

Ethical Dilemmas in Teenage Pregnancy

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Texas Women's University

By

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## Introduction

Today's world is not a safe place for vulnerable populations. These groups are at high risk for abuse, disease, and despair. Teenage girls meet all the criteria required to be considered a vulnerable population. Beauchamp and Childress (2009) describe this group as incapable of protecting their own interest due to their immaturity. They describe this group as unprotected by rights, exposed to potential harm, and economically impoverished. Teenage girls can also demonstrate emotional vulnerability.

The concept of assent or the child's version of informed consent is poorly understood. The realm of research ethics has discussed the concept of informed consent. Studies by Conroy & Harcourt (2009); Harcourt, & Conroy, (2005); Meaux & Bell (2001); Sterling, & Walco, (2003); Swartling, Helgesson, Hansson, & Ludvigsson, (2008); Twycross, Gibson & Coad (2008) discuss the ethical dilemmas that are faced with children as related to the concept of assent to participate as a research subject. Parents of the children are required to give their permission for the child to participate or informed consent. The child's permission was also viewed by these researchers and ethicists as equally important. The study by Twycross, Gibson & Coad (2008) asserted that children as young as 2 years could and should give their permission or assent to participate in a research study.

Child Sexual Abuse is alive and well in the world today. The Centers for Disease Control and Prevention (CDC, 2005) is now in the tenth year of a prospective study known as the Adverse Events on Children study or ACE study. The ACE study is currently reviewing the effects of traumatic events on children. The study demonstrated that 25% of 9,000 young women surveyed indicated that they had been sexually abused. The study is prospectively following the group to evaluate the effects on consequential health outcomes as the group ages and the incident

of disease and behaviors related to their earlier experiences. In 2005, the CDC also executed the Youth Risk Behavior Surveillance, which indicated that among high school students, 9.3% of black students, 7.8% of Hispanic students, and 6.9% of white students reported that they were forced to have sexual intercourse at some time in their lives.

There has been great interest in how the adverse effects are occurring in other countries. The CDC (2007) implemented a study titled the Child Maltreatment World Report on Violence and Health study. The research demonstrated that .09% to 45% of women studied reported that they had been sexually abuse before they reach adulthood world-wide. This study did not indicate information related to the person that committed the violent act. Basile, Chen, Lynberg, & Saltzman (2007) described that in their study 25.5% of females reported to have been first raped before age 12.

The effects of violent acts on these children in the ACE study identified and illustrated that without early interventions, assumed ideals subsequently can lead to social, emotional, and cognitive impairment which leads to the victim's adoption of health-risk behaviors. The ultimate dystrophy of CSA is that disability, and social problems are related to the premature death of the victims (CDC, 2005).

Teen pregnancy is a common problem for those of us that practice in primary care pediatrics. Despite our best efforts to educate families and teens, pregnancy occurs. Bill Hewitt (2009) of the National Campaign to Prevent Teen and Unplanned Pregnancy discussed with People magazine that there has been an increase in teen pregnancy in the past few years. The National Campaign to Prevent Teen and Unplanned Pregnancy (2009) reported on their web site that after a steady decline in the teen pregnancy rate over a 10 year period that in 2006 the number began to increase and has for the past three years.

In our culture, pregnancy is generally considered a morally accepted practice of those that are married. Many in our culture do not perceive the unmarried pregnant women as socially acceptable. Unmarried pregnant teenage girls are considered morally irresponsible by many in our society. The marriage of two minors gives them the rights and privileges of an adult, but a pregnant unmarried teen does not have these same rights. The rights and privileges of those individuals that are chronologically less than 18 years old and especially less than 14 years old have varying value. As a provider you must have knowledge of family law in the State of Texas, ethical parameters, and moral theory to provide care to this patient population.

The question that I will explore relates to the multifaceted factors that are related to providing health care. Who has the right to decide the fate of the pregnancy of a 13 year old girl that has been raped by her cousin and lives in a surrogate home where she was placed by the court?

#### Summary of the Case

Calamity Jane has come to the office today for her 13-year-old well child check up. She lives with her great Aunt Dora and her family. The family consists of Uncle Markus, Aunt Dora, cousin Suzy who is a 10 year old girl, and Wild Bill, the couple's 29 year old son. Aunt Dora has noticed that Calamity had been gaining weight over the past few months and is concerned as Calamity had a "kidney problem" when she was 3 years old. She reports her last menstrual period was two weeks ago and she denies sexual activity.

Current vital signs are within normal range for a 13 year old girl. The significant finding of her physical exam revealed a large central abdominal mass. The sonogram findings indicated a 36 week of gestation fetus. Calamity admits to having a sexual relationship with her 29 year old second cousin Wild Bill. Aunt Dora wants Calamity to have an abortion.

### Ethical Issues

Calamity has the right to choose the fate of her fetus. She is, by the definition of the law, a minor. She can give consent for the care of her fetus but as a minor she ultimately cannot sign legal papers or drive a car. Her pregnancy does not give her any more adult rights than she had before her pregnancy.

The concept of Autonomous choice is the central point of her current care. The ethical question is: Can she give informed consent for her own care? Lo (2009) states that “children are not autonomous”. He states that the child should be allowed to participate in decision making when they are developmentally ready. Informed consent is a concept that originated in the legal arena as a means mandating disclosure of risk and benefits to patients prior to procedures (Beauchamp & Childress, 2009). Beauchamp and Childress (2009) discuss that the process of informed consent is more for the patient’s choice of care rather than the prevention of liability of the healthcare professional, which is current belief.

Assent is defined as the minor’s consent. The Oxford English Dictionary (2009) gives the definition of “To give the concurrence of one's will, to agree to” for assent and dissent as “to disagree with or object to an action”. Joffe (2003) discusses the antiquated use of the term assent for a child’s acceptance as a “sure why not” statement by the child but not a true “I understand the concepts” of risk versus benefits. Levy, Larcher, & Kurz (2003) describe that the child may refuse treatment and it is the duty of the provider to act in the child’s best interest or provide care that will have the greatest benefit with the least risk of harm but again not allowing for informed consent.

The concept of the child’s “best interest” is also described by Lo (2009) as the child has her own rights and choices. Beauchamp and Childress (2009) discuss this concept of “best

interest” as a provision for the surrogate decision maker, which would be Aunt Dora. Beauchamp and Childress (2009) give qualification for the decision makers as having the ability to make good judgments, adequate knowledge, emotionally stable, and committed to patient’s interest without conflict of interest. In this case, it is important that Calamity gives assent for her care as Aunt Dora may not have Calamities best interest at heart.

### *Stake Holders*

The stake holders in this instance are Calamity, her fetus, Aunt Dora, Uncle Marcus, cousin Suzy, and Wild Bill. The healthcare providers, law enforcement officials, and Child Protective Services are also stake holders in this situation.

The cultural aspects Calamity’s case is related to her atypical nuclear family. There is also potential for other stake holders if her living arrangement is changed such as her placement in foster care. Child abuse and neglect situations can facilitate this type of fluid instability which in turn can cause the frequent and rapid change of stake holders.

### Informed Consent

#### *Threshold elements*

Calamity is a 13 year old pregnant girl and when she delivers this infant she will be the parent and capable of making the decisions for the baby’s care. There must be a combined effort of Aunt Dora to give consent for care while Calamity gives assent for her care. Should Calamity disagree with her current plan of care, she can give dissent. Diekema (2009) discusses that teenage children should not be forced into elective procedures. In fact, Aunt Dora cannot force her to have an abortion if Calamity does not want one. Calamity’s wishes for the care of her fetus are protected under Texas Family Law.

*Informational Elements*

Disclosure of the patient's current situation is essential in her care. Teenage patients are developing trust and the veracity of the information about her condition is essential. Aunt Dora believes that an abortion is in the best interest of Calamity. Calamity does not respond. The Sonogram reveals that the fetus is measured to be approximately 36 weeks and is supported by her elevated quantitative human chorionic gonadotropin (Hcg). The fetus is ready for delivery. Late term abortions pose a great risk of death to the mother. Calamity does not want an abortion which is in agreement with medical advice, in the best interest of the mother and child.

*Consent element.*

At this point, the best medical advice from Pediatrics is rapid inclusion in prenatal care which is with an Obstetric (OB) provider. Both Aunt Dora and Calamity agree that they will go, today, to visit with the OB provider to develop a plan for completion of the pregnancy. Calamity was informed that she will now be referred to a Family Practice Provider for her general care. This Pediatric office does not provide care for those that are pregnant but will care for her infant after birth. Both Aunt Dora and Calamity agree with the plan and happily go to the OB provider.

*Deontological*

The nonconsequentialist view of this moral situation demonstrates that the father of this fetus is Calamity's second cousin. Aunt Dora feels she should call and notify her husband of Calamity's allegations. Marcus states that he will "kill" his son when he finds him. The provider is then required to make additional disclosure of the circumstances to others in order to prevent harm to the additional parties involved. Immanuel Kant's view of this consequence based theory allows the review of right and wrong when dealing with these types of patient situation (Beauchamp & Childress, 2009). Kant's view of this situation would lie with the provider. The

easiest action for the provider would be to refer this patient to the OB practitioner with little knowledge of how or why this pregnancy occurred. Some in medicine would view this evaluation of the situation as not our business. Kant would view this behavior by the provider as immoral as it is our responsibility as the provider to act with beneficence.

The risk in this situation is related to the potential harm to others. Wild Bill is in danger of potential physical harm from his father. Calamity is at risk related to the family's response her disclosure that she had sex with her cousin. Family shame may precipitate domestic violence. The greatest concern of the provider could be that the "best interest of the child" may not be adhered to by the Aunt, as she wanted Calamity to abort her fetus and her son is the perpetrator.

### Ethical Principles

#### *Autonomy*

Autonomy is defined as a person's right to self determination and most teens grasp this concept. The law is difficult to follow for Calamity as she is a minor child. She is capable of giving assent or a minors consent and her wishes should be strongly considered. The risk is that she may be coerced by the family or provider to accept care that she does not want.

#### *Beneficence*

Calamity has agreed to a plan to see an Obstetrician to have her pregnancy evaluated and develop a plan of care for the delivery of her infant. Her actions to follow through with this care will provide her the greatest benefit from risk. Her risk is to not proceed with preparation of the impending birth of her child therefore cause great stress and further discomfort due to her lack of knowledge.

*Nonmaleficence*

The provider must assert that the patient is being discharged into a safe environment. Aunt Dora states that she is willing to assist Calamity with a safe environment and the follow-up care with OB. Calamity cannot return home if the violent actor is still in the home and she would need to be placed in alternative home by Child Protective Services. The provider contacts the local police department to report the threat against the alleged rapist to prevent his harm.

*Justice*

Calamity and Aunt Dora will be provided with adequate information that allows them to begin to make long term plans so that this young girl can raise her infant in Aunt Dora's home. The provider will be required to report the information that the child has given as the cause of her pregnancy. Statutory rape is a felony in the State of Texas, which will potentially require the primary care provider and the CPS worker to testify on the behalf of the prosecution.

*Casuistry*

The concept of Casuistry has a good fit in Calamity's situation as it is multifactorial with many important twists of fate for all the stakeholders involved. Moral judgments must be made in this situation when the law and ethics do not have the answers. Perhaps, a good old fashion dose of common sense could weigh in the process of working through the case. Beauchamp & Childress (2009) discuss that by focusing on shared points of agreement that impasse can be avoided.

### Legal Issues

In the state of Texas, the Texas Family Code is one of the legal doctrines that health care providers practice within. It is related to issues that affect children, family issues, and the social

unit. Legal code is a very different language than we speak in healthcare and the definitions are essential to the understanding of the laws.

Legal definitions of key words related to this situation are pertinent to the comprehension of ethical dilemmas (Hill & Hill, 2009). Calamity is a minor child. The definition of a child is described as a person less than the age of 14 and a minor is anyone less than the age of 18 (Hill & Hill, 2009).

Aunt Dora is Calamity's guardian. A guardian is a person, who has been appointed by a judge to provide care to a minor child until that person is 18 years old (Hill & Hill, 2009). Aunt Dora is required ethically, legally, and with the best interest of the child.

Wild Bill had sex with Calamity which is described as statutory rape. Statutory rape is sexual intercourse with a minor (Hill & Hill, 2009). The term statutory, is defined by the fact that the child is incapable of giving consent to have sex due to the victim's age.

Calamity could be emancipated from her family, so that she can care for herself. Emancipation is the action of freeing the minor child from the parent or guardian (Hill & Hill, 2009). The action of emancipation severs all ties that bind the child to the parent or guardian and allow the child to care for themselves as an adult. The child may sign consent for medical care as they have the rights of an adult but they continue to be denied some rights of an adult as they cannot vote or drive. In the case of Calamity, she is not capable of giving consent for her care that is unrelated to her pregnancy.

Calamity is allowed under Texas Family Code § 32.003 and § 32.004 to give informed consent for care related to her pregnancy (Lopez, 2009). She is not allowed to give consent for an abortion under the same law. Federal law states that family planning must be provided to

those that receive Medicaid services but the Texas State law refuses to provide contraception and abortion without the parent's consent.

Providers are required by the Texas Family Code § 261.001 to report sexual abuse and those that allow injury. In Calamity's case, Aunt Dora was leaving Calamity unsupervised with her abuser for period of time while she was at work. Statutory rape is a no *Mens Rae* offence indicating that evil intent need not be present to prosecute someone for this felonious violation. Due to the age of the victim and the age of the perpetrator this is a legal offence even if Calamity gave consent to have sex.

The risk in this situation is that Calamity will have resentment from her surrogate family, therefore she will not have care providers, who will act in her best interest. The law states that the victim and the perpetrator cannot be in the same household at the same time which could also cause dissention in the home. There is additional concern that her abuser will cause her harm due to her accusations. She also has risk related to her physical immaturity for pregnancy complications.

The liability of the provider could be in the immediate discharge of the patient from the practice which could be perceived as abandonment. There could be a liability to the provider as the family becomes angry over the child and family's situation.

#### Personal Decision

This author's personal decision would be to have the patient give assent for her care. She did give me assent that she would follow up with the OB today. She will be given information by him related to her pregnancy and the advanced stage of her pregnancy. I feel confident that Calamity's wishes were not to abort her fetus. There should be support for both Calamity and Aunt Dora and two professional opinions for spontaneous delivery and advice against abortion.

The assertion of the author that informed consent is not related to chronological age but related to a person's ability to understand and assert their needs and wishes verbally. Calamity was a mature 13 year old girl and she should be able to give informed consent for her fetus and herself. Aunt Dora has many issues that may entice her to not put Calamity's "best interest" first and foremost which makes her a poor guardian at this point and time.

### Summary

The concept of informed consent and assent are poorly understood. Children less than 14 years of age can give assent for their own care. A pregnant teenager can give informed consent for her fetus, and there is not age associated with the pregnancy. The laws related to the care of minors are a mire for those of us that practice in primary care Pediatrics and are a reason that many providers do not wish to provide care for this population. Current research ethics gives us a basis for the understanding of the concept of assent and informed consent the pediatric population. Ethicist and law makers have a great deal of work to do in the area of providing informed consent to this vulnerable population. Children have a lot to say when it comes themselves and we, as their healthcare providers, should be listening to them. This case is full of the worst case scenarios that can occur during a well child exam.

In today's healthcare world providers are asked to make difficult ethical decisions in a rapid manner. Knowledge of ethical principles and the law are essential in providing care to pediatric patients. Teenage children must give assent for health care as they are not at the age where they can give informed consent. A pregnant teenager is contrary to the rule as they have the right to give consent for their fetus. The situation of statutory rape only complicates the situation as the family as a whole is affected. There is little research in the ethical care of a pregnant teenage girl as a product of child sexual abuse.

Calamity had a beautiful six pound three ounce girl. Aunt Dora strongly encouraged Calamity to give the infant up for adoption with the benefit of allowing her to continue to live in her home. Calamity allowed adult cousins to adopt the baby. Calamity was unable to stay in her home and was returned to her biologic mother. Unfortunately, this is the best case scenario.

## References

- Basile KC, Chen J, Lynberg MC, Saltzman LE. Prevalence and characteristics of sexual violence victimization. *Violence and Victims* 2007; 22(4): 437-448.
- Beauchamp, T.L. & Childress, J.F. (2009). *Principles of Biomedical Ethics*. 6<sup>th</sup> ed. New York, NY: Oxford University Press.
- Centers for Disease Control and Prevention (2005) . Adverse Childhood Experiences Study <http://www.cdc.gov/NCCDPHP/ACE/about.htm>.
- Centers for Disease Control and Prevention (2009) . Child Maltreatment. World Report on Violence and Health. [http://www.who.int/violence\\_injury\\_prevention/violence/global\\_campaign/en/chap3.pdf](http://www.who.int/violence_injury_prevention/violence/global_campaign/en/chap3.pdf)
- Centers for Disease Control and Prevention (2009). Preventing Child Maltreatment: A Guide to Taking Action and Generating Evidence. <http://www.cdc.gov/NCCDPHP/ACE/about.htm>.
- Centers for Disease Control and Prevention (2006) . Youth Risk Behavior Surveillance – United States. 2005. Surveillance Summaries, 2006. *MMWR* 2006;55:SS-5.
- Conroy, H., & Harcourt, D. (2009). Informed agreement to participate: beginning the partnership with children in research. *Early Child Development & Care*, 179(2), 157-165.
- De Lourdes Levy, M., Larcher, V., & Kurz, R. (2003). Informed consent/assent in children. Statement of the Ethics Working Group of the Confederation of European Specialists in Paediatrics (CESP). *European Journal Of Pediatrics*, 162(9), 629-633.
- Diekema, D. (2009). Boldt v. Boldt: A pediatric ethics perspective. *The Journal Of Clinical Ethics*, 20(3), 251-257. Retrieved from MEDLINE with Full Text database.
- Harcourt, D., & Conroy, H. (2005). Informed assent: ethics and processes when researching with young children. *Early Child Development & Care*, 175(6), 567-577.
- Hewitt, B. (2009). Teen Pregnancy ON THE RISE. *People*, 71(21), 63.

Hill, G. & Hill, K. (2009). The People's Law Dictionary. <http://dictionary.law.com>.

Joffe, S. (2003). Rethink "Affirmative Agreement," but Abandon "Assent". *American Journal of Bioethics*, 3(4), 9-11.

Kandakai, T., & Smith, L. (2007). Denormalizing a Historical Problem: Teen Pregnancy, Policy, and Public Health Action. *American Journal of Health Behavior*, 31(2), 170-180.

Levy, M., Larcher, V., & Kurz, R. (2003). Informed consent/assent in children. Statement of the Ethics Working Group of the Confederation of European Specialists in Paediatrics (CESP). *European Journal of Pediatrics*, 162(9), 629.

Lo, B. (2009) . Resolving Ethical Dilemmas: A guide for Clinicians. 4<sup>th</sup> ed. Baltimore, MD: Lippencott, Williams & Wilkins.

Lopez, A. (2009) . Texas Adolescents and Consent. Texas State Department of Health Services. [staffweb.esc12.net/.../School\\_Nurse\\_Update\\_Feb\\_2008.html](http://staffweb.esc12.net/.../School_Nurse_Update_Feb_2008.html).

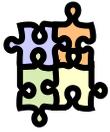
Meaux, J., & Bell, P. (2001). Balancing Recruitment And Protection: Children as Research Subjects. *Issues in Comprehensive Pediatric Nursing*, 24(4), 241-251.

National Campaign to Prevent Teen Pregnancy (2009). Teen Pregnancy, Birth, and Sexual Activity Data. <http://www.thenationalcampaign.org/national-data/teen-pregnancy-birth-rates.aspx>.

Swartling, U., Helgesson, G., Hansson, M., & Ludvigsson, J. (2008). Parental authority, research interests and children's right to decide in medical research -- an uneasy tension?. *Clinical Ethics*, 3(2), 69-74.

Twycross, A., Gibson, F., & Coad, J. (2008). Guidance on seeking agreement to participate in research from young children. *Paediatric Nursing*, 20(6), 14-18.

Appendix A  
History and Physical



## **Ennis Children's Clinic**

The History and Physical

Subjective:

Chief Complaint: Weight gain and annual physical examination

History:

Social: Calamity Jane is a 13year old 2 month female. She lives with her great Aunt Dora, Uncle Marcus, cousin Suzy, and Dora and Marcus's son Wild Bill. Calamity has not seen her mother in 5 years. Aunt Dora is Calamity's guardian, appointed by the State of Texas. She is a 7<sup>th</sup> grader at Deadwood Middle School. Aunt Dora reports she does well in school and is on the A/B honor roll. Calamity her best friend is Alisha. She has a boyfriend named Johnny but denies sexual activity. She denies illegal drug use. Menarche was at 10 years 2 months of age. Last Menstrual Period was reported to be 2 weeks ago. Her menstrual periods are reported to last for 5 days and denies pain or discomfort related to Menses.

Objective:

Vital Signs: Temp-98.6, Pulse-96, Resp-16, B/P 125/68

General: Calamity is a well developed teenage girl. She appears to be in no distress or discomfort and easily answers questions.

HEENT: Normocephalic, Pearrla, mild nasal congestion, teeth are intact without carries

Cardiac: S<sub>1</sub>, S<sub>2</sub> without S<sub>3</sub>, S<sub>4</sub>

Respiratory: Clear to auscultation

GI: bowel sounds active, 6cm central masses nonmobile, denies tenderness

Neuro: Cranial nerves intact

Extremities: Full Active range of motion

Spine: no curvature noted

Tanner: 4

Lab: CBC-WBC-6.9, RBC-4.51, Hgb-13.6, Hct-40.1, MCV-89, MCH-30.1, MCHC-33.8, RDW-12.6, Plt-209, Neutrophils-42, Lymph-42, Mono-12, Eos-3, Baso-1. Quantitative Hcg-90,000.

Sonogram: Female fetus, measurement age appears to 36 weeks. Kidneys poorly viewed due to pregnancy artifact.

Additional interview:

Patient and Aunt were informed of lab finding. Aunt request Abortion. Child does not speak but continues to watch Aunts behavior, who is agitated. The aunt believes the boyfriend is the father of the fetus. Calamity states that she has not had sex with the boyfriend but admits to having sex with her second cousin Wild Bill. Aunt Dora becomes much more agitated.

Assessment

Pregnant Teenage female

At risk pregnancy

Alternation in knowledge related to new disease process

Domestic Violence

Plan

Notify Child Protective Services

Calamity will see Dr. Bob this afternoon to provide prenatal examination and information.

Contact the Deadwood Police Department to protect Wild Bill from harm.

Appendix B  
Case Consultation

## Case Consultation

Worksheet A	
Step1: Personal Responses	I believe it is essential for the child to give assent in the process of giving parents of teenager's informed consent. Some younger teenagers have the maturity for giving informed consent, in certain situations.
Step 2: Facts of the Case	<ul style="list-style-type: none"> <li>● Calamity is a pregnant teenager.</li> <li>● Her aunt wants her to have an abortion.</li> <li>● Her 29 year old second cousin has committed statutory rape.</li> <li>● She is 36 weeks pregnant, confirmed by sonogram and quantitative Hcg.</li> </ul>
Step 3a: Clinical/Psychosocial Issues Influencing Decision	<ul style="list-style-type: none"> <li>▪ Domestic Violence</li> <li>▪ Pregnancy, Late Term</li> <li>▪ Pregnant Teenager</li> <li>▪ Surrogate Family</li> <li>▪</li> </ul>
Step 3b: Initial Plan	<ul style="list-style-type: none"> <li>◆ Inform Aunt and Calamity of Lab report</li> <li>◆ Identify paternity</li> <li>◆ Calamity will follow up with Dr. Bob the Obstetrician today</li> <li>◆ CPC is notified of social threats</li> <li>◆ Local Police Department notified of death threat to the Wild Bill</li> <li>◆ Discharge patient secondary to office policy</li> </ul>
Step 4: Policies & Ethical Code Directive	<ul style="list-style-type: none"> <li>⊗ Informed consent for Aunt and assent for Calamity</li> <li>⊗ Beneficence</li> <li>⊗ Nonmaleficence</li> <li>⊗ Autonomy</li> </ul>
Step 5: Ethical Principles Analysis	<ul style="list-style-type: none"> <li>* There is very little written about the ethical basis for the informed consent of teenage pregnant girls.</li> <li>* The age of 13 makes Calamity a minor.</li> <li>* She is capable of giving consent for her fetus.</li> </ul>
Step 6: Possible Legal Issues	<ul style="list-style-type: none"> <li>⚙ The Prosecution of the rapist</li> <li>⚙ Replacement guardianship for Calamity with further family issues</li> <li>⚙ CPS intervention</li> </ul>

Appendix C  
Plan and Implementation

**Worksheet B**

Plan & Implementation Strategy	<ol style="list-style-type: none"> <li>1. Inform family of lab values and implications</li> <li>2. Advise of late term nature of the pregnancy</li> <li>3. Provide time for processing of information</li> <li>4. Evaluate for the nature of child sexual abuse</li> <li>5. Refer to Obstetrics</li> <li>6. Notify authorities-CPS and Local Police</li> <li>7. Discharge patient from Pediatric services</li> </ol>
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<p>Advances Clinical/Psychosocial Interests:</p> <p>Clinical Laboratory test were performed and interpreted for the family.</p> <p>Psychosocial Provide time and privacy to process information. Answer questions. Provide support</p>
<p>Adheres to agency policies and professional ethics codes:</p> <p>The policy Ethics-care provided to a minor child as opposed to the care that is provided to a pregnant minor child. Providing autonomous care while allowing beneficence, nonmaleficence, veracity, and justice to be in place.</p>
<p>Minimizes harm and maximizes other ethical principles to the extent possible for the client and relevant others:</p> <p><i>Minimize harm</i> The effects of harm were minimized by utilizing the knowledge of the rights and responsibilities of a guardian, the care and assent of a minor child, and prevention of harm to another person that had acted violently against a child. The initialization of prenatal services today and promise by Aunt Dora that Calamity will be cared for with the child’s best interest which gave some solace to the situation. Notifying Child Protective Services of the need for a follow up visit in home evaluation as the family processes the situation.</p> <p><i>Maximization of the ethical principles</i> It is important that while in the process of preventing harm, providers do not loose site of the basic ethical premise so that autonomy is maintained, harm does not occur, truthfulness is maintained despite the nature of the problem such as statutory rape and teen pregnancy.</p>

## Criteria for Grading Paper

## Guidelines:

The purpose of this paper is to conduct a comprehensive analysis of an ethical dilemma.

The paper must be properly referenced according to APA format.

Criteria I – 25 points (The Case)	Points earned and comments
<ol style="list-style-type: none"> <li>1. The case is succinctly described in the Introduction</li> <li>2. Supporting case documents are included in the Appendix</li> <li>3. The Case Consultation worksheet is completed appropriately and included in the Appendix</li> </ol>	
Criteria II – 25 points (The Ethics)	Points earned and comments
<ol style="list-style-type: none"> <li>1. The ethical issue is presented in a concise, logical, and coherent manner that relates to the case study presented.</li> <li>2. The selected ethical issue is clearly defined.</li> <li>3. A comprehensive ethical theoretical background is provided.</li> <li>4. The issue is reflective of DNP practice.</li> <li>5. Scientific strategies are differentiated from ethical strategies.</li> <li>6. All relevant issues, principles, stakeholders, and tenets involved in the situation are presented.</li> </ol>	
Criteria III – 25 points (The Arguments)	Points earned and comments
<ol style="list-style-type: none"> <li>1. The argument "for" is systematically analyzed.</li> <li>2. The argument for is developed using appropriate ethical frameworks.</li> <li>3. Sound and valid arguments include ethical principles.</li> <li>4. Contextual factors of the dilemma are considered and analyzed.</li> <li>5. The argument "against" is systematically analyzed.</li> <li>6. The argument for is developed using appropriate ethical frameworks.</li> <li>7. Sound and valid arguments include ethical principles.</li> <li>8. Contextual factors of the dilemma are considered and analyzed.</li> </ol>	
Criteria IV – 10 points (Personal Conclusion and Summary)	Points earned and comments
<ol style="list-style-type: none"> <li>1. Your position is summarized and validated.</li> <li>2. The summary is a concise conclusion of previous arguments.</li> </ol>	
Criteria V – 15 points References and Appendices	Points earned and comments
<ol style="list-style-type: none"> <li>1. References are in APA format, current, scholarly, and of sufficient depth to support arguments and conclusions</li> <li>2. Appendices are complete</li> </ol>	