1982–1986: THE BABY DOE RULES

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Annotated Bibliography

Cummings, B. M., Paris, J. J., Batten, J. N., & Moreland, M. P. (2018). Dispute between

physicians and family on surgical treatment for an infant with ultra-short gut syndrome: the perspective of an Ethics Committee. Journal of Perinatology, 38(7), 781.

In this article, Cumming Paris and Moreland reveals the disputes between family and physicians regarding infants having gut syndrome. The ethical perspective is used to evaluate the results of this report. In about 8–10 out of 1,000 babies born, congenital heart defects or an abnormal development of large blood vessels are diagnosed. 20-25% of children die in early infancy and 50-60% np during the first year of life. Only 10-15% of children without medical intervention are meant by modern therapy reaching adolescence. Down syndrome implies the presence of an additional 21 chromosomes, or a whole chromosome, or translocation to another chromosome. The diagnosis should be made prenatally using free fetal DNA analysis (from maternal blood) and confirmed by determining the karyotype based on a sample of chorionic villus or amniocentesis. Life expectancy is reduced primarily due to heart disease and to a lesser extent due to increased susceptibility to infection and acute myeloid leukemia.

If a fetus has been diagnosed with a severe disability that significantly reduces the quality of life and the survival of the fetus is unclear, parents have the right to opt for a passive fetal care option during pregnancy and childbirth. However, if the child's vital signs begin after birth, he or she is usually treated.

Kopelman, L. M. (2005). Rejecting the Baby Doe rules and defending a “negative” analysis of

the best interest’s standard. Journal of Medicine and Philosophy, 30(4), 331-352.

In this article, Kopelman discussed the ethical standard in Baby doe’s case. There are two unsuited rules are available to decide about the terminally ill or premature sick infants including “Best Interest Standards” and “Baby Doe rules”. Kopelman compare both the practices under some criteria. Some defenses were accepted and some of them rejected regarding both the standards. Bioethics has also taken up old moral questions discussed in the philosophical tradition, related to the beginning and the end of life (procreation, abortion and euthanasia). In general, the many issues she deals with revolve around the value of health, life and limits they encounter: disease and death. She is also interested in how the human being relates to his own nature and to the external nature. With regard to the first, genetics, biotechnologies and neuroscience raise particular ethical questions; as for the second, the relationship of the human being to animals, the living world and the environment have further broadened the horizons of bioethics.

 The debates on the end of life are also very old. With the progress of medicine, however, new difficulties have emerged: can we stop treatment at the risk that the death of the patient ensues, or even not to undertake one? We want to avoid the "therapeutic relentlessness", now renamed "unreasonable obstinacy" . Conversely, is a doctor obliged to provide all the care that a patient or his family ask for, even if it seems to him useless ("futile" as they say, using an Anglicism)? Suicide has long been condemned, although it was sometimes difficult to distinguish it from martyrdom and sacrifice. This is no longer the case; but if we give everyone the right to end their lives, we still debate whether doctors can be associated with it: does assisting a person in such a situation form part of the doctor's vocation? It is feared that some patients or old people will die because of the burden they place on their family or society.

Kopelman, L. M. (2005). Are the 21-year-old Baby Doe rules misunderstood or mistaken?

Pediatrics, 115(3), 797-802.

In another article written by Kopelman analyzes Baby Doe’s case under the categories like mistaken or misunderstood. Kopelman shared the background information with his audience regarding Baby Doe rule. The Baby Doe Rules are the regulation implemented by federal and these rules applied in decision making regarding terminally ill or premature infant until the age of 20 years. Baby Doe rules are the amendments of child abuse and protection and treatment act for receiving federal grant. Now it is important to justify either Baby Doe rules are misunderstood, or they are totally wrong. Thanks to improved fetal diagnostics, many newborn malformations and diseases are known before birth. Ethical reflection then concerns a fetus who does not have the same legal rights as a newborn. A particularly difficult situation arises when a severe fetus significantly impairing the quality of life is diagnosed during long gestation of the fetus, but the viability of the newborn child cannot be predicted.

He asks question that many pediatrics ask in this way; the prognosis of a very premature or very underweight child is rarely known with certainty. In these situations, refraining from resuscitation may result in an extremely ethical situation in the maternity ward if the child breathes and moves for an extended period of time. Therefore, active resuscitation and initial care are immediately recommended in order not to increase the risk of a potentially viable child being injured. Most often, within 1-2 days, it turns out that the child does not have the conditions for independent living or has already suffered serious damage. Then there are no longer grounds for continuing intensive care.

References

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