

Stunting growth can help disabled children get care they need, but is it ethical?

**The GLP aggregated and excerpted this blog/article to reflect the diversity of news, opinion and analysis.**

Physicians began prescribing estrogen to treat children with acromegaly, or excessive-growth disorder, in the 1940s. Later, in the 1950s through the 1970s, healthy preteen and teenage girls whose tall stature was merely deemed unattractive were given estrogen to reduce their predicted height by several inches. But as greater height in girls became increasingly acceptable, even desirable, growth attenuation fell into disfavor. By the turn of the century, the practice was all but obsolete.

Then, in 2006, Douglas Diekema, the director of education at the Treuman Katz Center for Pediatric Bioethics at Seattle Children's Hospital, and Daniel Gunther, a pediatric endocrinologist, announced in the [Archives of Pediatrics and Adolescent Medicine](#) that they had resurrected the treatment once known as estrogen therapy for a different population: what Diekema and Gunther described as "nonambulatory children with severe, combined neurologic and cognitive impairment." In other words, children like Ricky Preslar, expected to rely on caregivers for every basic need for the rest of their lives. When such dependents enter adolescence and adulthood, the doctors posited, the simple tasks of caring for them — dressing, toileting, bathing, holding and carrying — can become prohibitively difficult for parents. Arresting a child's growth could benefit both child and parent. A smaller person who required no hoisting apparatuses, Diekema and Gunther reasoned, would in all likelihood benefit from more attention and greater inclusion in family activities.

**Read full, original post:** [Should Parents of Children With Severe Disabilities Be Allowed to Stop Their Growth?](#)