

From the Editor

Navigating Liminal Spaces and Paradoxes

Ian D. Wolfe

ABSTRACT

Liminal, from the Latin word *limen*, a threshold, describes the space between what is known and what is coming—physically, emotionally, or metaphorically. There are many liminal spaces in pediatrics, due to the nature of a child's development towards adulthood. Paradoxes challenge our understanding. They may present as a contradiction, and often require us to expand our understanding of the world. How we navigate liminal spaces and paradoxes has ethical implications for our practice. Articles in this issue of the *Journal of Pediatric Ethics* discuss these issues.

Pediatric ethics is filled with questions around what we should do, or how we should act in cases that seem to fall outside the frameworks that undergird how we navigate the world. In our practice, what do we owe adolescents and teens? How do we go forward as good clinicians when we encounter a patient who doesn't fit into our standard conceptions? These questions, on their face, seem simple or

even inane. Certainly, we, as health professionals, owe our patients a commitment to their health. After all, the foundation of many of the health professions—physicians, nurses, social workers—is ethically grounded in our relationship with our patients.

In practice, navigating situations that fall outside our understood norms and that challenge our previously understood frameworks is a lot more difficult. This is often precisely because we rarely prepare for these questions. We run into liminal cases and paradoxes spontaneously. And some patients, such as adolescents and teens, are by definition in a liminal space.

Adolescents and teens are in a precarious period of life when they transition from being children to becoming adults. They are neither, and both. They exist in a liminal space, in-between what we socially often consider, generally, very clear states of being. Even defining when one enters adolescence or adulthood is difficult. We approach many such paradoxes in pediatrics and healthcare, although we may seldom recognize them.

A paradox defies our general understanding, where seemingly contradictory qualities exist together. Sometimes a paradox only appears

Ian D. Wolfe, PhD, RN, HEC-C, is Director of the Clinical Ethics Department at Children's Minnesota in Minneapolis, Minnesota. Ian.Wolfe@childrensmn.org
©2025 by *Journal of Pediatric Ethics*. All rights reserved.

to be contradictory, and is a paradox only in the mind of the beholder. This is important because what we may approach as contradictory, but yet is real, requires us to grow in our own perception. A paradox, especially when it arises without warning, challenges not only our previous understandings, but how we act in the moment. It requires us to shift our perspective, especially when our ethical obligations require us to. Approaching what we might perceive as a paradox can allow meaningful growth.

Ringel's analysis, continuing to focus on public conversations in this way can make adolescents and teens seem exceptional when they aren't, in terms of medical care. There is always a need for more research, especially in pediatrics where research is much more restricted. However, Ringel argues that gender-affirming care is no different than other types of medical interventions in pediatrics, in which parents, the patient, and clinicians engage in shared decision making. In this way, Ringel writes, we have inappropri-

Ringel argues that gender-affirming care is no different than other types of medical interventions in pediatrics, in which parents, the patient, and clinicians engage in shared decision making.

This issue of the *Journal of Pediatric Ethics* features four articles that deal with liminal spaces and paradoxes. In "Equal Work Demands Equal Pay, Even in Pediatric Research," Christopher Bobier, Bayley Levy, and Priya Dutta discuss how we should consider compensation for research involving pediatrics differently.¹ Traditional considerations typically see compensation given to a child patient's parents. We worry that compensation may unduly entice children to participate in research. And, generally, children can't consent, only assent, to participation. But this way of thinking may indicate a lack of careful thought towards fairness and undue inducement, Bobier and colleagues say. While it is true that adolescents and teens inhabit a liminal space between childhood and adulthood, it doesn't follow necessarily that we should approach the issue of compensation in research in such a binary and reductive way.

In "Transgender Minors and the Right to Care," Carolyn Baker Ringel presents an argument that seeks to change how we think about access to good medical care, moving away from social conversations that focus on balancing benefits and burdens, towards a right to care.² In

ately created something of a paradox for these children.

In "Parental Paradox: Ethical Considerations in Supporting Parents of Transgender Youth When Politics or Faith Create a Divide," Frances Lim-Liberty, L.L.C., Holly Schroeder, and Catherine D. Shubkin present a case that seems to present a paradox, and some issues in everyday ethics, to clinicians in a gender clinic.³ The details of the case may challenge some clinicians' narratives. The authors outline how clinicians can work to meet a patient's health needs while they partner with parents who espouse views that seem to be contradictory. They describe how we can use narrative ethics when we encounter such complex situations.

Finally, in our Family Voice section, a parent discusses his experience giving birth in a system where his existence created a paradox for some.⁴ The author recounts the good and bad of his experience, and brings forward the ethical implications of how we meet our patients and how we navigate the ethics of everyday interactions. The author presents some important insights for clinicians in the spaces committed to the health needs of the patients they serve.

REFERENCES

1. Bobier C, Levy B, Dutta P. Equal Work Demands Equal Pay, Even in Pediatric Research. *J Pediatr Ethics*. 2025;4(2):40-48.
2. Baker Ringel C. Transgender Minors and the Right to Care. *J Pediatr Ethics*. 2025;4(2):49-54.
3. Lim-Liberty F, CLL, Schroeder H, Shubkin, CD. Parental Paradox: Ethical Considerations in Supporting Parents of Transgender Youth When Politics or Faith Create a Divide. *J Pediatr Ethics*. 2025;4(2):55-63.
4. Dickison, A. Paternal Sea Change: A Trans Dad's Journey to Fatherhood through Resilience and Advocacy for Modern Social and Ethical Standards in Fertility Care. *J Pediatr Ethics*. 2025;4(2):64-67.