

In the field of healthcare, patient-centred care is an important concept that has emerged in recent times and an important aspect here is the provision of choice to patients in their decision-making processes. Regardless of the fact that giving this choice to patients may have certain implications, it is considered ethically wrong to enforce healthcare decisions on patients. Therefore, healthcare providers are strongly advised to provide choices to their patients and allow them to take their own healthcare decisions based on their personal, professional, social, and cultural contexts (Zolkefli, 2017). This provision of choice is not straightforward in the case of children and adolescents who are often under their parents' guardianship and are dependent on them for all their healthcare decisions. As per the Convention on the Rights of the Child (CRC), children have a lot of rights with regards to medical decision-making and they should be actively involved in all their healthcare decisions (Ford, 2017). However, this is largely dependent on their familial context and may not be possible or even practical in all scenarios.

In Daniel's case, although he is a 14-year old boy, his mother takes all decisions for a diabetic-friendly diet without considering his food preferences, likes, and dislikes. Also, she constantly checks up on him to ensure his sugar levels are normal and continually obsesses over it. Her strong need to keep her son's diabetes under control comes across as overbearing to Daniel who 'fudges' his blood sugar reports to keep his mother off his back. He also refuses to eat the meals prepared by his mother as he claims he doesn't like them and prefers to eat more of raw vegetables rather than cooked vegetables. It is clear that in this case, Daniel's mother is determined to keep her son healthy in a way that appears right to her, not considering that her son may have different preferences. Daniel's healthcare provider needs to have an open conversation with Daniel and his mother and prepare a diet plan that is acceptable to Daniel so that he forms a key link in taking care of his health.

### Summary

- Patient-centred care – provision of choice to patients
- Choice in case of children and adolescents – Convention on the Rights of the Child (CRC)
- Case study – Daniel is forced to follow a strict diet plan, his mother checks his blood sugar levels every day and constantly obsesses over the numbers
- Daniel doesn't have a say in his treatment – no patient-centred care evident here
- An open conversation between Daniel and his mother can help them prepare a diet plan that is both suitable and acceptable to Daniel

### References

- Ford, A. (2017). Do Children Have the Right to Contribute to Medical Decisions about their own Care? An Analysis of Policy and Practice in the United Kingdom and the United States. *Health and Human Rights Journal*.
- Zolkefli, Y. (2017). Evaluating the Concept of Choice in Healthcare. *Malaysian Journal of Medical Sciences*, 24(6), 92-96. doi:10.21315/mjms2017.24.6.11