

Ethics in Perinatology

"Ethics" (from the Greek "ethos" - habit, moral) is a philosophical discipline that examines morality. "Morality" (from the Latin "mos" - habit, custom, manner, order, rule, principle) is a set of ideas about the good already found, i.e. a set of ideas about what is good or bad, about of which there is a social consensus at a given time, even though the ideas may be wrong and the norms wrong. Bioethics (from the Greek bios - life) or biomedical ethics focuses on moral problems related to medicine. "Dilemma" (from the Greek "dilemma" - crossroads) is a necessary difficult choice between two mutually exclusive possibilities. A moral dilemma is a decision in a conflict between different moral requirements, in the concept of bioethics between principles (below).^[1]

 For more information see *Introduction to Ethics, Ethics Terminology*.

Principles of Biomedical Ethics

- **principle of beneficence** (from Latin. *bene* - good, *facere* - to do) → do good, benefit the patient, actively treat;
- **principle of nonmaleficence** (from Latin. *non* - no, *malum* - evil, *facere* - to do) → do not do evil, do not harm the patient, refrain from activities that cause disability or only risk of damage;
- **principle of respect for autonomy** (from the Greek autos - self, nomos - law) → requires the doctor to respect that the patient makes decisions and acts according to his values and beliefs; that the doctor enables the patient to make autonomous decisions and supports him in doing so;
 - informed consent (or non-consent) is an expression of respect for the patient's autonomy;
- **principle of justice** → doctor's relationship with other patients; treating everyone with equal respect; treatment of the same disease as well; fair distribution of limited resources.^[1]

 For more information see *Four Basic Principles of Medical Ethics*.

Ethical decision-making based on four principles

- obligation to treat if beneficence prevails over maleficence;
- the responsibility to make sure that the patient is competent to make an autonomous decision, that he understands the information, makes a decision freely and is aware of the consequences of his choice;
- if the patient is not competent to make decisions regarding his therapy, this must be done by his representative, who is supposed to make decisions in the best interests of the patient (the so-called best interests standard).^[1]

Informed Consent

- the patient's informed consent is a condition for performing any diagnostic, therapeutic or research procedure;
- can be written, expressed verbally in front of witnesses or indirectly expressed (it can be assumed from the context);
- consent to participate in research must always be in writing;
- the patient's disagreement (reversal) must be in writing;
- *Convention on Human Rights and Biomedicine: "Any intervention in the field of health care can only be carried out on the condition that the person concerned has given free and informed consent to it. This person must be properly informed in advance about the purpose and the nature of the procedure, as well as its consequences and risks. The person concerned can freely withdraw their consent at any time."*
- elements of informed consent:
 - basic elements: competence (to understand and decide), voluntariness in decision-making;
 - information elements: communication (essential information), recommendation (plan);
 - elements of consent: decision (in favor of the plan or against the plan in case of disagreement), authorization (of the chosen plan).^[1]

Substitute Decision Making

- for a patient who is not competent to make decisions, his representative decides;
- their parents have the right and duty to decide for children according to the standard of best interests;
- The **best interests standard** requires the patient's representative to evaluate the benefits and risks of the proposed treatment and its alternatives by weighing pain and suffering and evaluating recovery or loss of function;
- the doctor is entitled to override the authority of the parents only if their decision means a significant risk of harm to the child's health or a threat to life that can be prevented; the principle of nonmaleficence;
- *Convention on Human Rights and Biomedicine: "A procedure may be performed on a person who is incapable of giving consent only if it is for his direct benefit. ... If the minor is not legally competent to consent to the procedure, the intervention cannot be carried out without the permission of her legal representative, an official or another person or body authorized to do so by law."*^[2]

 For more information see *Informed Consent (Ethics)*.

Failure to start or stop life-saving therapy

- not starting or terminating life-saving therapy (ie transition to comfort-palliative care) is ethically equivalent;
- the best interest of the patient must be decisive for decision-making;
- doctors are not obliged, and may not even use all the means of modern medicine only at the request of the parents, if the child does not benefit from them; in the same way, he must not, at the request of the parents, not treat a newborn who could benefit from the treatment.^[1]

==Decision

This article has been translated from WikiSkripta; ready for the **editor's review**.

1. STRAŇÁK, Z. *Neonatology*. 2. edition. 2015. pp. 134-145. ISBN 978-80-204-3861-4.
2. **Cite error: Invalid <ref> tag; no text was provided for refs named Stranak**