

The right of autonomy in children in regard to treatment: an integrated legal and ethical approach

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ABSTRACT

In the case of an alteration of sex differentiation in which healthcare personnel must decide whether or not to reassign the patient's gender, an analysis of the recent modifications to Mexican law is considered along with how these modifications impact the child's treatment. Considering constitutional reforms and international conventions signed in Mexico, we studied the impact of the obligations to provide information and respect the opinion of children as well as the consequences that the parent or guardian of the minor has on pediatric practice. It is also established how respect along with ethical considerations for patient dignity together may provide answers to some difficult cases.

Key words: alteration of sex differentiation, integral approach of sex differentiation, higher interest of the minor, progressive autonomy, dignity, intrinsic dignity.

INTRODUCTION

A 7-year-old patient was seen to rule out premature puberty due to the presence of pubic hair from 4 months of age. On physical examination, the patient's height was 125 cm (75th percentile), weight 23 kg (50th percentile), target family height 1.55 cm (10th percentile), blood pressure 85/60, hyperpigmentation of the areolas and gums, folds of the hands, dark line and genital region; Tanner III pubic, Tanner III genital, Tanner breast I. Phallus measured 4 cm in length and 5 cm circumference, Prader 3, volume index 8 ml. The corpora cavernosa was palpated. The urethral meatus is noted in the perineum (hypospadias). Gonads are not palpated. There is no consanguinity or notable family history. The child was baptized and registered and identified as male. He is member of a family with four older sisters and is the male awaited by the fam-

ily. He is in the second grade with an average grade of 10 and lives in a community of 1000 inhabitants.

Upon completion of the diagnostic tests, a 46XX karyotype is obtained in 500 metaphases, bone age is 10 years, elevated adrenocorticotropic hormone (ACTH), low cortisol, elevated androgenic precursors, normal serum and urine electrolytes. Ultrasound identified Mullerian remnants, presence of a urogenital sinus and short urethra. Testicular reserve test was negative.

Psychological study of the family (parents and sisters) concluded that the patient is the desired son and occupies the place of the beloved son and brother. The psychological evaluation concludes that the patient is a healthy boy who identifies, feels, perceives and behaves as a male.

The treating physician diagnosed non-salt wasting adrenal hyperplasia due to the deficiency of the 21 hydroxylase enzyme. The degree of virilization is a consequence

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