E2.1: Moral Obligations in Newborn Intensive Care: Healthcare Provider Perspectives on the End of Life

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Abstract:
Introduction: As participants in end-of-life (EOL) care, NICU physicians and nurses have deep moral obligations to dying infants and families which have not been explored and which provide paths for understanding and improvement of the EOL moment. The purpose of this study was to identify the moral obligations of NICU nurses and physicians at the EOL.

Method(s): Characterization of healthcare providers’ moral obligations at the EOL was one aim of a larger phenomenological study of the NICU EOL experiences of parents, nurses, and physicians. The study was conducted in a 45-bed, NICU in a rural teaching hospital. Semi-structured interviews took place shortly after infant death, during which the questions, “what were your obligations to this baby and family?” and, “were you able to fulfill your obligations?” were asked.

Results: During the study period, 21 infants died. Twenty-one nurses and 11 physicians participated. The central obligation to the infant, to ensure comfort, was ubiquitous among physicians and nurses and was described as relatively easy to fulfill. By contrast, obligations to the family were more numerous, complex, and challenging. Physicians, whose obligations focused on EOL decision making, struggled to balance two equal but often opposing obligations; to provide honest information to families and to be gentle when giving bad news. Nurses’ obligations tended to focus on the EOL moment, when the decision had been reached and withdrawal of aggressive treatment and death occurred. Obligations included creating a peaceful EOL moment and positive memories for parents. In several instances, moral distress was present.
when prolonged, aggressive treatment was believed to be futile. In these cases moral obligations to the dying infant and parents were unfulfilled. This was troubling for both nurses and physicians.

**Discussion & Conclusions:** Providers realized that how the EOL discussion was presented and how the EOL moment flowed made a profound, life-long impression on parents and this was the foundation of their moral obligations to parents and infants. The presence of moral distress during prolonged, aggressive treatment presents an intriguing perspective on the relationship between moral obligations and the unclear boundaries of professional roles.

**Abstract History:**
This abstract has been presented or accepted for presentation in whole or in part at the SNRS or other scientific meeting.
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