



## Court verdict “splendid,” ethics professor says

A recent decision by a Manitoba appeal court to give doctors the sole right to issue do-not-resuscitate (DNR) orders has been heralded as an important decision by a University of Manitoba ethicist and Winnipeg oncologist.

Professor Arthur Schafer, director of

the Centre for Professional and Applied Ethics at the University of Manitoba, called the decision “splendid.” He argues that it is unethical for a physician to do anything that “in the physician’s mind” will not benefit a patient.

“The court ruled that patients or family members do not need to be consulted by a physician in DNR cases,” said Schafer, who maintains

that doctors have no legal or moral obligation to act just because the patient or the family demands intervention. “I think professional ethics require that doctors do only what is in their patients’ best interests. If this means issuing a DNR order against the wishes of the family, then so be it.”

The case involved a brutally beaten 3-month-old boy who has

## Home is where the hospital is for London preemies

A new program at St. Joseph’s Health Centre in London, Ont., aims to “transform the mystique” of the neonatal intensive care unit (NICU) for parents of premature infants, the hospital’s director of neonatal intensive care says.

Dr. Don Reid made the comment about the hospital’s new Care by Parent Program that allows parents to reside with their babies in private bedrooms at the hospital for up to 3 weeks. Subdued colours and indirect lighting are used to create a calm, home-like atmosphere in the unit, which has 4 bedrooms.

The unit stands in stark contrast to the normal bustle found in the NICU, which parents of premature infants can find intimidating and jarring. Nurses, who are available around the clock, educate and coach the parents about their newborns’ special needs. Emergency services are readily available from the NICU, which is across the hall. Before being accepted for the Care by Parent Program, an infant must weigh at least 1500 g, be past the critical stage, be physiologically stable and no longer require intubation.

Reid says the goal is to “encourage parents to take over the care of newborns at the earliest stage.” When parents assume responsibility

early “they become more confident and competent and know what is normal and abnormal.” Reid says this increases the possibility of early discharge and decreases the risk of readmission.

Clinical neonatal specialist Carol Beaudoin, who with 2 other nurses

George Blumson, *London Free Press*



Paul and Angela Krogman with son Noah in private bedroom near the St. Joseph’s Health Centre NICU

was instrumental in developing the program, says Care by Parent gives parents a role in the planning and decision-making concerning their babies’ care. Beaudoin says parents

frequently feel overwhelmed in the NICU and experience a sense of loss as they relinquish the baby’s care to professionals. Care by Parent “gives them the opportunity to feel like parents for the first time and feel like a family for the first time.”

The hospital has also discovered that parents provide good support for one another as they share knowledge and experiences. “It’s a happy place,” says Reid. “Parents love it.”

Beaudoin says mothers frequently stay around the clock, especially if they are breast-feeding, with fathers staying as much as work, family and other responsibilities allow. A relative or friend can also stay if this is preferred.

Care by Parent, which was launched last May, is modelled on a program at the Rainbow Children’s Hospital in Cleveland. Reid believes it is unique in Canada.

Construction costs of \$200 000 for the “totally modular” prototype were covered by the hospital’s capital budget, while operating costs are covered through the NICU’s global budget. Reid anticipates long-term savings because the program should reduce length of stay and demand for intensive nursing care. —

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