This CQ department is dedicated to bringing noted bioethicsts together in order to debate some of the most perplexing contemporary bioethics issues. You are encouraged to contact "The Great Debates" department editor, D. Micah Hester (hesterdm@uams.ed), UAMS/Humanities, 4301 W. Markham St. #646, Little Rock, AR 72205, with any suggestions for debate topics and interlocutors you would like to see published herein.

Adolescent Decisionmaking, Part II

D. MICAH HESTER

Part I of this debate appeared in *CQ* 18, no. 3 (July 2009).

doi:10.1017/S096318010909063X

Arguments against Respecting a Minor's Refusal of Efficacious Life-Saving Treatment Redux, Part II

LAINIE FRIEDMAN ROSS

Introduction: The Logical Fallacy

Professor Blustein's primary argument in Part I of our debate (*CQ* Vol. 18, No. 3, July 2009) can be described by the following syllogism:

Premise 1: Adults with decisionmaking capacity have the right to accept or refuse effective medical treatment.
Premise 2: Some adolescents are mature and have decisionmaking capacity.
Conclusion: Therefore, some adolescents should have the right to accept or refuse effective medical treatment.[1]

Even if we assume that both premises are true, the conclusion does not necessarily follow. Decisionmaking capacity is necessary but not sufficient for healthcare autonomy for adolescents even if it is both necessary and sufficient for adults.[2]

Why the difference? First, the syllogism ignores the fact that most adolescents live with at least one parent with whom he or she has an intimate relationship. Parents have rights and responsibilities to promote their children's well-being. Therefore parents can

I would like to thank Walter Glannon, Ph.D., for his thoughtful comments on this manuscript.

Cambridge Quarterly of Healthcare Ethics (2009), **18**, 432–442. Printed in the USA.
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https://doi.org/10.1017/S0963180109990375 Published online by Cambridge University Press