British Council Recommends
No Treatment for Very Young Preemies
BY Liz Townsend

A prestigious British bioethics think-tank released a report November 15 calling for the government to adopt guidelines denying treatment to the youngest premature babies.

While the Nuffield Council on Bioethics clearly stated that it “unreservedly rejects the active ending of neonatal life,” it recommended that since babies born before 24 weeks usually “die or survive with some level of predicted disability,” they should not be routinely resuscitated or given intensive care.

“The Nuffield Council seems to have decided that severe disability is a fate worse than death, and a good enough reason not to treat a premature baby,” Alison Davis of No Less Human, a disability rights group affiliated with the Society for the Protection of Unborn Children, said in a press release. “The Council thus ignores the inherent right to life of all babies, disabled or not, as well as the right to treatment on an individual basis according to clinical need.”

In its report, Critical Care Decisions in Fetal and Neonatal Medicine, the council set up specific guidelines for treatment based on the gestational age of the premature baby. Before 22 weeks, “no baby should be resuscitated,” the council stated. At 22 weeks, “standard practice should be not to resuscitate a baby,” although if the parents insist and can find a doctor to agree, treatment can be given as an “exceptional case.”

At 23 weeks, although parents’ wishes should take precedence, physicians could refuse to treat the baby “if they judge that treatment would be futile,” the council wrote. Beginning at 24 weeks, unless the parents and doctors decide against it, all babies should be “offered full invasive intensive care and support from birth and admitted to a neonatal intensive care unit.”

The council expressly took disability into account when formulating the guidelines, stating that an important consideration in determining “whether or not to institute life support and ventilation immediately after birth” is the “evidence available indicating the likelihood of survival and incidence of severe disability among babies born at that gestational age.”

The council’s guidelines garnered criticism from medical and pro-life groups. Medical groups questioned the use of strict age-based rules, saying that decisions should be based on each specific baby’s condition rather than on age.

“The BMA believes that blanket rules do not help individual parents or their very premature babies,” said Tony Calland, chairman of the medical ethics committee of the British Medical Association, according to the Daily Telegraph. “It is important that each patient’s circumstances are assessed independently. We therefore cannot agree with stringent cut-off points for treatment.”

For pro-life groups, the implicit assumption that very premature babies should not even be given the chance to survive is extremely troubling. “It is nothing short of eugenics to decide that because a baby has, or will have, a disability, or because the chance of survival is low treatment should be denied,” said Davis.
“It is a denial of basic human rights, and a form of fatal discrimination on grounds of disability. Disabled people view this as an encouragement of the attitude that we are better off dead, and that it represents a further step towards active killing of disabled newborns.”

The council sent its recommendations to the Department of Health and Royal Colleges, urging them to adopt the guidelines as codes of practice, the Telegraph reported.

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