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## [Book Review of] *Ethics of Newborn Intensive Care*, edited by Albert R. Jonsen and Michael J. Garland

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The detailed historical development of the theological debate will be of particular value to teachers at various levels. The notes are arranged by chapter and constitute a detailed bibliography for further study.

— Eugene F. Diamond, M.D.  
Professor of Pediatrics, Stritch School of Medicine

## *Ethics of Newborn Intensive Care*

Albert R. Jonsen and Michael J. Garland, Editors

University of California Press, Berkeley, Calif., 1976. xv + 193 pp., \$4.00 (paper).

The publication is a joint effort of the Health Policy Program of the School of Medicine of the University of California (San Francisco) and the Institute of Governmental Studies of the University of California (Berkeley) based on materials presented at the Sonoma Conference on Ethical Issues in Neonatal Intensive Care in May, 1974, organized to explore the ethical issues and some of the policy implications of neonatal intensive care. Supported by funds from the Robert Wood Johnson Foundation, the conference was jointly sponsored by the Health Policy Program and the Department of Pediatrics of the University of California at San Francisco. The conference was directed by William H. Tooley, M.D. and Roderic H. Phibbs, M.D., neonatologists working in the intensive care nursery, Moffitt Hospital, University of California, San Francisco (UCSF) and Albert R. Jonsen, Ph.D., associate professor of bioethics, School of Medicine (UCSF) with Michael J. Garland, Ph.D., lecturer in bioethics, School of Medicine (UCSF) serving as conference coordinator.

The published report of the conference contains material presented initially at the conference which was reviewed, revised and supplemented after the conference. Conference participants included: Eileen Brewer, M.D., pediatrician (UCSF); John Clausen, Ph.D., sociologist, University of California, Berkeley (UCB); Danner Clouser, Ph.D., philosopher, Hershey Medical Center (HMC), Pennsylvania State University; Marianna Cohen, M.S.W., social worker (UCSF); Robert K. Creasy, M.D.; obstetrician (UCSF); Morris Davis, J.D., M.P.H., editor, *Masks, Journal of Black Health Perspectives*; Jane Hunt, Ph.D., research psychologist (UCB); Robert Jaffe, M.D., obstetrician (UCSF); Marcia Kramer, Ph.D., economist, State University of New York, Stony Brook; Alan Margolis, M.D., obstetrician (UCSF); F. Raymond Marks, J.D., attorney, Childhood and Government Project (UCB); Laura Nader, Ph.D., anthropologist (UCB); Nicholas Nelson, M.D., pediatrician (HMC); David Perlman, science editor, *San Francisco Chronicle*; Teresa Poirier, R.N. (UCSF); Gloria Powell, M.D., psychiatrist, (UCLA) and Clement A. Smith, M.D., pediatrician, Harvard Medical School. Additional material was contributed after the symposium by Philip R. Lee, M.D., internist, professor of community medicine and director, health policy program, School of Medicine (UCSF); Diane Dooley, pre-doctoral fellow, health policy program, School of Medicine (UCSF); and Alex Stalcup, M.D.; then chief resident, pediatrics service, Moffitt Hospital (UCSF).

A disturbing foreword by Stanley Scott, assistant director of the Institute of Governmental Studies (UCB) attempts to set the limits of the discussion. The disturbing note comes in the very first paragraph when after evoking interest in how, when and for what purposes we should employ the science and technology of our times, he moves to wondering . . . "when does the baby's probable future hold such grim prospects that it becomes more ethical and humane to withhold

heroic measures?" The question is only a step away from offering an "ethical and humane" release of the baby from such grim prospects by actively cancelling out such a baby's future. The suggestion that because neonatal intensive care is new and rapidly changing, no accepted body of principles has been developed to guide its use is even more disquieting. It dismisses approximately 2400 years of one medical-ethical tradition without even passing acknowledgement.

There is no doubt that the participants in the conference generally saw a compelling need for prompt, realistic and pragmatic decisions on the use of technology in medical treatment. The complete listing of all the contributors to the symposium is given not only because they reflect varying professional backgrounds and disciplines but also because they, by the nature of their interest, experience and specialization will be the recognized experts in ethical issues and policy decisions in neonatal intensive care. Their views will shape the training and attitudes of neonatologists now and in time to come. The approach is comprehensive.

Jonsen's introduction considers the ethical questions by reference to ethical principles concerning rightness, fairness, equity and the like. In this light, it seems strange that the challenge to the principle of saving endangered life on the basis of a predicted quality of life is considered an ethical question. At the Sonoma Conference, apparently no questions were considered "unethical."

The report is discussed in three parts. Part I, The Clinical Reality, covers the current status of neonatal intensive care, critical decisions in the intensive care nursery represented in three cases of increasing complexity and a historical perspective of neonatal medicine and quality of life. Part II, The Social Context, deals with mental development of survivors of neonatal intensive care, familial concerns (grief reactions regarding the premature or damaged child, long term implications, community responsibility), social services for the disabled child and an economic perspective, considering the relevance of economics, cost as a factor and cost-benefit analysis as a solution among other points. Part III, Questions of Policy, considers the defective newborn, views on the ethics of infant euthanasia and a moral policy for life/death decisions in the intensive care nursery. This sets the stage for the 20 participants to answer the following four questions:

*Question 1:* Would it ever be right not to resuscitate an infant at birth?

*Answers:* Yes (Unanimous).

*Question 2:* Would it ever be right to withdraw life support from a clearly diagnosed, poor prognosis infant?

*Answers:* Yes (Unanimous).

*Question 3:* Would it ever be right to intervene directly to kill a self-sustaining infant?

*Answers:* Yes—17; No—2; Uncertain—1.

*Question 4:* Would it ever be right to displace poor prognosis infant A in order to provide intensive care to better prognosis infant B?

*Answers:* Yes—18; No—2.

There were qualifying comments and limiting situations but the predominating views indicate that the majority of those participating in the Sonoma Conference were willing for the doctor to assume a killing function and seemed to invite the society to command them to kill by insinuating the need for such government policy.

There is a growing cry for more courses in medical ethics in our medical schools. What useful purpose can they serve if they are based on a utilitarian ethic which combines the doctor's role as healer with an assignment as social executioner?

— Mildred F. Jefferson, M.D.  
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