Fetocides and Ethics

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Ethical Principles

- Principle of Beneficence
  - Clinical practice medicine’s perspective on the health-related interest of the patient
  - Should identify those clinical strategies that are reliably expected to result in the greater balance of benefits.
- Principle of Beneficence vs Nonmaleficence

Ethical Principles

- Principle of Respect for Autonomy
  - Patients perspective
  - Based on own values and believes

Informed Consent

- Three elements
  - Disclosure of adequate information
  - Understanding of the information
  - Voluntary decision

Ethical concept of the fetus as a patient

- The obstetrician has a beneficence-based obligation to the mother.
- The mother has a autonomy-based obligation owed to her
- The fetus has no values and beliefs and therefore there is no valid basis to say the fetus has a perspective on its interests, meaning there can be no autonomy-based obligations to any fetus.

Ethical concept of the fetus as a patient

- The obstetrician has a beneficence-based obligation to the fetus only if the fetus is a patient
- The fact that a fetus has no rights is not an obstacle to becoming a patient
- Fetal rights or personhood has no application in obstetric ethics.

Ethical concept of the fetus as a patient

- The fetus is a patient if two conditions are met:
  - The fetus is presented to the patient
  - There exist medical intervention that reliably can be expected o result in a greater balance of clinical goods over clinical harm

The viable fetus as a patient

- A viable fetus can exist ex utero with or without technical support.

The pre-viable fetus as a patient

- The pre-viable fetus has no claim to the status of being a patient independently of the pregnant woman's autonomy
- The pregnant women is free to withhold, confer, or having once conferred, withdraw the status of being a patient on or from her pre-viable fetus according to her own values and believes.

The pre-viable fetus as a patient

- The pre-viable fetus is presented to the physician solely as a function of the pregnant woman’s autonomy

Management options before viability for pregnancies complicated by fetal anomalies

TOP before viability

- Straightforward
- Counselling should give all the options and it should be non directive
- If she opted for TOP she should be helped or referred appropriately but the physician should not be judgemental

TOP before viability

- The patient should be protected from the views of outsiders for example family
- This is all part of respect for autonomy
- Fetocide preceding late second trimester abortion is permissible.

Selective multi-fetal reduction

- 3 ethical justifiable indications for reduction or selective TOP namely:
  - Achieving a pregnancy that result in a live-birth with one or more infants with minimal neonatal morbidity and mortality
  - Without anomalies detected antenatally
  - Achieving a pregnancy that result in a single live birth.

Individual Conscience and selective TOP of multiple pregnancies

- Respect for the integrity of the patient's values and believes requires the physician to be non judgemental about them.

Management options after viability for pregnancies with anomalies.

T.O.P.

- Fetocide is possible when:
  - Certainty of the diagnosis
  - Certainty of death as outcome of the anomaly diagnosed or
  - In some cases of short-term survival, certainty of the absence of cognitive developmental capacity as an outcome of the anomaly diagnosed

T.O.P.

- Ethical case can be made for the following:
  - Anencephaly
  - Tr 13 and 18
  - Renal agenesis
  - Thanathophoric dysplasia
  - Alobar holoprosencephaly
  - Hydrancephaly

T.O.P.

- Problematic cases
  - Downs syndrome
  - Spina bifida
  - Diaphragmatic hernia
  - Achondroplasia
  - Most cardiac abnormalities

Why?

- Reason: Death or absence of cognitive developmental capacity is not certain or near certain.
- Under no rigorous clinical evaluation can the conditions be regarded as tantamount to death or absence of cognitive developmental capacity

Why

- The beneficence-based prohibition against terminating the life of a viable fetus remains robustly intact
- The pregnant woman's autonomy should be understood by both parties to be constrained by the beneficence-based prohibition against killing the first trimester fetal patient.

T.O.P.

- Many anomalies imply a burden to parents, patients, society, communities, institutions and health care professionals

BUT

- Society has a justice-based obligation to look after its disabled and to maximize their potential.

T.O.P.

- Doing a TOP for these cases enlist medicine from the well-founded, justice-based obligation of parents, institution and society.
- The question is would enlisting medicine to escape from those obligations be consistent with professional integrity and social justice

Aggressive management

- Optimizing perinatal outcome by utilizing effective ante-partum and intra-partum diagnostic and therapeutic modalities.

Non-aggressive Obstetric management

- This applies when there is
  - A very high probability but sometimes less than complete certainty about the diagnosis
  - And either a
  - High probability of death as an outcome of the anomaly diagnosed or
  - Survival with a very high probability of severe and irreversible deficit of cognitive developmental capacity as a result of the anomaly

Isolated hydrocephalus

- This is a fetal patient because there are neither certainty regarding diagnosis nor certainty regarding outcome.
- Beneficence direct the physician to prevent mortality and morbidity of the fetal patient
- It also directs the physician to undertake interventions to ameliorate handicapping conditions

Isolated hydrocephalus

- The probability of mental handicap is not enough to make a decision on because
  - It is impossible to predict which fetus will be handicap
  - The degree of mental handicap cannot be predicted in advance

Isolated hydrocephalus

- Beneficence-based approach would be
  - To do a caesarean section and not to do a cephalocentesis
- With regards to the obligations to the mother
  - Rather perform a vaginal delivery
  - Only perform the procedures to which the women gave voluntary informed consent

Isolated hydrocephalus

- Complexity is the beneficence-based and autonomy based obligation to the mother and the beneficence-based obligation to the fetus

What if she declines C/S

- Conflict should be resolved in favour of beneficence-based obligation to the fetal patient:
  - Death is more likely
  - Death is not guaranteed and then the fetus will be more damaged

What if she declines C/S

- This can be prevented by preventative ethics strategies of informed consent
  - Ongoing dialogue
  - Negotiation
  - Persuasion
  - And proper use of ethics committees

What if she declines C/S

- The beneficence based obligation toward the fetal patient should be violated in order to protect the mother of serious morbidity and mortality