Neonatal Intensive Care
March 9th


*** I have shifted readings around from what was listed on the syllabus. The above list is the correct list of required vs. optional readings. ***

These readings examine the treatment of babies born prematurely. Normal pregnancies last 40 weeks. Any delivery before 37 weeks is considered premature. Babies born after 28 weeks generally require long hospitalizations, but do well; babies born before 28 weeks have a more complicated course. As discussed in the Reiser reading a few weeks back (especially pp. 388-389), neonatal intensive care units emerged in the 1950s and the 1960s. As happened with adult ICU’s, NICU’s soon started producing controversies in bioethics.

Baker, “The Incubator Controversy”: Baker, a pediatrician and historian, shows that neonatal controversies predated the modern NICU. In the late 19th century, French doctors developed incubators that substantially reduced the mortality of premature infants. American doctors were initially uninterested, then tried incubators, but lost interest by 1920. How does Baker explain why doctors ignored, then turned away from, a promising technology? Social Darwinism makes a cameo (p. 655), as it did with Emanuels. Was the problem medical theory, medical technology, medical institutions, or where babies were born?

Stinson and Stinson, “On the Death of a Baby”: Written by two parents, this article tells the story of their son, born at 24 ½ weeks, who endured an endless series of complications before being allowed to die after 6 months. Aside from all the medical complications, what went wrong in this case? How did the Stinsons lose control of their child? What went wrong with parent-doctor communication? Assuming that the doctors were not sociopaths, what do you think motivated their behavior and their attitude towards the parents? What should have been done differently?
Singer and Kuhse, “Baby Doe”: Stinson and Stinson expanded their article into a book, *The Long Dying of Baby Andrew*. Singer and Kuhse, two prominent philosopher-ethicists, use this book as the starting point for their critique of neonatal policies during the Reagan era. Read this piece as both a historical artifact, written in a specific medical and historical context, and a work of philosophy. How did a series of NICU crises create national outrage? How did the Reagan administration respond? Why did Singer and Kuhse (and many doctors) think that this response was so inappropriate? How do they use philosophical arguments (about whether or not all lives deserved to be saved) to suggest alternative policies?

Optional: Angell, “Handicapped Children”: Angell, who spent most of her career as an editor at the *New England Journal of Medicine*, is an extremely outspoken commentator on health policy and medical ethics. Like Singer and Kuhse, she was outraged by the Reagan administration response to the Baby Doe case. Are her arguments similar to their arguments? Does she have different perspectives?

Optional: Vohr and Allen, “Extreme Prematurity”: Vohr and Allen, both neonatologists, wrote this editorial to accompany the publication of important data on long-term NICU outcomes. They discuss data on the cognitive function of 6-year olds who were born extremely premature. How should this data influence decisions about providing or withholding treatment from extremely premature babies?