# CP—SDM

## NC

### 1NC—SDM CP

#### Counterplan text— Adolescents ought to have shared medical decision-making with parents and doctors regarding health decisions.

#### This is mutually exclusive and *solves*—strikes a balance between adolescent dignity and parental authority.

Mutcherson 5 (Kimberly M. Mutcherson, Vice Dean and Professor of Bioethics @ Rutgers “Whose Body Is It Anyway - An Updated Model of Healthcare Decision-Making Rights for Adolescents”, 2005)//Miro

I advocate an alternative conception of the legal personhood of adolescents and a concomitant re-structuring of the allocation of healthcare decision-making power among family members, specifically parents or other adult caretakers, and adolescents. In so doing, I join with others who have urged, "a paradigmatic shift in thinking about adolescence that entails a legal framework predicated on adolescent decisional ability." 189 Making this shift and "[a]pproaching adolescence from the standpoint of decisional ability, rather than presumptive decisional incapacity, comports with contemporary social norms, encourages clear rules in contrast to convoluted exceptions, and optimizes development for meaningful adolescent decision-making."' 90 Cultural evolution, the expansion of scientific knowledge, and respect for the adolescent all provide a valid basis for transforming the legal landscape to embrace a model of shared healthcare decision-making within families. 19' The legal system should support a more balanced relationship between the goals of protecting adolescents from themselves and granting them rights that allow them to take actions to protect their own interests. Striking this balance requires working within the familial unit and recognizing the power of that unit while avoiding romanticization and unattainable aspiration. Rather than a myopic focus on eighteen as a magic year, more precise and multi-disciplinary thinking suggests the law should create a younger age at which people have a legal right to substantially and substantively participate in decisions about their own healthcare and, in some circumstances, act independently in the healthcare arena. This proposal does not envision or advocate across the board emancipation from the disabilities of age for young people. Rather, it focuses on a particular area where adolescent decision-making would accrue to the benefit of the patient. Any change in the law's treatment of young people in the healthcare context must start from the premise that children are not monolithic, meaning that all of those who are legally minors, because they are below the age of eighteen, should not be labeled immature, incapable, and decisionally dependent. Protectionist policies necessary to maintain the health of young children-those under the age of fourteen-are not automatically appropriate for adolescents who have the capacity to comprehend and respond to their own healthcare circumstances. Either/or reasoning focused on 100% autonomy or 100% lack of autonomy is an inappropriate view of the interests at stake here. 192 No member of a functioning family is radically autonomous and each family member is regularly called upon to understand her exercise of rights within the broader context of an impact on family members.

### 1NC—SDM (netbens da)

#### CP benefits adolescents best—avoids extremes.

Mutcherson 5 (Kimberly M. Mutcherson, Vice Dean and Professor of Bioethics @ Rutgers “Whose Body Is It Anyway - An Updated Model of Healthcare Decision-Making Rights for Adolescents”, 2005)//Miro

A shared decision-making model avoids extremes in healthcare decision- making for adolescents. It rejects a vision of a familial unit in which parents are paramount, barring decisions that work to the detriment of young people, but also rejects the idea that most adolescents would not benefit from the participation of an adult in decisions about healthcare. The vision of family upon which this proposal rests is one of families as cooperative units in which young people are confronted with both the burdens and benefits of being a rights-bearing player in the healthcare arena. An adolescent's obvious interest in her own health, combined with her growing capacity to understand her health situation, evaluate alternatives based on her own value system, and articulate her healthcare preferences, must coexist with a parent's interest in protecting the child. The form of autonomy granted to young people in this context is grounded in connectedness and community. Therefore, it seeks to include parents or caretakers as a vital component of healthcare decisionmaking for adolescents while according greater respect to the young person as a thinking entity with an inherent right to be intimately involved in any decisions made concerning her own health.

#### CP develops adolescent capacity for future decision-making best.

Mutcherson 5 (Kimberly M. Mutcherson, Vice Dean and Professor of Bioethics @ Rutgers “Whose Body Is It Anyway - An Updated Model of Healthcare Decision-Making Rights for Adolescents”, 2005)//Miro

Devaluing the parental role need not be seen as an inevitable consequence of acknowledging adolescent autonomy. Allowing adolescents to participate in or direct their own healthcare can lead to an increase in parental perception of an adolescent's social age240 and reinforce lessons conveyed about responsibility and thoughtfulness. Furthermore, as suggested earlier, it is likely that many, if not most, adolescents will continue to consult with and make decisions in tandem with their parents. The difference will be that the adolescents will have greater opportunities for engaging in mature and thoughtful decision making which will, in turn, accrue to their benefit as they move toward adulthood. Certainly, asking that parents share decision-making with their adolescent children, does not imply that parental involvement is not important; parental involvement is a recognized part of the optimal health care for adolescents. The pediatrician is not placing [them]self in an adversarial position in relation to the parents when [they obtains their adolescent offspring's consent or when he maintains the confidentiality of what the adolescent has told him, although the parents may not always perceive that this is the case. In reality, the pediatrician shares the same goal that the parents have: to protect and restore the adolescent health.24 1 In the end, any perceived loss of parental power is justified if it is a necessary prerequisite to according an appropriate level of personhood to adolescents.