Today’s piece was prepared by Lindsay Kneen, MD, based on a NY Times article [When Should Children Take Part In Medical Decisions?](http://www.nytimes.com/2016/09/19/well/family/when-should-children-take-part-in-medical-decisions.html?rref=collection%2Fsectioncollection%2Fhealth&action=click&contentCollection=health&region=rank&module=package&version=highlights&contentPlacement=2&pgtype=sectionfront&_r=0)

This article, written by a well-known pediatrician and NY Times contributor, brings up the important questions of how and when children should begin to engage in their own medical decision-making, referencing an AAP policy statement and technical report regarding pediatric informed consent and assent. The article and AAP report state that involvement of the pediatric patient should be neurodevelopmentally appropriate and based on the child’s maturity, citing that by age 7 many children can acknowledge informed agreement with a medical plan or treatment. Stepwise inclusion of the child in a nurtured environment helps to build autonomy, adherence, and good medical decision-making to help prepare the child for later complex medical decisions as an adult.

The article provides an objective short summary of the AAP recommendations with comments from several pediatricians. The only primary research discussed in the article refers to a Canadian study from 2011, which found that after discussion about pros and cons of stimulant medication for ADHD, adolescents ages 12-16 had the same understanding and recall as their parents. A review of this article (as well as the AAP report it is based on) suggest a lack of primary research to demonstrate outcomes in shared decision-making with children, as well as standards of what “neurodevelopmentally appropriate” inclusion looks like in practice. Although the author touches on the difficulties that arise when parental and/or provider opinions differ from those of the child, she does not offer techniques for parents or providers to help reconcile those differences. Strategies for how to engage the disinterested, frightened, confused, oppositional and/or otherwise inhibited child/adolescent as well as techniques for helping parents/providers discuss chronic diseases/conditions, medications, and treatment in a developmentally appropriate manner would be a helpful adjunct to the article.

**RESOURCES ON INFORMED ASSENT AND CONSENT**

[Informed Consent and Decision-Making in Pediatric Practice](http://pediatrics.aappublications.org/content/pediatrics/138/2/e20161484.full.pdf) *AAP Policy Statement*

And that’s today’s Developmental & Behavioral Pediatrics: IN THE NEWS!