

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

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QUESTIONS ANSWERED:

Question 1

It is always wrong to kill intentionally. Some conditions e.g. anencephalic cannot live long and require appropriate terminal care as in an adult with cancer. Some treatments in terminal care can have the secondary, and unintentional, effect of shortening life. Regarding a woman's wishes the only circumstances are if the woman wanted to destroy her offspring by abortion or other means. Then society has a duty to protect that foetus/child.

Question 2

Medicine and surgery should not be used to prolong the life in extreme prematurity if there is not a reasonable prospect of good quality life. With congenital abnormalities life should be preserved by medicine and surgery unless the burden of treatment is more distressing for the child than the benefits. The same applies to poor prospects for survival due to genetic or other disorder. With acquired brain-damaged and severe disabilities active killing by removing feeding tubes must be resisted. However prolonged total parenteral nutrition is to greater burden for the child.

Question 3

The moral status of the foetus is the principal question. All else hangs on this answer. No nation that has destroyed its children (born or unborn) has survived as a civilisation. In ancient Greece and Rome and modern China and India easy abortion has always gone along with infanticide. A principal reason that people are respected in Britain whatever their race or ability is because the Christian ethic demands this. Abortion and infanticide in the Roman Empire was successfully opposed by the early Christians. We throw out their achievements at our peril.

Question 4

Quality of life is an important question. It affects the decisions in relation to the burdens and benefits that a line of treatment will bring. A very poor quality of life for a certain treatment may mean that treatment has two greater burden on the child to be worth pursuing.

Question 5

The parents and family are best placed. They should be supported in every way with quality information, time (if this is possible) and sometimes the stand back view of the Clinical Ethics Committee. The family is the basic building block of society. It needs protection from over powerful doctors. The family will bear the

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main burden of the problems in the life of the child. They will have the main joys. Stories abound of the immense goods that a disabled child can bring.

Question 6

We are one of the richest countries in the world. While clearly economic stewardship must be carefully managed we must keep perspective. We have ample money for the health needs of all.

Question 7

Yes, give it the same weight.

Question 8

Possibly yes, but medicine deals with individuals and every case is different. It is impossible to set absolute cut-offs e.g. age below which resuscitation is pointless. Doctors should be given more encouragement to avoid anything that smacks of active euthanasia while at the same time being free to allow nature to take its course where a situation is clearly hopeless and active resuscitation would be meddlesome.

Question 9

Yes. The law should be strengthened to protect fetuses and newborn from active killing by the parents and professionals. The original abortion act was designed to protect doctors in the very rare circumstances where they had to abort to save a mother's life. This Act has been made an ass of by its illegal interpretation, towards abortion on demand. For such an important law to be so abused is an extremely dangerous position for society; giving far too much power to parents and professionals.