

This response was submitted to the consultation held by the Nuffield Council on Bioethics on Critical Care Decisions in Fetal and Neonatal Medicine: Ethical issues during March to June 2005. The views expressed are solely those of the respondent(s) and not those of the Council.

Anon 1

Question 1

ANSWER:

Where possible, correcting abnormalities before birth would be the best solution and well worth significant financial investment. Appropriate measures to sustain the life of a fetus with serious abnormalities should be shaped by the particulars of each individual case. Intensive care is appropriate where there is a prospect of recovery. Providing intensive care in cases where there is no hope of survival seems only to draw out the dying process. Basic measures such as providing milk, fluids and pain relief are appropriate whether there is a prospect of recovery or not. I am assuming because of the use of the word 'fetus' rather than newborn in footnote 27 (footnote 10 on-line) that this question refers to the possibility of forced terminations rather than withdrawal of treatment from a premature or sickly baby. Under no circumstance would it be appropriate to override the wishes of a pregnant woman and forcibly terminate a pregnancy.

Question 2

ANSWER:

The appropriateness of medical and surgical treatment to prolong a newborn's life would have to be evaluated on a case-by-case basis. For example, congenital abnormalities vary from cleft palate, repairable by surgery, to anencephaly, which no amount of treatment will fix. Medical and surgical treatments are completely appropriate where there is any hope for recovery and less appropriate long term where there is any hope for recovery and less appropriate long term where the treatment only serves to prolong death.

Question 3

ANSWER:

The first question, the moral status of the fetus, is the most important question to address since many other issues hang on this one. The question of "acting or omitting to act" is not a helpful way of distinguishing options since each of the four examples listed in Box 2 involves some form of acting. Questions about the quality of life are extremely subjective and difficult to answer on behalf of another person.

Question 4

ANSWER:

The questions listed would be useful to consider in the context of social issues, noting the caveat about quality of life mentioned in the response to question 3 above. It would be important to include a question about disability since the perception of and effects of disability are at the heart of the discussion of social issues.

Question 5

Question 6

ANSWER:

In the absence of a clear prognosis (especially in the case of extremely premature newborns), it is difficult to estimate the longer term care costs accurately. It is more useful to estimate the short term cost-effectiveness of particular treatments.

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Question 7

ANSWER:

The underlying question seems to be whether a newborn's life is worth as much as an older person's life. What kind of questions would this lead to? Is a convicted murderer's life worth as much as a disabled child's? Would we as a society refuse to allocate resources to treat someone because they are a prisoner? Or because they are disabled? Each life is precious in its own right.

Question 8

ANSWER:

I don't think drawing up more directive professional guidance would be helpful to parents and professionals. Decisions about prolonging the life of newborns should continue to be made on a case by case basis looking at each individual's prognosis. It would not be helpful to set a minimum age below which resuscitation normally would not be permitted. In practice, this is set by available technology rather than by the law. Advances in clinical care may shift this age downwards again in the near future.

Question 9

ANSWER:

I don't think so.