



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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been in a persistent vegetative state since March 1996. Doctors recommended a DNR order be placed on the boy's chart against the wishes of the natural parents. But the child's legal guardian, Child and Family Services of Winnipeg, agreed with the DNR order and subsequently was sued by the parents.

Schafer said that intervention could only serve the parents, who may be charged with murder if the child dies. He said the court ruling does not absolve doctors of legal responsibility for the decisions they make. "If a physician's failure to provide a service is negligent or incompetent, then there still can be adverse consequences for the physician under the law."

Dr. Mark Heywood, a gynecologic oncologist at the Manitoba Cancer Treatment and Research Foundation, said the decision is important because it underscores and

supports the Manitoba Medical Association's (MMA) newly developed position on futile therapy. "The gist of our position is that patients have a legal right to refuse treatment, but they don't have a right to demand treatment," he explained.

For example, he said patients don't have the right to demand antibiotics for a viral infection or to request a brain scan for a headache. "It is unethical to waste resources on a futile case when the same resources may help to save the life of another patient. Wasted drugs and therapies may not be available when they are really needed."

Heywood said the MMA is working with the College of Physicians and Surgeons of Manitoba to draft a Code of Conduct. Manitoba physicians could apply the guideline when using the CMA's Code of Ethics, he said. — © David Square

Quebec latest to face obstetricians' anger

Quebec has become the latest province to face off with its obstetricians over malpractice fees and other issues. In December the province's obstetricians began refusing to accept new patients until they had negotiated a new agreement with the Ministry of Health and Social Services. A \$5000 increase in malpractice insurance dues, which brought the cost of coverage to \$29 000 a year, was the "straw that broke the camel's back," says Dr. Vyta Senikas, president of the Association of Obstetricians and Gynecologists of Quebec.

They launched their pressure tactics Dec. 16 by refusing to accept new patients; 2 days later they agreed with the ministry and Federation of Medical Specialists to begin intensive negotiations this month. Although they

Malaria may be on move to "tropical" Canada

The recent confirmation of a case of malaria involving a Toronto woman was hardly unique, given that several hundred cases are confirmed in Canada every year, but Dr. Kevin Kain says this one stands out because it was probably caused by a Canadian mosquito. Although this has been a very rare occurrence in recent times, it may be a harbinger because global warming is expanding malaria's reach.

Canada had 744 confirmed malaria cases in 1996 and an estimated 2000 unreported cases, which involved people returning from regions where the disease is endemic. Today, rapid transportation means that no doctor's office is immune from seeing patients with malaria. Kain, director of the Tropical Disease Unit at the Toronto Hospital, finds it frustrating that

many physicians continue to ignore the possibility. He said it usually takes 6 to 8 days for the parasite to be identified, and this is far too long for a disease that can kill quickly.

He says that if physicians asked a straightforward question — "Have you travelled outside of Canada to a region where malaria is present?" — and ordered a blood test if there was a positive answer, lost treatment time would be substantially reduced.

Canada has 3 of the 4 factors necessary for an outbreak of malaria: *Anopheles* mosquitoes, standing water and a climate that is warm for at least 3 months of the year. The missing element is a large concentration of people carrying the parasite.

Canadian history indicates that these elements have come together



in the past, most notably during construction of the Rideau Canal. A large portion of the labour was provided by British troops who had recently returned from India, many of whom were infected with the parasite. An outbreak occurred, and construction had to be halted until it subsided.

The message for Canada's physicians is that, given global warming, rapid transportation and the mosquito breeding grounds available here, it might be time to consider malaria as something more than a tropical disease. — © Peter Wilton