet our patients and their parents. R. Dawn Hood-

families’ voices in our explorations. In *The Family Voice*, a parent describes the experience of changing roles and what it is like from “the other side of the bed,” having been in the clinician role.

The *Journal of Pediatric Ethics* is committed to a robust exploration of the ethics of everyday caregiving for pediatric patients. We hope these peer-reviewed articles provide practical information for those involved in caring for pediatric patients.

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