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REVIEW ARTICLE

BALANCING PARENTAL CONSCIENTIOUS OBJECTION AND THE BEST INTERESTS OF THE CHILD IN NEONATAL SCREENING IN SPAIN

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Abstract
Neonatal screening is a cornerstone of public health, allowing early detection of treatable congenital diseases. However, in some contexts, parents may refuse this intervention on ideological or religious grounds. This opposition raises a conflict between parental autonomy and the child's best interests. In Spain, this conflict arises within a universal healthcare system guided by principles of equity and solidarity. This review analyzes the ethical and legal frameworks governing neonatal screening in Spain, with special attention to parental objection and child protection mechanisms.

Introduction
Neonatal screening is an essential public health measure that enables early diagnosis and treatment of serious but manageable congenital diseases. Despite its benefits, some parents object to this procedure due to ideological or religious beliefs. This objection creates a tension between parental autonomy and the child's best interests. In the Spanish context, this ethical conflict is framed within a publicly funded health system guided by equity, solidarity, and the protection of vulnerable populations. This article examines the ethical-legal landscape surrounding parental objection to neonatal screening in Spain.

Methods & Materials
We conducted a documentary and regulatory review focusing on the Spanish context. Sources included national legislation (Law 41/2002, Organic Law 1/1996, the Oviedo Convention), institutional guidelines from the Ministry of Health, scientific and bioethical literature, and official documents from organizations such as FEDER (Spanish Federation for Rare Diseases). Judicial precedents were also reviewed. Inclusion criteria were: (1) applicability to the Spanish health system; (2) discussion of core bioethical principles (autonomy, beneficence, justice, non-maleficence); (3) relevance to the conflict between parental and child rights; and (4) current normative relevance. No empirical data collection was performed.

Results

Legal and Ethical Framework

In Spain, neonatal screening is voluntary and requires informed consent, as mandated by Law 41/2002 and the Oviedo Convention. However, there is no explicit legal right to parental conscientious objection to preventive health procedures. A refusal is interpreted as a lack of consent. According to Organic Law 1/1996, the child's best interests take precedence and may limit parental autonomy when health or life is at stake.[1,2]

Clinical Practice and Professional Role

Neonatal screening is offered universally between 48 and 72 hours after birth through the public health system. Acceptance rates exceed 99%.[3] Healthcare professionals—including nurses, midwives, and pediatricians—play an educational and persuasive role, explaining the benefits and risks associated with the screening procedures.[4]

Conflict Resolution

When parents refuse screening, an initial dialogue-based approach is used. If refusal persists and the child's health is at risk, judicial intervention may be requested.[5] Spanish courts have previously authorized neonatal screening over parental objections in cases involving potential serious harm.[6]

Regional Disparities and Inequity

There are significant differences in the number of diseases included in the screening panels across Spanish autonomous communities, ranging from 11 to over 40 conditions.[7] This disparity has been criticized by patient advocacy groups like FEDER for violating the principle of health justice. In 2025, a bill was introduced in the Spanish Parliament proposing to standardize neonatal screening nationwide.[8]

Discussion
The Spanish framework strikes a balance between respect for parental autonomy and beneficence toward the child. While ideological freedom is acknowledged, it is limited in the face of serious health risks. The

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prevailing approach is one of "informed paternalism," wherein full disclosure, persuasion, and respectful dialogue are prioritized. Healthcare professionals serve as ethical mediators, aiming to uphold the child's rights without unnecessary coercion.

The absence of a formal right to parental conscientious objection underscores that parental authority is not absolute. Judicial intervention, though rare, is legally justified in situations involving significant risk. Regional variability in screening access undermines the principle of equity and calls for harmonization.

Conclusion

The Spanish ethical and legal framework offers a well-calibrated balance between parental autonomy and the child's right to health. This balance is supported by layered conflict-resolution mechanisms and a robust legislative foundation. Ongoing efforts to standardize neonatal screening programs across regions reflect a strong commitment to health justice. The model respects ideological diversity while firmly upholding the fundamental rights of children.

Compliance with Ethical Standards
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References:

1. Ley 41/2002, de Autonomía del Paciente. BOE núm. 274, 15 de noviembre de 2002.
2. Ley Orgánica 1/1996, de Protección Jurídica del Menor. BOE núm. 282, 22 de noviembre de 1996.
3. Ministerio de Sanidad. Cribado neonatal en España. Monográfico RESP. 2022. Disponible en: https://www.sanidad.gob.es/
4. Goberna Tricas J, Martín Arribas MC. Cribado neonatal de metabolopatías: aspectos éticos. Rev ROL Enferm. 2007;30(2):129-134. Disponible en: https://diposit.ub.edu/dspace/handle/2445/103402
5. McNab ME, Beca JP. Are there limits to parental decisions regarding their child's treatment? Rev Chil Pediatr. 2010;81(6):536-540. DOI:10.4067/S0370-41062010000600008
6. 20Minutos. Detenida una pareja en Madrid por huir del hospital con su bebé tras negarse al cribado. 2025. Disponible en: https://www.20minutos.es/
7. Nicolás Jiménez P, et al. Medio siglo de cribado neonatal en España: marco legal. Rev Esp Salud Pública. 2021;95:e202101018. https://ojs.sanidad.gob.es/index.php/resp/article/view/480
8. FEDER. ¿Dónde querrías formar una familia? 2025. Disponible en: https://www.enfermedades-raras.org/