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International variations in application of the best-interest standard across the age spectrum

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Abstract

Objective:

Ethically and legally, assertions that resuscitation is in a patient's best interest should be inversely correlated with willingness to forego intensive care (and accept comfort care) at the surrogate's request. Previous single country studies have demonstrated a relative devaluation of neonates when compared with other critically ill patients.

Study Design:

In this international study, physicians in Argentina, Australia, Canada, Ireland, The Netherlands, Norway and the United States were presented with eight hypothetical vignettes of incompetent critically ill patients of different ages. They were asked to make assessments about best interest, respect for surrogate autonomy and to rank the patients in a triage scenario.

Results:

In total, 2237 physicians responded (average response rate 61%). In all countries and scenarios, participants did not accept to withhold resuscitation if they estimated it was in the patient's best interest, except for scenarios involving neonates. Young children (other than neonates) were given high priority for resuscitation, regardless of existing disability. For neonates, surrogate autonomy outweighed assessment of best interest. In all countries, a 2-month-old-infant with meningitis and a multiply disabled 7-year old were resuscitated first in the triage scenario, with more variable ranking of

the two neonates, which were ranked below patients with considerably worse prognosis.

Conclusions:

The value placed on the life of newborns is less than that expected according to predicted clinical outcomes and current legal and ethical theory relative to best interests. Value assessments on the basis of age, disability and prognosis appear to transcend culture, politics and religion in this domain.

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References

1 Fontana MS, Farrell C, Gauvin F, Lacroix J, Janvier A . Modes of death in pediatrics: differences in the ethical approach in neonatal and pediatric patients. *J Pediatr* 2013; **162** (6): 1107–1111.

2 Verhagen A, Janvier A . The continuing importance of how neonates die. *JAMA Pediatr* 2013; **167** (11): 987–988.

3 Leuthner SR . Decisions regarding resuscitation of the extremely premature infant and models of best interest. *J Perinatol* 2001; **21** (3): 193–198.

4 Dupont-Thibodeau A, Barrington KJ, Farlow B, Janvier A . End-of-life decisions for extremely low-gestational-age infants: why simple rules for complicated decisions should be avoided. *Semin Perinatol* 2014; **38** (1): 31–37.

- 5** Janvier A, Leblanc I, Barrington KJ . Nobody likes premies: the relative value of patients' lives. *J Perinatol* 2008; **28** (12): 821–826.
- 6** Hansen TW, Janvier A, Aasland O, Forde R . Ethics, choices, and decisions in acute medicine: a national survey of Norwegian physicians' attitudes. *Pediatr Crit Care Med* 2013; **14**: 2.
- 7** Armstrong K, Ryan CA, Hawkes CP, Janvier A, Dempsey EM . Life and death decisions for incompetent patients: determining best interestss—the Irish perspective. *Acta Paediatr* 2011; **100** (4): 519–523.
- 8** Laventhal N, Spelke MB, Andrews B, Larkin LK, Meadow W, Janvier A . Ethics of resuscitation at different stages of life: a survey of perinatal physicians. *Pediatrics* 2011; **127** (5): 2010–1031.
- 9** Mills BA, Janvier A, Argus BM, Davis PG, Froisland DH . Attitudes of Australian neonatologists to resuscitation of extremely preterm infants. *J Paediatr Child Health* 2015; **51** (9): 870–874.
- 10** Williams A . The rationing debate: rationing health care by age: the case for. *BMJ* 1997; **314** (7083): 820–825.
- 11** Janvier A, Leblanc I, Barrington KJ . The best-interest standard is not applied for neonatal resuscitation decisions. *Pediatrics* 2008; **121** (5): 963–969.
- 12** Janvier A, Mercurio MR . Saving vs creating: perceptions of intensive care at different ages and the potential for injustice. *J Perinatol* 2013; **33** (5): 333–335.
- 13** Janvier A, Barrington KJ, Aziz K, Lantos J . Ethics ain't easy: do we need simple rules for complicated ethical decisions? *Acta Paediatr* 2008; **97** (4): 402–406.
- 14** Hester DM . Interests and neonates: there is more to the story than we explicitly acknowledge. *Theor Med Bioeth* 2007; **28** (5): 357–372.
- 15** Bello M, Becerril-Montekio VM . [The health system of Argentina]. *Salud publica de Mexico* 2011; **53** (Suppl 2): s96–s108.
- 16** Janvier A, Bauer K, Lantos J . Are newborns morally different from older children? *Theor Med Bioeth* 2007; **28** (5): 413–425.
- 17** Pignotti MS, Donzelli G . Perinatal care at the threshold of viability: an international comparison of practical guidelines for the treatment of extremely preterm births. *Pediatrics* 2008; **121** (1): e193–e198.
- 18** Verloove-Vanhorick SP . Management of the neonate at the limits of viability: the Dutch viewpoint. *BJOG* 2006; **113**: 13–16.