

“CADAVERIC INCUBATORS” – THE PROBLEM OF BRAIN-DEAD PREGNANT WOMEN

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1. BACKGROUND

Maternal brain-death during pregnancy is a rare event. Since 1979 only several cases of irreversible maternal brain damage in pregnancy have been reported (about 30). In some of them the pregnancies were prolonged to deliver the viable infant. Current advances in medicine and critical care enable today's physician to offer prolonged life-support to maximize the chances of survival of the neonate whose mother is technically brain-dead.

More of such cases should be expected. Opportunities like these bring many controversies and pose a variety of challenges in the fields of medicine, ethics and law. At present we face the lack of clear legal regulations or ethical recommendations concerning these very complicated situations which place medical practitioners in a difficult position. Does the possibility of using advanced techniques of prolonging life functions mean that it should be used in every situation?

Known controversial cases:

2013: Texas, USA

Marlise Muñoz suffered a suspected pulmonary embolism and was declared brain-dead. At the hospital it was also established that she was 14 weeks pregnant. Marlise had previously told her husband that in case of brain death, she would not want to be kept alive artificially. However due to the pregnancy doctors at the hospital kept her body on a ventilator in the intensive care unit. Muñoz's husband entered a legal battle to have her removed from life support.

The Texas law states that a person may not withdraw or withhold a life-sustaining treatment from a pregnant patient. A crucial issue is whether the law applies to pregnant patients who are brain-dead as opposed to those in a coma or a vegetative state.

2014: Ireland

A woman in her twenties suffered a head trauma injury which led to developing a clot in her brain. She was declared brain-dead however was kept on life support, because she was 16 weeks pregnant. The woman's family wanted the medical team to allow her to die, but doctors at the hospital were reluctant to carry out her family's wishes due to the Ireland's highly restrictive abortion laws and the lack of assurance what is legally permitted and what is not. The family argued that the woman's right to die with dignity

2. MAIN PROBLEMS AND CHALLENGES

status of brain-dead women

According to the definition of death, brain-dead women are considered deceased. But technology allows to maintain some functions of their bodies for a significant period of time, making it harder to describe their legal or ethical status. Pregnant brain-dead women have been described/perceived as pregnant patients, terminally ill patients, dead persons, cadavers, cadaveric organ donors, or cadaveric incubators. All of these terms bring some other consequences of using them.

proper decision-making process

It is not clear who should be the decision-maker and how should proper decision-making process look like. However there are several aspects that appear to be significant and need consideration:

- woman's previously expressed wishes
- the desire of the family
- the doctors' obligation toward the fetal patient

the chances for successful neonatal outcome

Not enough patients have been reported to evaluate the rate at which intensive-care support of the brain-dead mother can provide a healthy newborn. The percentage of cases is also unclear because failure with intensive maternal support has not been previously reported. It has also been argued that the further from fetal viability the mother's brain death occurs, the more maintaining her as an incubator resembles experimental therapy.

costs for the society

Is maintaining a brain-dead patient over an extended period of time to produce a child a justifiable expenditure of society's limited resources?

It was estimated that it cost \$183,000 to maintain a brain-dead woman from 22 to 31 weeks, followed by \$34,000 in neonatal care for a total of \$217,000. (1988)

3. CONCLUSION

The cases of pregnancy in brain-dead women are complex ethico-legal issues. They are related to such concerns as the moral status of the fetus, doctor's obligation towards patients, wrongful life or the right to dying with dignity. Due to that fact, they cannot be resolved only by applying some known arguments from debate about abortion or organ donation, but they need a new approach - one that considers multiple ethical and legal aspects.

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