



6th International Conference on Clinical Ethics Consultation

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www.ethics2010.org



Abstract Submission Form – Panels

Please contact John Tuohey at ethics@providence.org with any questions.

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Title/Degree: Nurse Ethicist/PhD

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Primary contact: Lucia D. Wocial

Additional panelists, if any (up to three):

Name: Robert Boyle

Title/Degree: Professor of Pediatrics?MD

Institution: University of Virginia School of Medicine

Country: United States

Name: Brian Carter

Title/Degree: Associate Professor of Pediatrics/MD

Institution: Vanderbilt University

Country: United States

Name: Ruth Farrell

Title/Degree: Associate Faculty/MD

Institution: Cleveland Clinic

Country: United States

Proposed Session Title: Non-Resuscitation of a Fetus in the Gray Zone

Describe topic or case to be discussed up to 300 words:

Patient and her spouse have asked if we would consider forgoing resuscitation of their son (254/7 weeks gestation). This is not the norm in terms of requests from parents. Fetus is in the gray zone of uncertain outcomes for fetuses who are delivered at this gestational age. Neonatal Resuscitation Program guidelines support initial resuscitation and evaluation with the option to withdraw care at a later time.

Additional Information: Patient has pre-eclampsia which is a life threatening and progressive illness with multiple morbidities possible, including renal failure, seizures, loss of vision and stroke. The only cure for the condition is delivery of the fetus. This patient has only one kidney due to a previous illness/condition which puts her at additional risk for complications from the condition. Parents have two other children, both born prematurely. Mother has undergone beta methasone shots to improve the fetus's lung development with the hope of maintaining the pregnancy until 26 weeks to improve the outcomes for the fetus. At the time of the request for consultation, the MFM physician made it clear that the safest form of delivery FOR THE MOTHER was an induced vaginal delivery. This would in fact take time and could potentially take so much time that the fetus would achieve 26 weeks gestation, although the MFM physician did not believe the mother's health would remain stable for that amount of time and in fact if the labor did not progress substantially, c-section delivery would be pursued again to "cure" the mother of the pre-eclampsia despite the increased risk. The increased risk was due in part to the need to do a classical c-section because of the size of the mother's abdomen and the prominence of the uterine artery at this stage of pregnancy.

Describe briefly each proposed panelist's position to be offered (up to 300 words):

Panel Members, role represented

Lucia Wocial, ethics consultant on call

Ruth Farrell, OB/GYN caring for the mother

Robert Boyle, Neonatologist arguing in favor of resuscitation of the fetus

Brian Carter, Neonatologist arguing in favor of honoring the parents wishes.

Each clinical panel member will

? _____ discuss their ethical obligations to the parties involved in the care of this family (mother, spouse, and fetus).

? _____ represent the clinician's dilemma in a time sensitive case such as this.

? _____ discuss the pro's and con's of respecting the parent's choice in the short-term and long-term, including the impact on the patients (mother and fetus) and other members of the health care team

The ethics consultant panel member will

? _____ identify the process used to arrive at a recommendation for the team.

? _____ describe the ethical reasoning used to arrive at the recommendation.

Are you planning to or will you be willing to submit a poster along with your panel?

Yes No