

## Ethics in Neonatology

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### Abstract

NICU are doing the job effectively and increasing life span of neonate. There are many concepts, theories, principles and norms which define what ethical and legal medical practice is. Medical ethics defines what is ethical and legal practice, how much variation within it can be done and what lies outside of it. Decision making must be the routinely used process, requiring shared information among doctor and nurses and willingness and capability to effectively communicate with parents.

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### Introduction

By definition neonates are newborn babies within 28 days of life. They are very sweet innocent. Newborn represents hope joy, a new beginning. Almost all think that a newborn must be saved at any cost. It is an idea that each individual should live as long as possible and as healthy as possible. NICU are doing the job effectively and increasing response is there because of medical advances as compare to 10 years.

Ethical principles and virtues should be applied to all the physicians, regardless of their personal, religious and spiritual beliefs. In many countries of world including india, there is a well-established laws and medical ethics. There are many concepts, theories, principles and norms which define what ethical and legal medical practice is.<sup>1</sup>

Four principles of bioethics are:

- Respect for autonomy

- Beneficence
- Non-Maleficence
- Justice

Medical ethics is vast and many laws and standards will be coming with new development but we should start from somewhere. This field defines what is ethical and legal practice, how much variation within it can be done and what lies outside of it. When doctors' own values conflict with medical practice which is consistent with medical ethics, their values should not compromise patient care.

In 50 years many new inventions and advances in machine technology and concepts in neonatology there is decrease in mortality of neonates but increased the morbidity and ethical issues regarding treatment options specially of preterm birth, severe illness, malformations.

In neonatology ethical issues are there because of decisions to be taken on behalf of neonate.

## Ethical Question

It is difficult to act in the child's best interest "when realities collide." The phrase illustrates that parents, nurses, and other health professionals experience very different realities due to diverse professional backgrounds, educations, experiences, and relationships to the child

- 1 Which neonate is to be admitted like -prematurity, critically ill neonate
- 2 Limitation of treatment
- 3 Is parents or guardian are giving permission- Problematic interaction
- 4 What is cost of treatment
- 5 What is treatment outcome
- 6 What is procedure of decision making like
  - Refusal for immunizations
  - Refusal to seek care
  - Genetic therapy
  - Congenital anomalies
  - Withhold therapy vs. Withdrawal of treatment
  - End of life decisions

If neonatologist treat the neonate with his or hers scientific knowledge without answering these questions he or she is at risk for post care consequences like physical, social, financial complication.

Critically ill infants, prematurely born spend long time in incubators cared by technical equipment, parents, and doctors and nursing staff.<sup>2</sup>

1. *Which neonate is to be admitted like prematurity, critically ill neonate*

Invariably first controversial question comes with ethical acceptability of continuing or stopping Intensive Care or mechanical ventilation. This problem is related with human life that is considered as gift of god, life is invaluable.

On the other hand quality of life has to be dealt with burden of continuing ICU care and its benefit.

All the action that increases the chances of patient demise is considered unethical but if continuing life is deprived of minimum qualities that characterizes human life should be shifted to palliative care.<sup>3,4</sup>

2. *Limitation of treatment*

There are some conditions where life expectancy is very low in spite of very good treatment modalities.

Following are the examples where ICU treatment has got very less role.

- A gestational age less than 23 to 24 weeks
- B infant with congenital defects with very short term survival like anencephaly bilateral renal agenesis
- C infant with medium term mortality like trisomy 13
- D long term poor life of baby like progressive Muscular dystrophy

In first a & b option Therefore, viability does not depend only on gestational age, but it should be considered individual basis as survival rates are different according to birth weight, race, infection, Steroid dose

In last c and d option the option of discontinuing treatment becomes very difficult as it involves doctor parent and financial aspect

3. *Is parents or gaurdian are giving permission Problematic interaction*

There are two opinion that parent should always care for infant in all circumstances on the other hand it also implicate the stopping treatment if it is ending suffering of baby. Though the decision should be after proper knowledge and counselling of parents. In such cases second opinion should be taken or referral can be done to higher center.

4. *What is cost of treatment*

As science is advancing many new modality of treatment is there on horizon but at huge cost. In some countries cost is bared by government or third party. In India many times cost is paid by parent who does not have sufficient money.

5. *What is treatment outcome*

Uncertain outcome is major problem both for parent and physician. For example preterm infant have different survival rate with different morbidity as No predictive tool is available for measuring same. As neurologic system takes years of maturation, neurologic impairments of intellectual function or fine motor control are not evident until 1 to 2 years of age, and learning disabilities are not apparent until school age.

## Discussion

Decision making must be the routinely used process, requiring shared information among doctor and nurses and willingness and capability

to effectively communicate with parents.

All this process needs data, preferably from the same region of that hospital. This data is of clinical social financial type not from other region but from same population. With this data it is to be decided the action towards neonate can be effective, beneficial and appropriate vs ineffective, burdensome or inappropriate.

If it is so should be communicated with parents. Till the time data is available things to be frankly discussed about uncertainty of the decisions. Though data is very useful sometime decisions to be take according to situation.

There must be system working at every center

consisting of:

1. inner circle - actual treating doctors and nurses
2. outer circle - e. g. neurologist cardiologist nephrologist senior nurseing staff
3. moderator

**Flowchart**

This framework for ethical decision making is to be used and modified time to timely.

Prefixed rules to be strictly followed by leader. Introduction of these framework increases the decision making process and teamwork.<sup>5</sup>

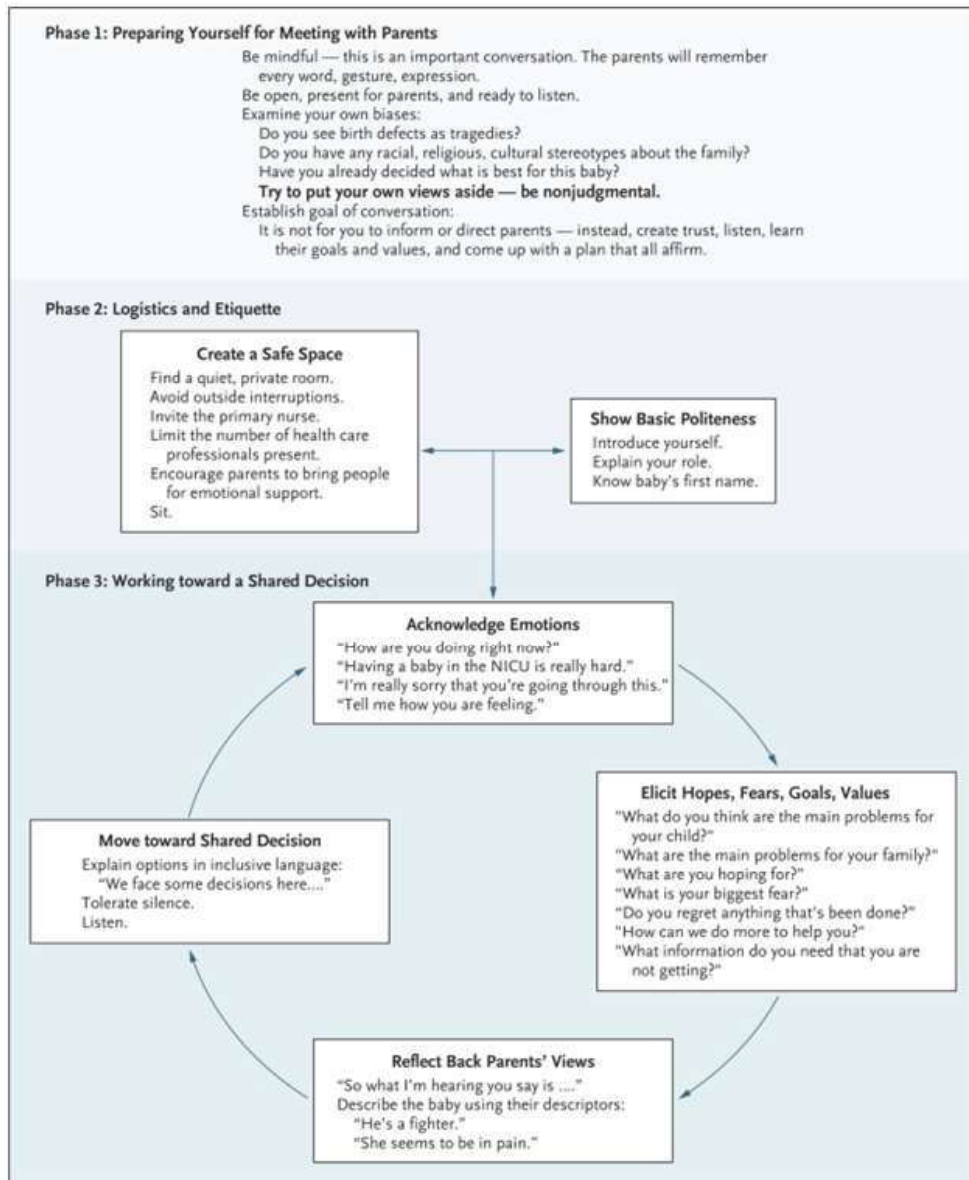


Fig. 1:<sup>6</sup>

## Conclusion

Ultimately we as physician rather than demanding urgent sudden decisions from parents, we should gradually exposing truth and let it be clear to parents. All these ethical decisions are tiring but we should begin to confront such scene for safety of patient and health care provider also. We have to choose wisely to bend rule of nature with help of science but at same time stick to most important quality of our profession compassion.

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