

*Children, Ethics, and Modern Medicine* (Indiana University Press, 2003) examines parental and professional responsibilities in the medical care of children. Supported by a residential fellowship in the Program in Ethics and the Professions at Harvard in 1997-98 and funding from the Lilly Endowment the following year, I took up an under-theorized area of bioethics at the time, namely, pediatric ethics. I immersed myself in the literature of participant observation to prepare for ethnographic studies in several pediatric contexts, seeking to acquire an empathic and contextual understanding of the challenges of families and care providers who are responsible for patients who are young and sick. I carried out a good part of the research as a participant observer for a year in a pediatric hospital and accompanied a medical team during daily medical rounds in a pediatric ICU for six months. There I learned the codes and discourses of medical professionals; interviewed parents, care providers, and hospital ethicists; and reflected on the complex challenges of biomedicine in a tertiary care context. The book thereby studies the ethics of pediatric care within the intersecting spheres of individual medical practice, professional culture, liberal society, and institutional mission.

The book's core ethical claim is that in pediatrics, in contrast to adult care, the norm of beneficence has general priority to the norm of respect for autonomy. Herein lies the core intuition to what I call the *pediatric paradigm*, which I distinguish in broad strokes from the *adult paradigm* for providing care in medical ethics. I specify the norms and virtues within the pediatric paradigm by developing an account of children's rights, namely, the right to physical, intellectual, and emotional welfare; the right to respect; and a right to an "open future." These rights constrain the liberties that adults can exercise in their relationships with children. It is nonetheless the case, I add, that matters of decision-making authority are considerably more complex in pediatric than in adult settings given the value we assign to family privacy and parental authority in the care of children. With these points in mind, the book takes up questions of paternalism, proxy consent, and a theory of the good in the treatment of children. I sharpen these ideas in relation to legal and medical cases that involve a number of religious, ethical, and cultural tensions. Those cases examine parental decisions to prolong treatment, refuse treatment, or demand unconventional treatment for their children. I examine legal and medical cases in light of my account of children's rights, which are no more relevant to the cases I examine than they are to current debates about vaccinating children during the COVID-19 global pandemic. I also examine the moral dimensions of policy formation in a pediatric hospital and ethical issues in pediatric research. I conclude the book by developing a liberal theory of care as a basis for social criticism of the family. Drawing on political theory, moral philosophy, religious ethics, and participant-observation, the book offers a political ethnography of pediatric biomedicine.

*Children, Ethics, and Modern Medicine* was the subject of a book forum at the Society of Christian Ethics to which I responded; see "On Medicine, Culture, and Children's Basic Interests: A Reply to Three Critics," *Journal of Religious Ethics* 34.1 (March 2006): 177-89. Post-ethnographic reflections based on my work in the hospital sparked my essay, "On Duties and Debts to Children," *Soundings: An Interdisciplinary Journal* 91.1-2 (Spring/Summer 2008): 167-88, to which I later provided contextual material for a chapter by the same title in *Friends and Other Strangers: Studies in Religion, Ethics, and Culture*.