

**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.**

**Professor Shirley Jones, Professor of Midwifery**

**QUESTIONS ANSWERED:**

**Question 1**

ANSWER:

No. The fetus is not legally a person and a pregnant woman should be deemed autonomous unless proved otherwise. However, her wishes should not force a healthcareer to do anything which is against their professional judgement.

**Question 2**

ANSWER:

The first two, without qualification, are not acceptable circumstances on their own. I believe that 'heroics' should not be used in situations related to either the 3rd or 4th bullet points.

**Question 3**

ANSWER:

Yes. 1. we need to remember the issue of maternal autonomy here. 2. obviously, acting to directly cause death is illegal, but there are many other possibilities here. 3. It is the 'presumed' quality of life and I do not believe that it is acceptable to cause/encourage/fail to reduce or eliminate a neonate's/child's suffering. This is the most important.

**Question 4**

ANSWER:

See previous answer re quality of life, but add to it that for a child to be blind, deaf, speechless and immobile - even if not in pain - suggests insufficient quality of life as to make it worthwhile for the child. All considerations should relate to the child, not the parents' need for a child. Religion etc ... may well be considered by family, but beliefs of staff should not enter into the discussions/decisions. The media may influence general views of the public, but this fact has no place in the decision making for a child.

**Question 5**

ANSWER:

There needs to be a discussion of all involved parties but the medical team should make final decisions - or a court if the views of Drs and parents are at odds. Parents should never have to bear the burden of having made the ultimate decision themselves, whatever it is.

**Question 6**

ANSWER:

Economic must be considered, however unpalatable, but they cannot be the main consideration. The extreme cost of some 'futile' life-prolonging measures

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may well reduce the possibility of treating a child with a better prognosis. This could be as simple as preventing the availability of a cot, requiring a child to be transferred out of area, with the time-lapse for treatment and the difficulties encountered by the parents.

**Question 7**

ANSWER:

Gut feeling - no. I cannot explain why, logically.

**Question 8**

ANSWER:

Yes to both. Everyone would know where they stand and it would not be seen to be the luck of the draw.

**Question 9**

ANSWER:

Possibly - see answer to previous question.