UNDERGRADUATE RESEARCH PROJECT ON PARENTAL LEGAL RIGHTS CONCERNING LIFE-SAVING TREATMENTS ON PREMATURELY BORN INFANTS

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Neonatal intensive care is the area of medicine where outstanding technological innovations cast medical and moral uncertainties on the treatment of extremely premature infants. The period of extreme gestational age, twenty-two to twenty-four weeks makes predictions on fetal survival exceptionally hard. The American Association of Pediatrics as well as federal regulations on the neonatal care has the guidelines that define the circumstances under which medical professionals should initiate the resuscitation of preterm infants. As a result of the conducted research, I have found that current federal standards on neonatal care restrict doctors and parents to instigate medical interventions suitable for each individual child. Therefore, government regulations designed to affirm the rights and interests of prematurely born infants, in reality undermine the interests of neonates. Thus, in my work, I claim that due to narrow legal foundation, confusing definition of futility of the treatments, and exclusion of parental moral values during decision-making process, the federal regulations are not suitable to designate the life-saving efforts on the infants born on the limits of viability.

First of all, since the original intent to regulate the care of newborns is being initiated under the principle of anti-discrimination against handicapped, the policies do not cover the broad range and complexity of neonatal cases. The denial of medical treatment due to the congenital anomalies has raised the legitimate concerns of the agencies of public health. Thus, the primary aim of the regulations is the assurance of the rights and interests of infants with congenital anomalies. Second, as a result of the original intent to deliver the equal and fair treatment to handicapped individuals, the regulations do not distinguish the impairments incompatible with life regardless of medical treatment. Therefore, infants have become the subjects of medical over-treatment in the intensive care units. Finally, to successfully resolve medical-moral controversies imposed by the uncertainty of medical prognosis for the infants on the limits of viability, the Committee on Bioethics offers a feasible solution. The committee allows the parents to decide on the benefits of the interventions, while the physicians continue evaluate the infants' responses on the treatments.

In conclusion, the collaboration between doctors and parents during medical decision making process allows the exploration of parental moral values as a part of the comprehensive medical treatments of the infants born on the margins of viability. Thus, it yields the optimal treatment plan for each infant. At the end, the best interest of a preterm infant is addressed when medical technologies to save the infant's life are applied in accordance to parental moral values. Otherwise, neonatal medical treatments become empty.