



Nobody Likes Premies

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Best Interest

- Guiding principle used
 - » By parents as decision-makers
 - » By physicians advocating for their patients
 - » In court when controversies exist
- If an intervention is clearly in the child's best interest and harm would be done to withhold care, then refusal of care is generally not accepted ethically / legally

- We showed last year that physicians were not applying the best interest standard for premature infants, especially when facing family refusal
 - » Is this because of physicians' knowledge?
 - » Is this shared by a non-medical educated population?
- **OBJECTIVE:** To describe the value placed on the lives of preterm infants compared to other patients with uncertain outcomes
- To determine whether attitudes reflect the best interest principle
- Compare students and physician responses

Methods

- Anonymous questionnaire
- “You are a physician working in an ER in a tertiary care center...”
- 8 Critically ill patients of different ages with outcomes explicitly described; all
 - ›› needing immediate intubation + resuscitation
 - ›› potential serious neurological consequences
 - ›› currently incompetent, no known preferences for adults

Methods

- 4 patients with **50% survival**. If they survive, **50% will be “normal”** and 25% will have severe handicaps
 - » 24 week preterm
 - » Term baby with a brain malformation
 - » 2 month with meningitis
 - » 50 y old trauma victim

- 2 patients with **5% survival**:
 - » 14 y with leukemia with a 20% risk of severe handicap if survives
 - » 35 y with brain cancer; needs surgery to survive and 100% risk of handicap if operated
- 2 patients with preexisting disabilities and **50% survival**.
If survival: **50% risk of further impairments**
 - » 7 y old: cerebral palsy, deafness, hyperactivity, learning disability with a new head trauma
 - » Demented 80 year old with a new stroke

Respondents: McGill University

842 respondents, 88% response rate

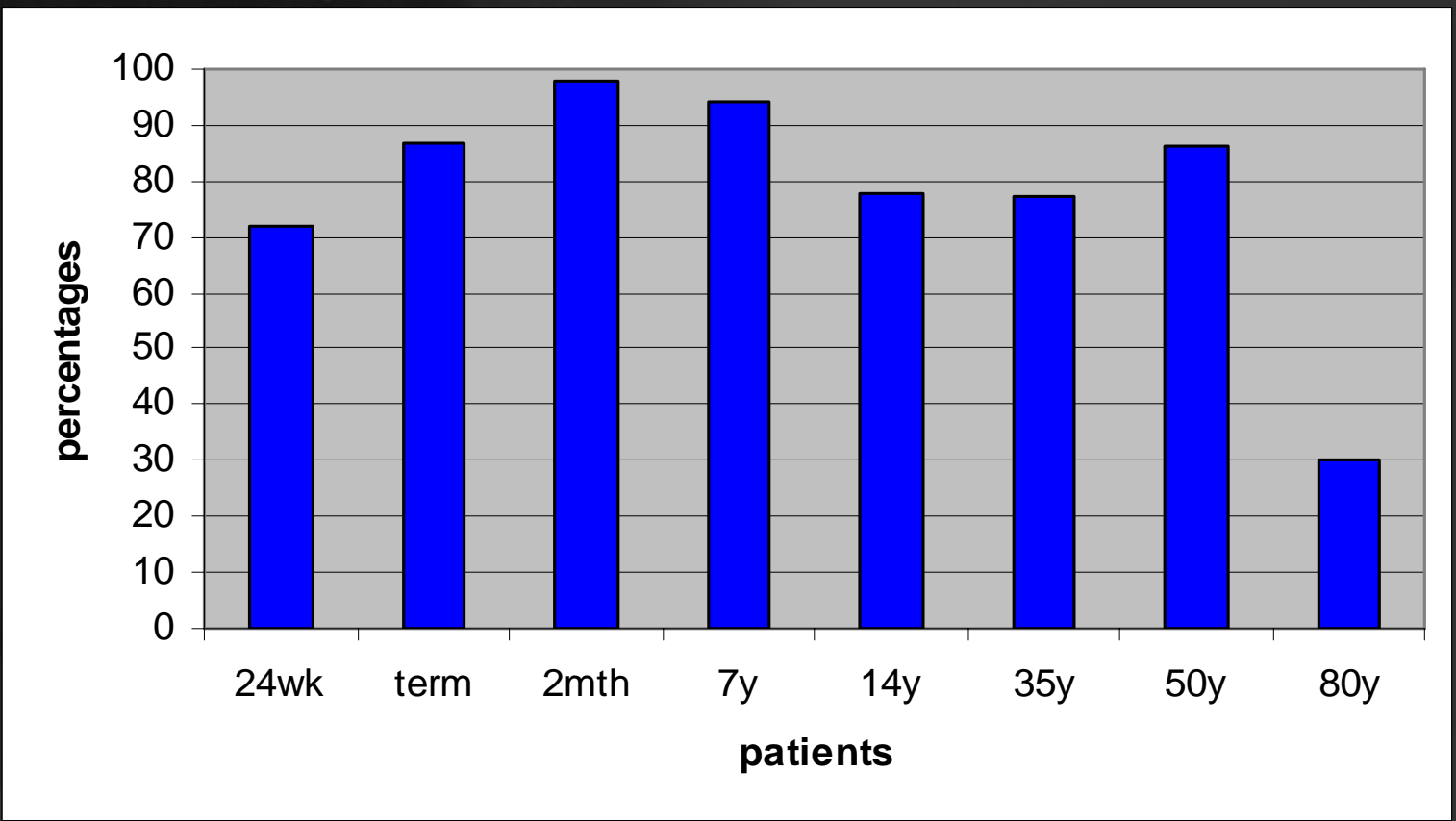
Physicians (n=167)

- Staff (n=95): Neonatologists (n=12), obstetricians (n=23) GPs (n= 32), ER physicians (n=28)
- Residents (n=72): Obstetrics (n=20), Paediatrics (n=33), family medicine (n= 19)

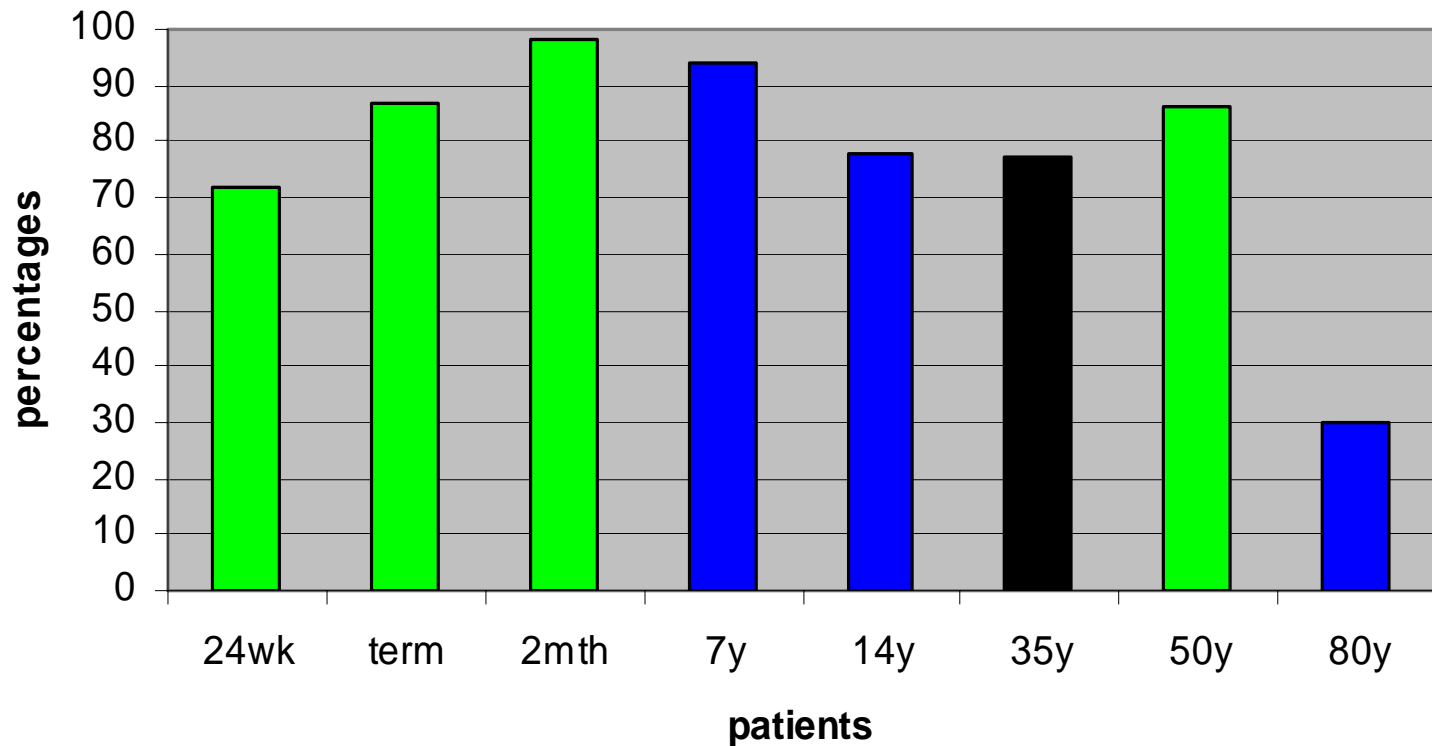
Students (n=675)

- » 1st and last year in
 - Anthropology (n= 199)
 - Law (n=199)
 - Medicine (n= 255)
- » Postgraduates: bioethics (U of Montreal; n=23)

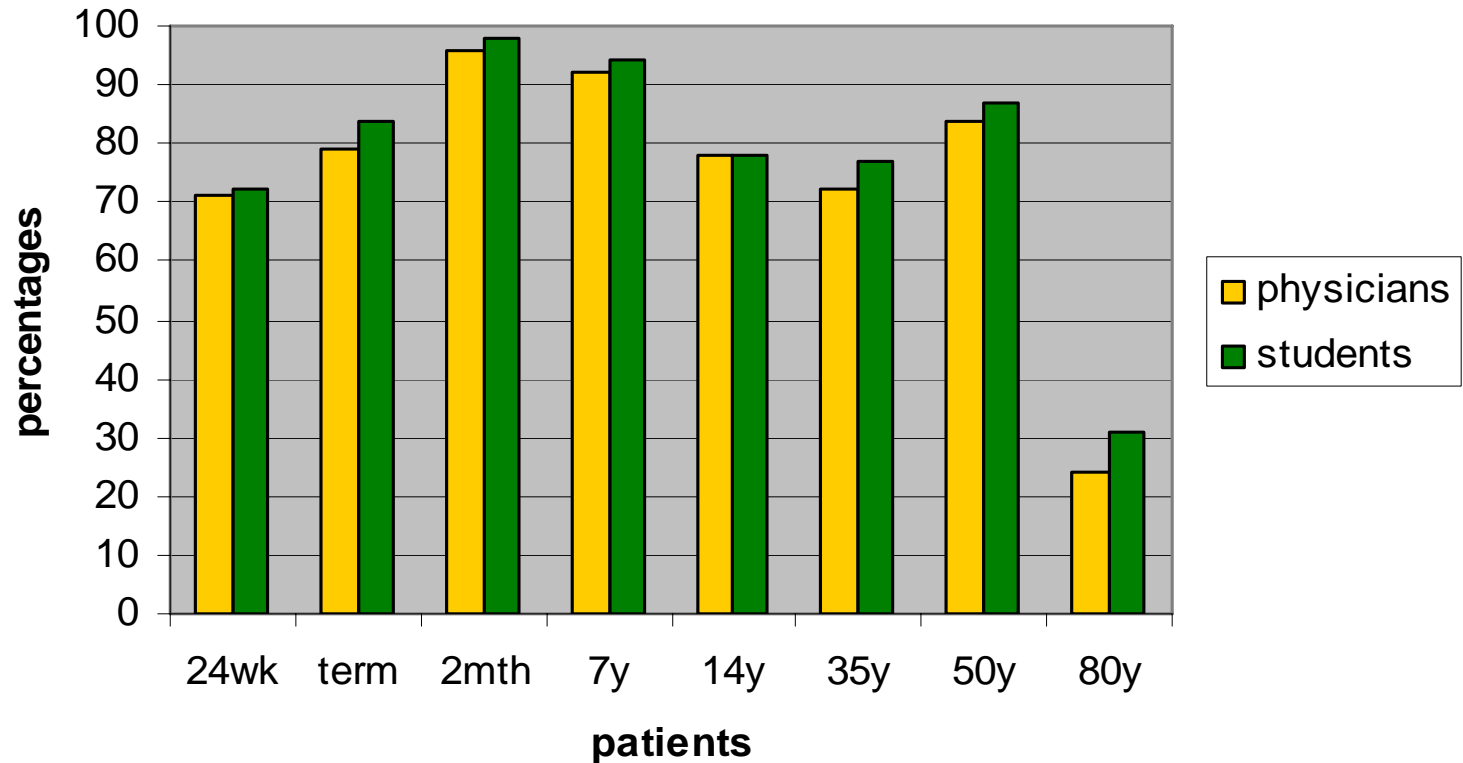
“Do you think intubating, resuscitating and consulting intensive care is in the patient’s best interest?”



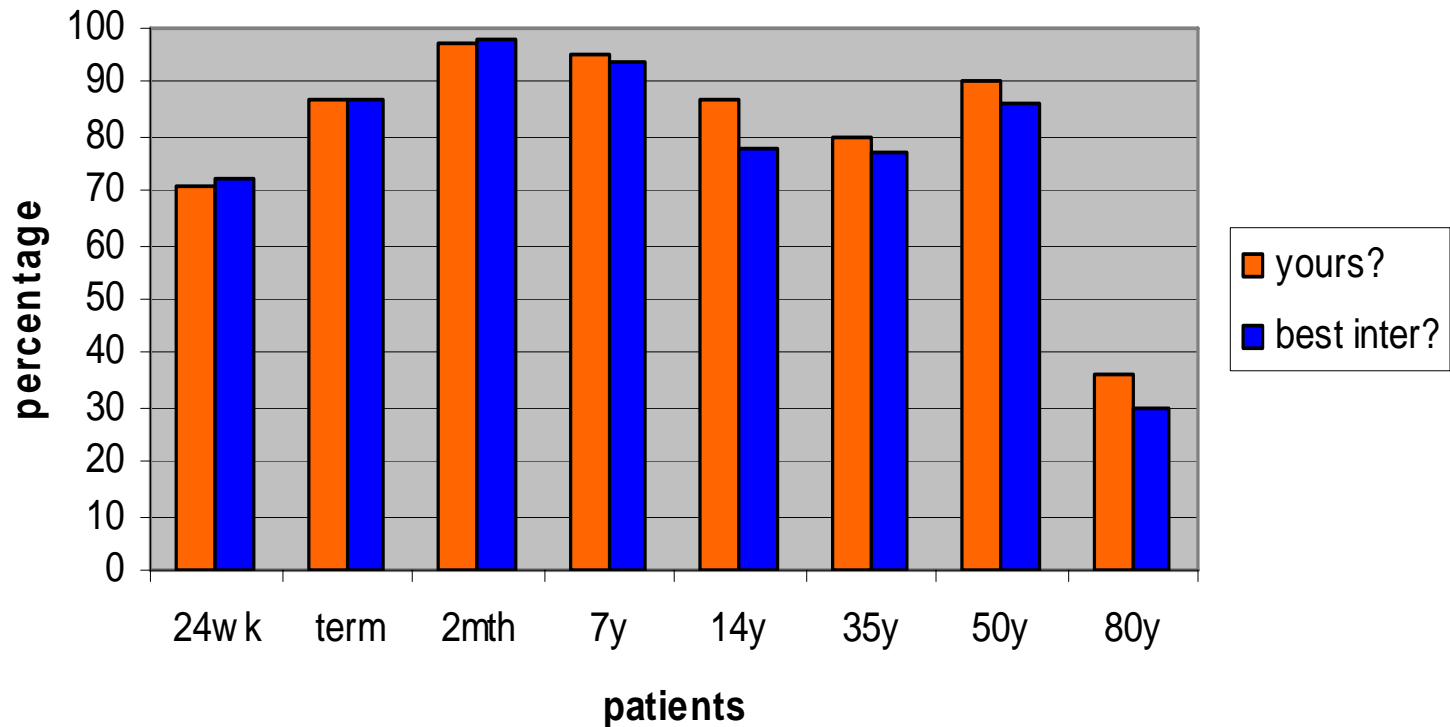
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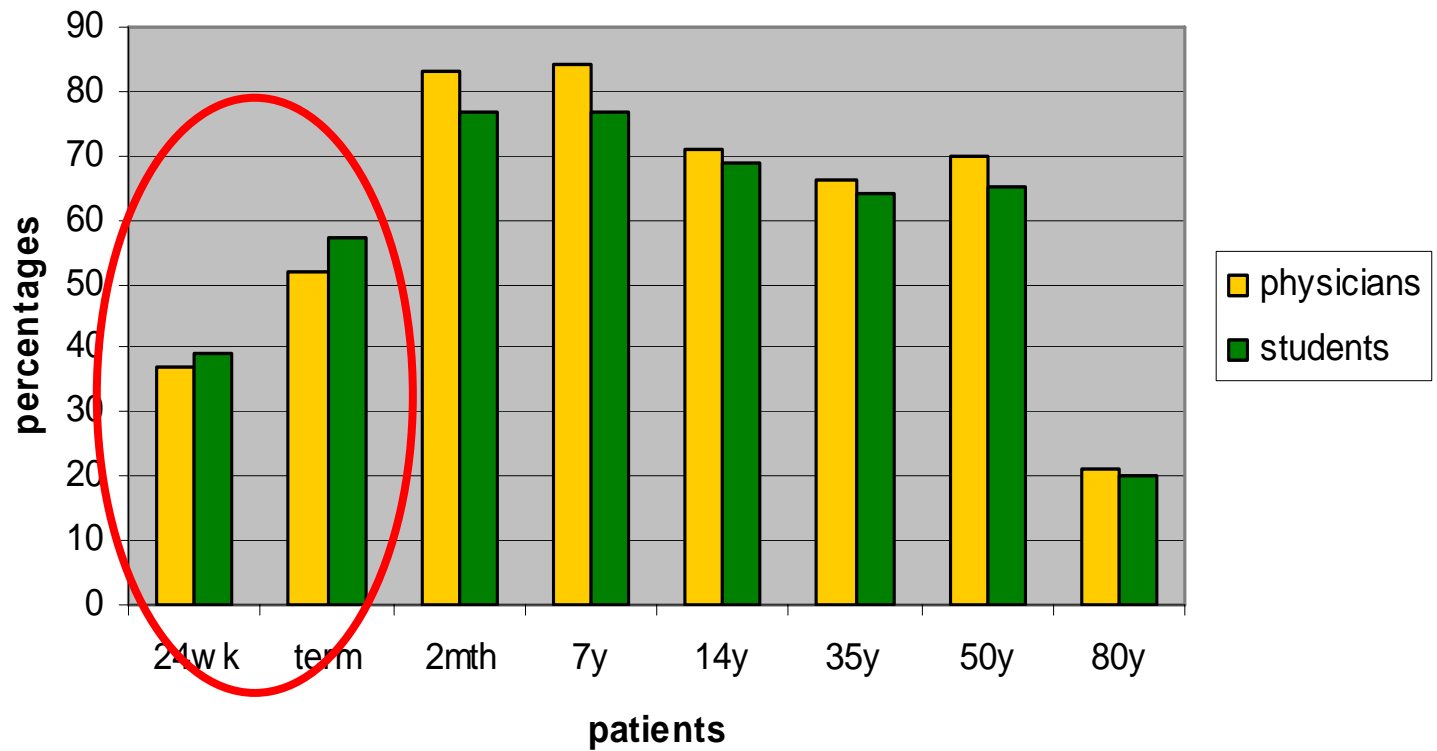
Is it in the patient's best interest to be resuscitated? Students vs Physicians



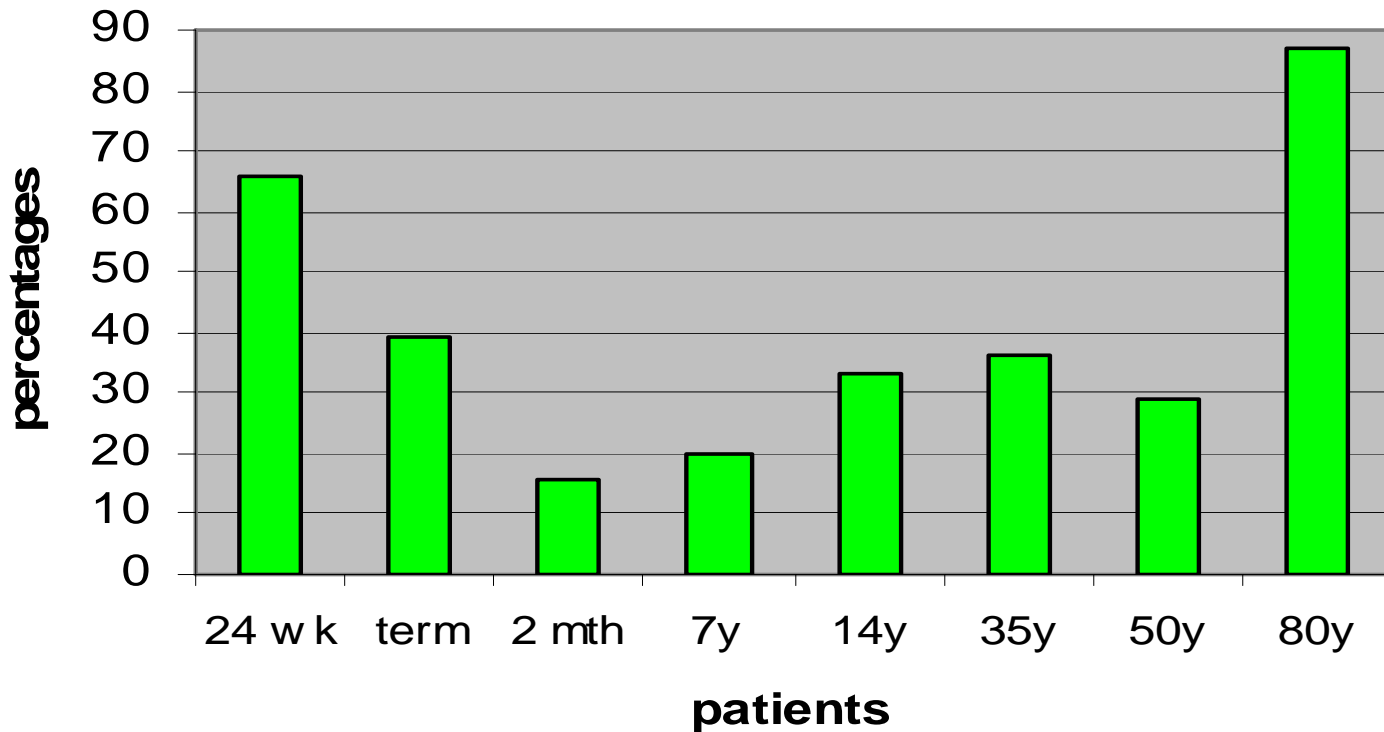
What if it were your own child or partner?



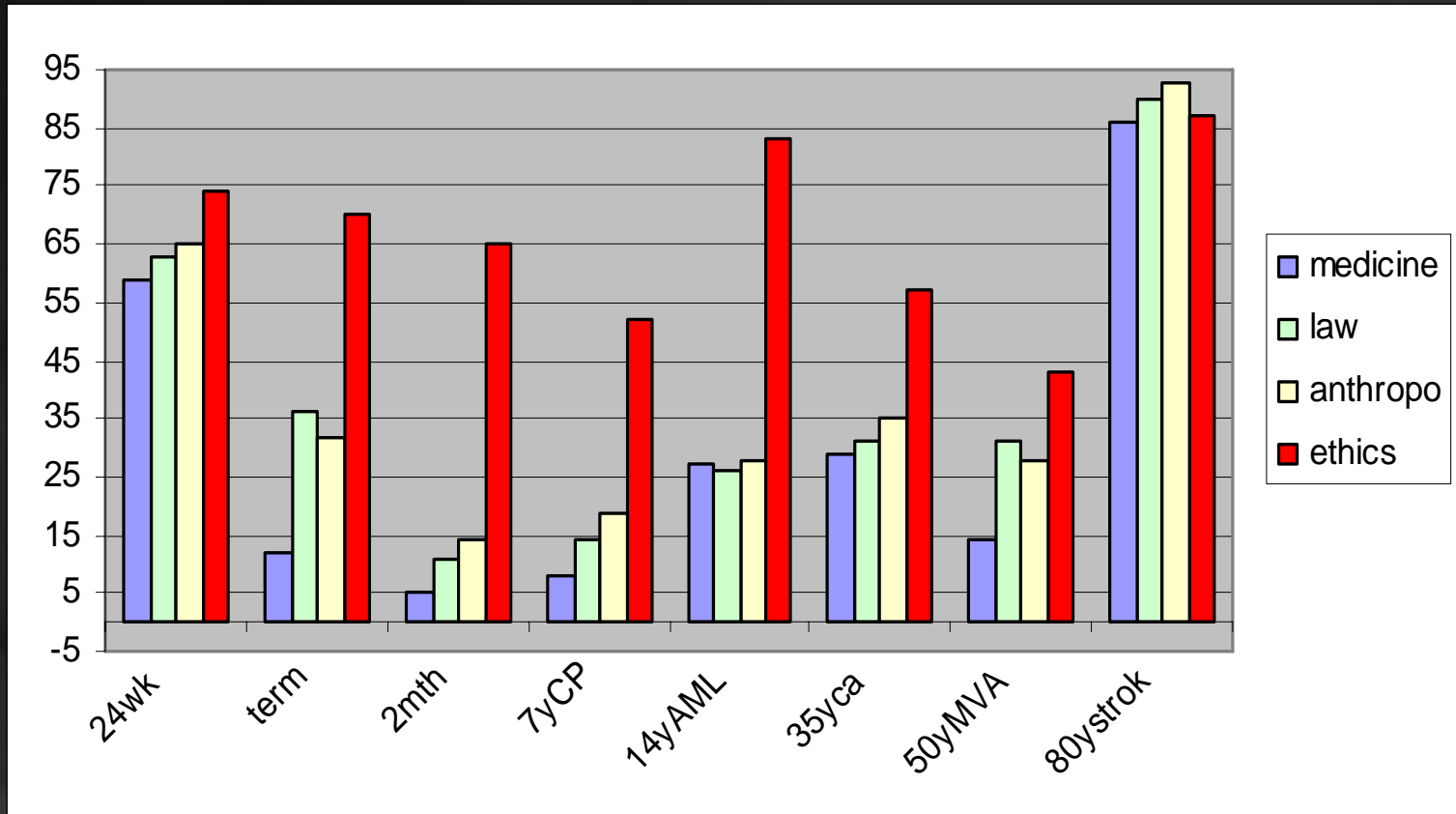
Would you always intubate?



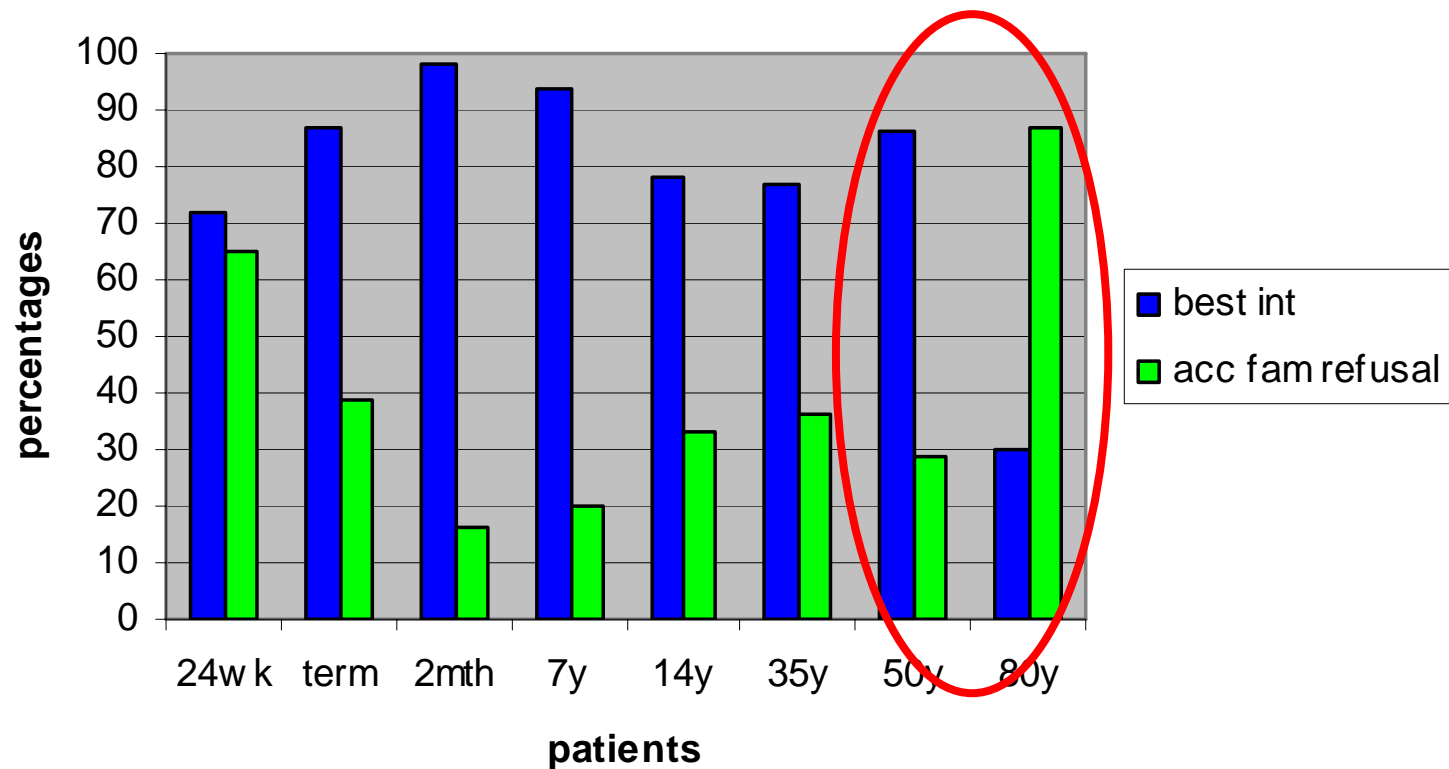
Would you accept family's refusal of care?



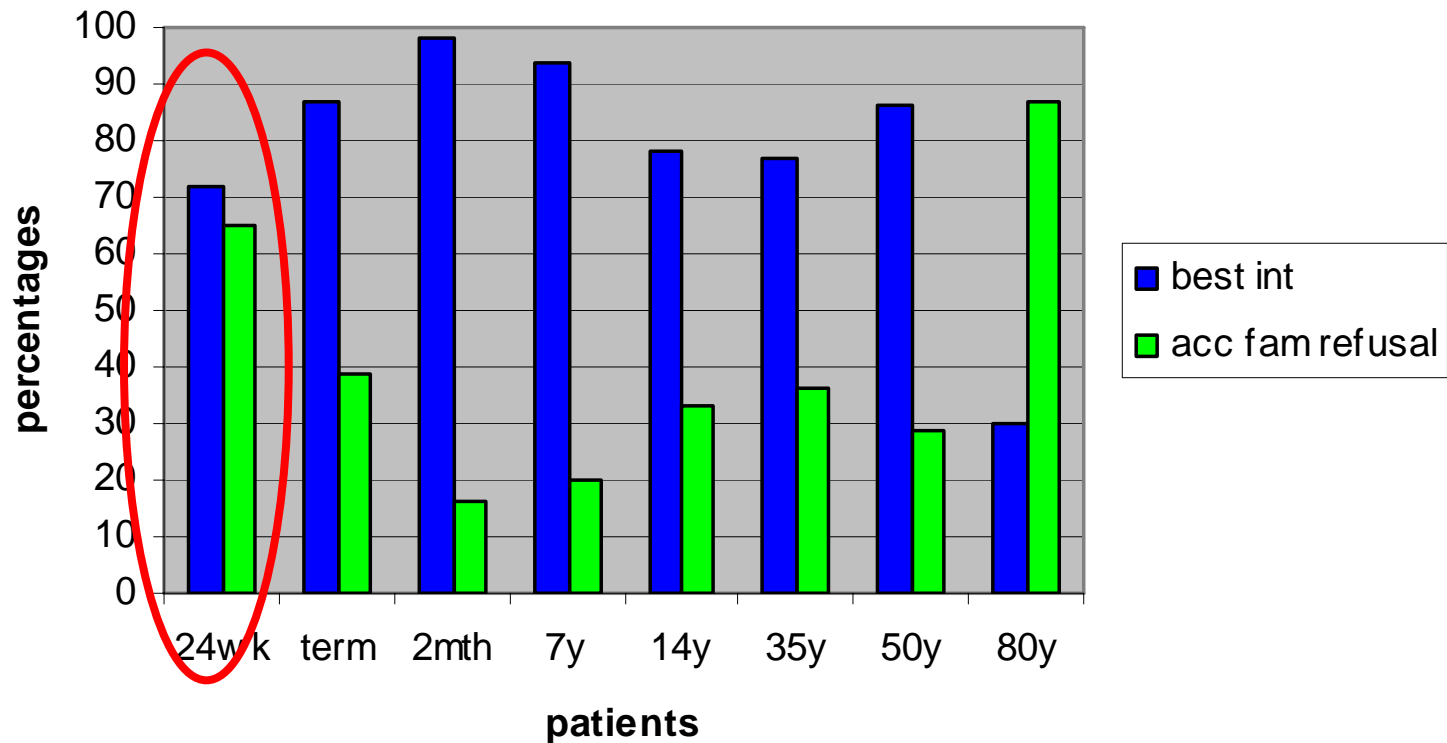
Ethics students accept withholding resuscitation more than other groups



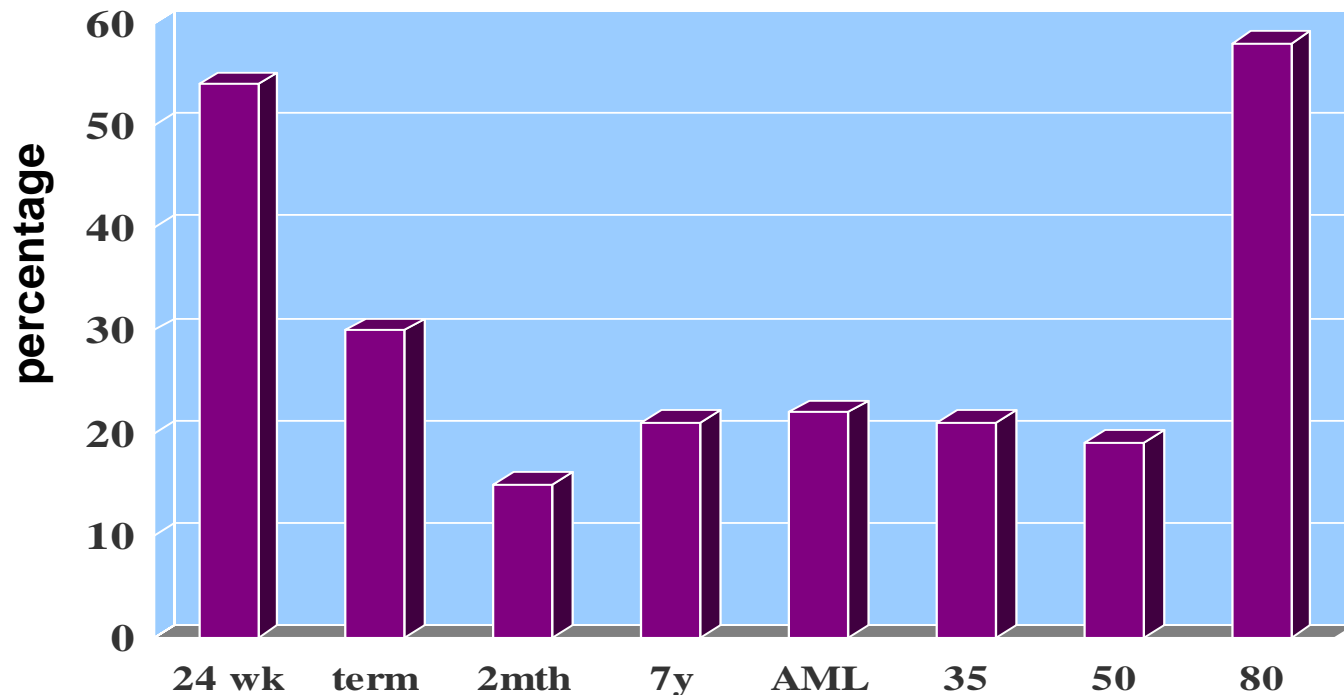
Best interest vs. accepting family refusal of care

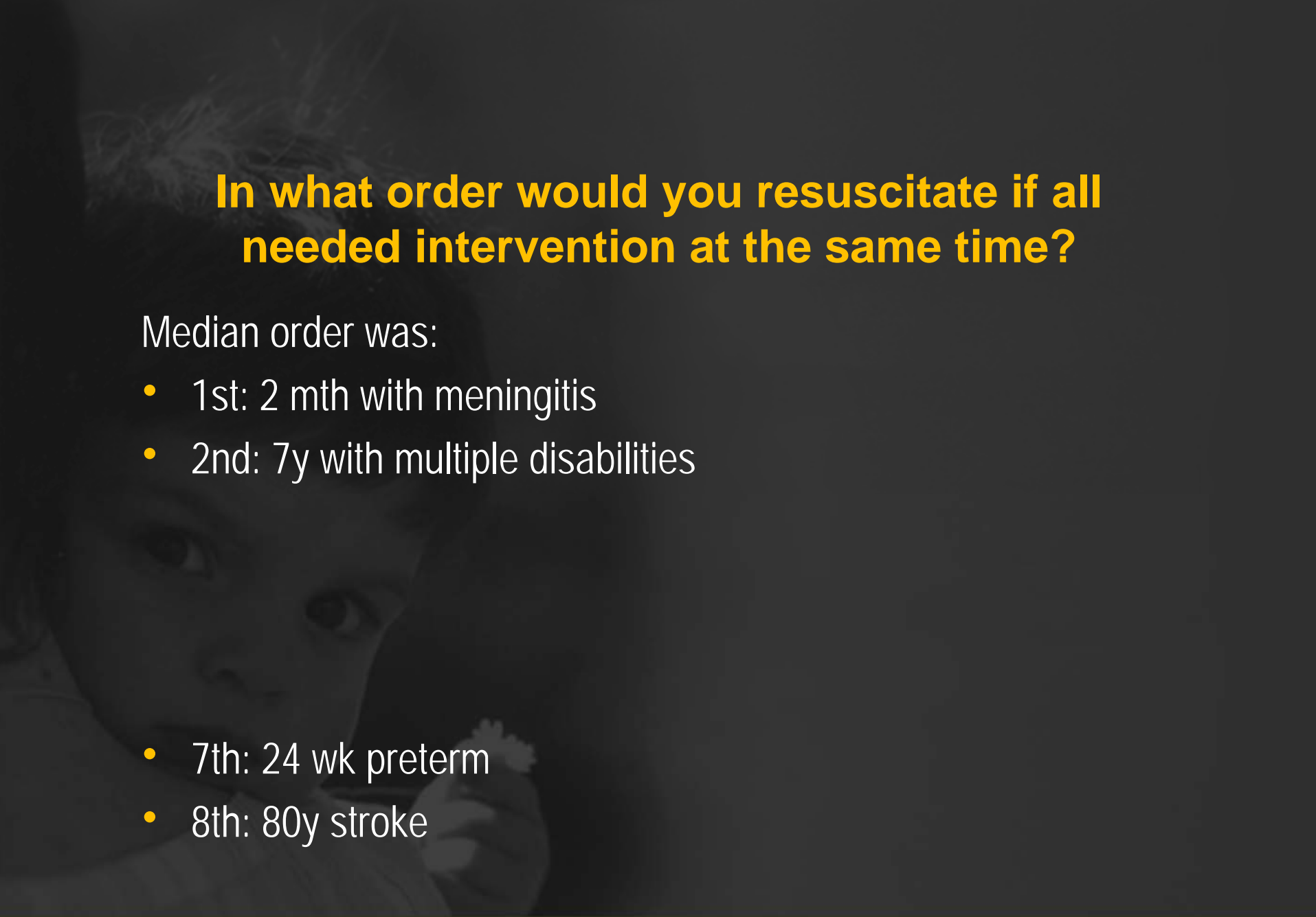


Best interest vs. accepting family refusal of care



If “yes” to best interest →
% who would accept family refusal





In what order would you resuscitate if all needed intervention at the same time?

Median order was:

- 1st: 2 mth with meningitis
- 2nd: 7y with multiple disabilities
- 7th: 24 wk preterm
- 8th: 80y stroke

In what order would you resuscitate if all needed intervention at the same time?

Median order was:

- 1st: 2 mth with meningitis
- 2nd: 7y with multiple disabilities
- 3rd: 14y with AML
- 4th: term malformation
- 5th: 50 y mva
- 6th: 35 y brain ca
- 7th: 24 wk preterm
- 8th: 80y stroke

Ranking

- All groups ranked the preterm 6th or 7th
- 2% of respondents ranked the two patients with 5% survival in the last two positions
- Nobody ranked the 7 y old with cerebral palsy and multiple disabilities last
- 61% of respondents ranked the 35-y-old (with 5% survival and 100% disability) before the preterm who had much better outcomes

Responses

- Responses were not affected by
 - » Gender
 - » Having children or not
- Students answers were similar
 - » Between disciplines
 - » Within disciplines whether they were 1st or last year
- Physicians responses were not affected by
 - » Experience
- Some responses affected by specialty for physicians

Conclusion

- What one would do for one's child / partner paralleled estimations of "best interest"
- A preterm infant would be resuscitated less often than older children and adults with identical or much worse outcomes
- **Survival and impairment (or potential for) do not seem to influence the value respondents placed on the life of patients**

Conclusion

- The majority thought intervening was in the best interests of the 24 wk preterm
- A significantly larger majority thought intervening was in the best interests of:
 - » A term or a 2 month old with identical outcomes
 - » An already seriously impaired child
 - » An adult with 5% survival and 100% handicap
 - Despite explicit description of outcomes

Nevertheless...

- The best interest principle is not applied when considering resuscitation decisions for the extreme preterm
- This relative devaluation is not acquired by working closely with preterms and is shared by an educated population with limited medical knowledge

Why might this be so?

- Still considered a reproductive choice?
 - » Abortions performed at similar gestational ages
 - » Do we react differently to their death?
- Decreased sense of duty than older individuals?
- Lack of personhood / experience / attachment ?
- Media: focus on neonatal disasters
- Easier to discriminate against possibility of handicap than confirmed handicap?
- **Cultural, anthropological, sociological, evolutionary?**
 - » **Were we “built” this way?**



Thank you