

Ethical Issues in Newborn Care

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Commentary on NANN Position Statement 3015

NICU Nurse Involvement in Ethical Decisions (Treatment of Critically Ill Newborns)

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This issue of *Advances in Neonatal Care* publishes the National Association of Neonatal Nurses Revised Position Statement 3015: *NICU Nurse Involvement in Ethical Decisions (Treatment of Critically Ill Newborns)*. This revised position statement was adopted by the NANN Board of Directors in December 2006. The statement acknowledges the essential role of neonatal nurses and nurse practitioners in attending to the care and decisions about the care of critically ill newborns. New components to this statement reflect the acceptance of the integral part of the nurse on the decision-making team and development of the option of palliative care for every child with a life-limiting condition. Features worth noting include:

- An acknowledgment that some infants experience conditions that are life limiting.
- An understanding that the “best interest” model for the child may differ from what is in the best interest of the family as a whole.
- The requirement that honest long-term sequelae of technological life saving be discussed with families.
- A reference by Pearson on a plan for the birth and comfort care of a child with a known fatal condition.¹
- A statement that the healthcare staff will make an effort to meet parental wishes. This acknowledges that in some cases that parental wishes for continued life support for a dying child will not be met.
- The introduction of “revisit” points, specific planned dates to ask whether a plan put into motion is having any effect on change in prognosis, and a discussion of what to do next if it has not.
- The incorporation of transparency models for parents, such as the program of including parents on rounds,² and Joy Penticuff’s concept of the parent’s own medical record.³ Using Penticuff’s record, parents are able to graph for themselves

(in English or Spanish) whether the child is progressing or decompensating in layman terms.

- The recognition that nurses and physicians may have different philosophical backgrounds that formulate their goals of care, and that the lack of consensus regarding care at the end of life between nurses and physicians causes moral distress for both parties. Consensus among team members about these difficult cases is essential.
- Acknowledgment of the right of the nurse to consider whether the parents’ or physicians’ decisions are appropriate actions for the nurse to take.⁴
- The recommendation of education in healthcare ethics and the use of the ethics committee for NICU nurses in times of conflict.
- The recommendation of the integration of palliative care into the NICU and supportive symptom management and pain control for all critically ill newborns, including the movement to home care with nursing support for children who have limited life spans.
- The presentation of the idea that there must be an acknowledged goal of care for each infant.⁵ For nurses, the goal of care is named: Obtaining a healthy child who will have a life of quality with the ability to interrelate with others.

References

1. Pearson L. Family matter. Family-centered care and the anticipated death of a newborn. *Pediatr Nurs*.1997;23:178-182.
2. Little GA. Parents on rounds: the debate. *Advances in Family-Centered Care*. 2001;7(1):21-24.
3. Penticuff JH. Effectiveness of an intervention to improve parent-professional collaboration in neonatal intensive care. *J Perinat Neonatal Nurs*. 2005; 19:187-202.
4. Catlin A, Armigo C, Volat D, Valle E, Hadley M, Gong W, Bassir R, & Anderson K. Conscientious objection: A potential neonatal nursing response to care orders which cause suffering at the end of life? Study of a concept. *Neonatal Network, J Neonatal Nurs*. In press.
5. Carter BS. The Goals of Neonatal Care. In: Mernestein GB, Gardner SL, eds. *Handbook of Neonatal Intensive Care*. 6th ed. St. Louis, Mo: Mosby; 2006: xiii-xiv.