



PREMATURE INFANTS. BIOETHICAL NOTES

abstract

The opinion deals with the delicate problem of the identification of the boundary between persistent therapy (excessive life-support treatment, such as the prolonging of oppressive cures at all costs) and the withdrawal of treatment (hurried and unjustified discontinuance of intensive care) with reference to the care of the so-called 'premature infants', or babies at risk born at an extremely early gestational age, and therefore in particularly critical existential situations of under-development or brain damage, associable with seriously disabling pathologies.

The Italian Bioethics Committee considers that it is not possible to give precise chronological indications, fixing a threshold a priori below which not to reanimate and above which to reanimate, always and in any case: on the other hand, it is necessary to assess each case on its own. The lack of precision in the definition of the gestational age, the extreme variability of the responsiveness at birth and the uncertainty of the prognosis lead to believe it bioethically problematic to use such indicators to justify the suspension of care. It is necessary to start off with the principle that babies coming into the world showing vitality and the ability to survive outside the womb must be treated: the criteria that have to be adopted for the reanimation of new born babies are the same as those adopted for the reanimation of children and adults. The immediate assistance is therefore to be considered ethically due, the suspension being justified only in the case of prolonged artificial life support. The Italian Bioethics Committee retains that the mere fact of subjecting a premature infant to intensive care does not represent persistent treatment. The uselessness of life support machines is justified when the prognosis is bad and the treatment demanding in terms of suffering for the baby. The suspension of treatment, in the case of persistent therapy, must always be accompanied by ordinary comforting care or palliative care. The suspension of extraordinary intensive care on the basis of the consideration of the probability of disability, however serious it may be is compatible with life, is not considered ethically and juridically justifiable in the sphere of the dignity of human life.

The informing of parents of such situations is particularly difficult: the doctor has a duty to inform (respecting, compatibly with the urgency of the situation, the time needed to fully comprehend the problem) and the parents' right to be informed in a correct and complete way. The bioethical objective is to reach a decision that is shared by doctor and parents, also by means of a correct preparation of the parents to the event (with

psychological support, where possible); in the case of conflicting opinions, it is the doctor that must express an evaluation on the basis of objective clinical medical parameters. If the decision relative to the starting or suspension of treatment depended on the subjective evaluation of the parents, a condition of injustice would come about, insomuch that newborn babies in analogous critical situations could receive different treatment.

The document contains a 'Declaration of vote' of some members who support the outstanding importance of the parents' role in the decisions regarding treatment.