

# Early Induction for Lethal Fetal Anomalies

## Ethical Guidelines

St. Joseph's Health Care, London (St. Joseph's)  
May 2006 (revised)

Note: This revision does not contain a literature search. It only contains an update of revisions from the Catholic Health Association of Canada's *Health Ethics Guide*, Ottawa, 2000, and any other pertinent theological insights or site-specific changes.

### Overview

Prenatal diagnosis allows for the detection of more and more fetal anomalies than ever before, some of which are almost always terminal. A lethal fetal anomaly indicates that an infant is dying in the womb or will die shortly after birth. Parents, upon receiving the diagnosis and prognosis, frequently become greatly distressed. There can be increased risks to the mother as the pregnancy continues, and also during the birth of the baby due to factors associated with the anomaly as well as with the mother's health. They fear their child might be suffering in utero as well as during and after the birth. Often we encounter parents who are deeply religious and who hold pro-life values but who feel that this pregnancy should be induced to forestall any further suffering, real or perceived, to babe and mother. Recent theological literature documents the ethical approaches to this dilemma and St. Joseph's has a rich source of materials documenting our own ethical guidelines of this difficulty over the past 20 years<sup>1</sup>. An article written in 1999 further documents the state of the question from a Roman Catholic perspective.<sup>2</sup> The following summarizes the key moral principles involved and the present protocol guidelines used at St. Joseph's Health Care, London. There have been no significant shifts in recent theological thinking since 1999 which would necessitate revising the basic thrust of our Principles and Guidelines.

### Relevant Teachings of the Roman Catholic Church<sup>3</sup>

1. Roman Catholic teaching emphasizes that the right to life of the mother and her unborn child deserve equal protection. This is based on the dignity of the person regardless of how serious the anomaly of the child may be. An anencephalic infant is to be treated as a human person.
2. Procedures whose immediate effect is the termination of pregnancy before viability are considered direct abortions. However, "Medical treatment is permitted to prevent or cure a grave illness in a pregnant woman that cannot be deferred until the unborn child is viable even though the pregnancy may be endangered."<sup>4</sup> Thus, operations, treatments and medications that have as their direct purpose the cure of a proportionately serious pathological condition of a pregnant woman are permitted if they cannot be safely postponed until the unborn

child is viable, even though they will result in the foreseen but unintended death of the unborn child.

3. An early induction may be permitted after viability for a proportionate reason which can include grave physical, psychological or psychiatric considerations. In this regard, we are considering the total good of the mother as well as that of the child. Considerations may also be given to severe and even life-threatening circumstances affecting the child as birth approaches if an early induction is not done.

### **Guidelines for Early Inductions at St. Joseph's:**

1. A child born with a lethal fetal anomaly should be given comfort and palliative care appropriate to all persons who are dying without involving any disproportionate or extraordinary means to prolong this life after the inductive procedure.
2. We do not permit Dilation & Evacuation procedure to be used normally for any early inductions.
3. Parents, and especially a mother carrying a child with a lethal fetal anomaly to term, or having a legitimate early induction, deserve great compassion and pastoral care as well as medical care. The Baptism of the child, when legitimate, assures the parents of the child's eternal happiness. If a child dies without Baptism, the child is "now living in the Lord" (official English translation), according to Roman Catholic teaching.<sup>5</sup>

### **Conclusion:**

Consideration for early induction for lethal fetal anomalies will only be considered when the fetus has reached the stage of viability with our present NICU reasonable care. However, due to the difficulty of ascertaining the accurate time of gestation as well as the many other circumstances surrounding each pregnancy of this kind, each case will have to be considered on its own merits.<sup>6</sup> Also, no early induction will be done without a prior consultation and agreement of the Perinatal Ethics Council of St. Joseph's Health Centre, London along with appropriate input from representatives of the various medical and pastoral care units of the Hospital. All this is to be done in a prayerful and consensus seeking environment.

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<sup>1</sup>See M. Prieur, S.T.D., "Early Induction for Lethal Fetal Anomalies", Revision no. 6 (approved June 2, 1997) for the latest position of St. Joseph's Health Centre along with references to earlier documents and ample bibliography.

<sup>2</sup>Karin Clark, LL.M., Anthony Fisher, OP, LL.B., D. Phil, John Keown, D. Phil., Warwick Neville, LL.B., S.T.D., "Early Induction of Labour: Legal and Ethical Considerations", *Linacre Quarterly*, Vol. 66, no. 2 (May 1999), 7-25.

<sup>3</sup> Catholic Health Association of Canada, Health Ethics Guide, Ottawa, 2000, pp. 17-59.

<sup>4</sup>Ibid., no.47.

<sup>5</sup>John Paul II, Encyclical Letter *Evangelium Vitae*, 1995, no. 99. (The official Latin reads: “*Infantem autem vestrum potestis Eidem Patri Eiusque misericordiae cum spe committere.*” AAS, Vol 87, part I, 1995, 99).

<sup>6</sup>Often the time of 22 weeks of fetal gestation is used to ascertain potential long-term viability, but this designation is variable due to difficulties in determining the specific time of conception as well as variations due to the prenatal diagnosis assessment. Setting some kind of time also tries to ensure that we can and are willing to treat a fetus who may have been misdiagnosed with the NICU care available at our centre.