

Study finds preterm infants not a priority

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(PhysOrg.com) -- A recent study published in *Acta Paediatrica* concludes that infants born before 24 weeks drop to the bottom of the priority list in intensive care units. Dr. Annie Janvier, a professor at the Université de Montréal Faculty of Medicine and a researcher at the Sainte-Justine University Hospital Research Center, conducted the study in collaboration with Keith Barrington also of the Université de Montréal, Khalid Aziz of the University of Alberta and John Lantos of the University of Chicago.

“The media may focus a lot on premature babies, but the medical reality is quite the contrary,” says Dr. Janvier.

The researchers recruited 524 physicians and students from various disciplines - law, anthropology, bioethics and medicine - and asked them to slip into the skin of emergency physicians faced with hypothetical

patients: a premature baby, a full-term baby, a two-month old baby at risk of neurological aftereffects similar to those faced by a premature baby, a 7-year-old with serious handicaps and an 80-year-old suffering from dementia.

“We asked participants if they believed reanimation was in the best interest of the patient, if they would reanimate the patient and if they would refuse to reanimate the patient at the request of the family,” says Dr. Janvier.

Respondents clearly favored children when the intervention was likely to save their lives. However, when it came to reanimating a premature baby or the elderly this wasn't the case. Twenty percent of respondents who believed reanimation was in the best interest of the patient would have respected the wishes of the family not to intervene, except for the elderly woman and the [premature baby](#).

“Survival of the patient and their potential quality of life has little impact on decision-making - especially for patients who are on the verge of life and death,” says Dr. Janvier. “Respecting the wishes of the family not to reanimate a patient is more frequent in the case of newborns.”

Over the years, Dr. Janvier has noticed that clinical decisions regarding life and death vary from one [intensive care unit](#) to the next. For instance, some units will recommend removing a child from a respirator if future life quality is jeopardized. However, other units faced with a similar case will not even consider such recourse.

Dr. Janvier is interested in these ethical questions regarding medical decision-making. “Fifty years ago, it was Mother Nature that decided if a very ill patient lived or died. That's not the case anymore,” says Dr. Janvier. “Thanks to technological advancements in medicine, many patients can overcome their illness. This, however, implies a slew of new

responsibilities.”

More information: Acta Paediatrica:
www.wiley.com/bw/journal.asp?ref=0803-5253

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