

NeonatalNews.Nettm

From the Section of Neonatology, Department of Pediatrics, Baylor College of Medicine, Houston, Texas

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Spotlight

Over the past year, our Section has experienced unprecedented growth. We welcomed 13 faculty members since July 2004 and are pleased to spotlight 7 of them here. The rest will be included in the next (November) edition of *NeonatalNews.Net*, focusing on our expanding community outreach efforts. For more information about these faculty or our Section as a whole, please see our Web site www.neonate.net.



Macharia T. Carter, M.D., recently completed her pediatric residency at University of South Alabama Hospitals, Mobile, Alabama, where she was Adjunct Instructor of Pediatrics and received her medical degree in 2001. Dr. Carter joins us as

Instructor of Pediatrics.

Homeira Emadi, M.D., received her medical degree from Urmia University Medical School, Urmia, Iran, in 1991 and completed pediatric residencies at Cook County Hospital, Chicago, Illinois (2001), and Children's Hospital of Austin, Texas (2004). Dr. Emadi joins us as Instructor of Pediatrics.



Deepa M. Francis, M.D., joins us as Instructor of Pediatrics. Her medical degree is from University of Calgary, Alberta, Canada, (2001) and she completed pediatric residencies at University of Manitoba, Winnipeg, Manitoba, Canada, in

2003 and Baylor College of Medicine, Houston, Texas, in 2004.

Ann N. Gerges, M.D., received her medical degree in 2002 from the University of Miami School of Medicine, Miami, Florida, and completed her pediatric residency in 2005 at Los Angeles County and University of Southern California Women's and Children's Hospital, Los Angeles, California. Dr. Gerges joins us as Instructor of Pediatrics.



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The Front Line

*Physician as patient advocate:
Sometimes it's harder than expected*

by Joseph A. Garcia-Prats, M.D.
Professor of Pediatrics–Neonatology
Professor of Ethics

Physicians make treatment recommendations to their patients based upon the best medical evidence available with the goal of improving their patients' health. This patient–physician relationship in adult medicine is based on the principle of respect for patient autonomy and the role of the physician as fiduciary. In this clinical scenario, the principle of the patient's autonomy obligates the physician to identify and acknowledge the patient's values and beliefs and to offer medically reasonable alternatives based on those values and beliefs.

Competent adult patients are sovereign over themselves and can make autonomous decisions about their medical care. Whether the physician believes these choices are wise or foolish, they should be supported. Thus, as fiduciary, a physician uses his or her medical competence to protect and promote the health of the patient, not to promote the physician's self-interest.

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Breaking News

Role of the Bioethics Committee in neonatal care

by Laurence B. McCullough, Ph.D.
Professor of Medicine and Medical Ethics, Center for Medical Ethics and Health Policy
Baylor College of Medicine

Ethical issues in neonatology frequently concern end-of-life decision making. And most hospitals have ethics committees that consider such sensitive issues in a humane and equitable manner. To assure that decisions are made with the least bias, ethics committee members come from various backgrounds and disciplines. The Texas Children's Hospital Bioethics Committee comprises physicians from general pediatrics and the full range of pediatric subspecialties (including neonatology), nursing, social work, pastoral care, risk management, and hospital administration, as well as community representatives.

Anyone can request an ethics consultation. At Texas Children's, in response to such requests, the ethics committee chairman notifies the attending physician of the request (when he or she did not request the ethics consult) and then convenes a subcommittee of the Bioethics Committee. The subcommittee meets with the patient's medical team, with the patient's parents and other family members and, in the case of

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Editor's Corner

Challenges of ethical decisions in neonatology

by Michael E. Speer, M.D.
Professor of Pediatrics–Neonatology

The role of ethics in the field of neonatology is much older than the subspecialty itself. Ethical thought encompasses both the determination

of societal justice, as well as the concept of doing good, on the scales of both the individual and society as a whole.

In the day-to-day NICU environment, most ethical

decisions are individual in nature and, as Doctors Garcia-Prats and McCullough note in their articles, are surrogate decisions—made by parents on behalf of their infant. The most difficult decisions are those that involve life and death, and they typically occur at the end of life. One always should remember that *fiduciary* refers to an individual who holds a relationship of trust or confidence—a relationship that is multi-layered and that operates in several environments simultaneously.

Doctor Guillory points out that government's role in ethical behavior is one of resource allocation, which impacts not only the care available but how readily that care can be accessed.

Both the individual and societal ethical constructs might well be steeped in conflict. No matter what guidelines, standards, or even laws are instituted, the conflict probably will never be easily resolved. The conflict is justified and always will challenge those charged with these difficult decisions to examine their reasoning in lieu of their fiduciary responsibilities.

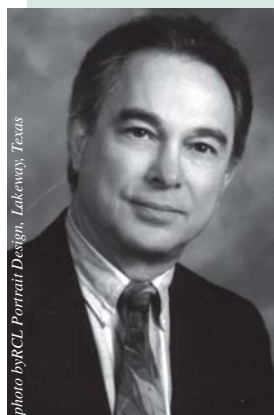


photo by RCL Portrait Design, Lakeway, Texas

2005 Rudolph Award Winner

Congratulations to **Bobby Miller, M.D.**, recipient of the 2005 Arnold J. Rudolph Fellows Award. In addition to his clinical responsibilities, Dr. Miller's primary research involves molecular regeneration of liver gene expression. The award was made after the 10th Annual Arnold J. Rudolph Memorial Grand Rounds, February 18, at Texas Children's Hospital.

Each year the Arnold J. Rudolph Fellows Award recognizes a third-year fellow for emulating Dr. Rudolph's (1918–1995) example in their work as effective and understanding teachers, respectful physicians, and individuals of utmost integrity.



photo by Allen Kramer, Texas Children's

Front Line (continued from page 1)

With neonatal or pediatric patients, no true physician–patient relationship exists. Rather, the relationship is between the physician and the patient's surrogate, usually the parent(s). The principle of patient autonomy is altered—the surrogate is expected to make decisions in the best interest of the patient. Several considerations must be recognized. In contrast to competent adult patients being sovereign over themselves, parents are not sovereign over their minor children. The parental obligation is one of *responsibility*, not of *rights*, except when they act as fiduciaries for the child.

However, parents may not always act in the best interests of their minor children. At those times, the neonatologist or pediatrician is obliged to assume the role of patient advocate and press for the most appropriate course of treatment or withholding treatment. A significant amount of time and effort goes into moving this process through the stages of collegial consensus; parental education, confrontation, disagreement; hospital ethics committee review and support; legal steps to obtain court support for the compassionate, medically appropriate course; and implementing the course of action.

So when the surrogate's decisions are in question, the burden falls upon the physician to prove that those decisions are not in the best interest of the infant.

Breaking News (continued from page 1)

adolescents, with the patient, as well. The subcommittee's goals are

- to identify the nature of the ethical problems in the case and
- to work with the team, the patient's family, and the patient (as appropriate) to identify acceptable ways to manage the ethical issues without referring the case to the full committee.

In those rare circumstances where agreement cannot be reached, the case is referred to the full committee. In addition to consulting on individual cases, the Committee develops and implements hospital policies in ethics-related areas and educates the hospital's professional staff about ethics.

To guide the professional staff, the Texas Children's Bioethics Committee has created *End of Life Decision Making*, a set of guidelines accessible on the hospital's Intranet. In addition, the Nursing Department has created an *Ethics Tool Kit*, which also is available to staff on the hospital's Intranet.

Baylor College of Medicine Neonatal Fellowships

For information: visit our Web site (www.neonate.net) or write to the address at the top of page 4

Neonatal-Perinatal Medicine Fellowship

accepts applications year-round

email: fellowship-program@neo.bcm.tmc.edu

Neonatal Nutrition Fellowship

for Registered Dietitians with clinical experience;

accepts applications year-round for two training periods (January–March and April–June).

Contact Diane Anderson, PhD, RD

email: diane@bcm.tmc.edu

telephone: 832.826.1346

Supported in part by the Federal Maternal and Child Health Bureau (MCHB), Health Resources and Services Administration (HRSA).

Government's role in healthcare

by Charleta Guillory, M.D.

Associate Professor of Pediatrics–Neonatology



Future healthcare for our children will be greatly influenced by choices we make today. Traditionally, financial responsibility for health insurance, such as Medicaid and CHIP, for low-income children has rested on the government. A concern is that public health funding for children is suffering and is driven more by political concerns and macroeconomic trends than by fairness or the needs of this vulnerable population. Physicians have been entrusted with the enormous responsibility for and privilege of our children's healthcare and must work in conjunction with legislators vigilantly protecting children's equal access to healthcare.

Consider the following timeline of legislative actions and their affects for the millions of children with limited access to healthcare:

- **1977:** An estimated 11 million children in the United States are without health insurance. The Balanced Budget Act created a state Children's Health Insurance Program (sCHIP) and provided \$24 billion over 5 years and \$48 billion over 10 years to expand health coverage to uninsured children.
- **1999:** Texas legislature created CHIP—more than 500,000 children enrolled from April 1, 2000, to September 1, 2003.
- **2003:** Devastating budget cuts caused 175,000 Texas children to lose CHIP coverage; remaining participants lost dental, vision, and hospice services. Medicaid enrollment increased but provider rates were not restored.
- **2004–05:** U.S. federal courts rule that states (Cook County, IL, and Oklahoma) violated the equal access provision of Medicaid law.
- **2005:** Texas legislature restored key aspects of CHIP to 2003 levels. Other restrictive cuts remain. No funding for enrollment growth.
- **2006:** Proposed presidential budget would slash \$60 billion from Medicaid over 10 years, potentially jeopardizing the healthcare safety net for millions of children; in April, congress limited the cuts to \$10 billion over 5 years.

The need is neither denied nor ignored. Three articles in *Pediatrics* (2004–2005) touted the effectiveness of sCHIP, associating enrollment with improved healthcare access, decreased use of emergency rooms, fewer unmet needs, and improved continuity and quality of care. As evidenced by the U.S. federal court rulings in 2004 and 2005, federal officials realize the inequities. So, too, do states, which are struggling with the economics of financing equal access to healthcare resources. Perhaps, the federal rulings will help to elevate the value of children in society so appropriate funding is earmarked. But efforts are needed on all fronts.

Today's physicians are caught in a global ethical dilemma. The morality of beneficence and autonomy govern at the bedside; patients and their families expect the best that modern technology can offer. But grave injustices occur daily—uninsured children in the emergency room, victims of no medical home, late diagnosis and interventions, and poor outcomes.

A key ethical principle is justice—the fair and equitable distribution of benefits to everyone, universal access to basic medical care. Distributive justice recognizes that resources are limited and should be fairly allocated among the population. In the United States, most people hold the belief that healthcare should be allocated according to need. When money and resources become scarce, *justice* takes on a new meaning. The dilemma is the ethical issue of setting limits and distribution of high-cost medical care so others can receive basic medical care. Constraints of cost control have thrust the topic of rationing to the forefront of health policy debates and made the justice principle a core ideal of medical ethics.

Physicians must be proactive in identifying problems and developing solutions. Participation in professional societies and child advocacy organizations, such as the March of Dimes, allows pediatricians to speak in one loud voice to communicate and negotiate access to healthcare for all children.

Contact Us

The Baylor College of Medicine Section of Neonatology has staff at hospitals in Houston's Texas Medical Center and in the local community.

To request a neonatal consultation at any of our locations, call 1-877-NEONATE (1-877-636-6283)

Texas Medical Center locations

Texas Children's Hospital

6621 Fannin Street, Houston TX 77030
Director of Nurseries: James M. Adams, MD

For neonatal transport, call the Kangaroo Crew:
In Houston: 832-824-5550
Toll-free: 1-877-770-5550

St. Luke's Episcopal Hospital

6720 Bertner Avenue, Houston TX 77030
Director of Nurseries: Michael E. Speer, MD

The Methodist Hospital

6565 Fannin Street, Houston TX 77030
Director of Nurseries: Michael E. Speer, MD

Ben Taub General Hospital

1504 Taub Loop, Houston TX 77030
Director of Nurseries: Joe Garcia-Prats, MD

Community locations

East Houston Regional Medical Center

13111 East Freeway, Houston TX 77015
Director of Nurseries: Dilcia A. McLenan, MD

Methodist Willowbrook Hospital

18220 Tomball Parkway, Houston TX 77070
Director of Nurseries: Elaine Sillos, MD

St. Luke's Community Medical Center - The Woodlands

17200 St. Luke's Way,
The Woodlands TX 77384
Director of Nurseries: Charles T. Hankins, MD

Twelve Oaks Medical Center - Sharpstown

6700 Bellaire Blvd, Houston TX 77074
Director of Nurseries: Tommy Leonard, MD

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Research Highlights

Grants, Funding

Josephine Enciso, M.D., Cellular and molecular mechanisms of vascular remodeling. Baylor College of Medicine Child Health Research Center, \$30,000.

David Horst, M.D., Pilot project program through Children's Nutrition Research Center. Bristol-Myers Squibb/Mead Johnson, \$15,000.

Kirsten Kienstra, M.D., Role of marrow-derived cells in neonatal lung repair. Baylor College of Medicine Child Health Research Center, \$30,000.

Michael E. Speer, M.D., A pivotal phase 3 study of MEDI-524 (Numax™), an enhanced potency humanized respiratory syncytial virus (RSV) monoclonal antibody, for the prophylaxis of serious RSV disease in high-risk children. MedImmune, \$37,500.

Events

Charleta Guillory, M.D., awarded 2004 Fulbright & Jaworski L.L.P. Faculty Excellence Award for Educational Leadership from Baylor College of Medicine. Also elected to the Texas Children's Hospital Medical Executive Committee.

Karen E. Johnson, M.D., was the motivational speaker and gave closing remarks for the Saturday Morning Science Program, A Community Outreach Program for 8th–12th grade students, April 16, 2005, at Baylor College of Medicine, McMillan Auditorium.

Michael E. Speer, M.D., elected to active membership in the American Pediatric Society.

Publications

Steven A. Abrams, M.D., Vitamin D deficiency and calcium absorption during infancy and childhood. In: Feldman D, Pike JW, Glorieaux FH, eds. *Vitamin D*, 2nd ed. Burlington MA: Elsevier Academic Press, 2005.

Ann R. Stark, M.D., Risks and benefits of postnatal corticosteroids. *NeoReviews* 2005;6(2):e99.

Spotlight (continued from page 1)

Yvette Johnson, M.D., received her medical degree in 1987 from Washington University School of Medicine, St. Louis, Missouri, where she also completed her pediatric residency in 1990 and neonatal fellowship in 1993. Dr. Johnson joins us as Assistant Professor of Pediatrics.

Keisha M. Shaheed, D.O., joined us as Instructor of Pediatrics. Dr. Shaheed received her degree in osteopathic medicine in 2001 from Texas College of Osteopathic Medicine, Fort Worth, Texas, and completed her pediatric residency in 2004 at Texas Tech University, Lubbock, Texas.

Shabana Yusuf, M.D., joins us as Instructor of Pediatrics. Dr. Yusuf received her medical degree in 1996 from Banaras Hindu University, Varanasi, India, and completed her pediatric residency in 2004 at State University of New York, Buffalo, New York.



Baylor College of Medicine Perinatal Outreach Program

29th Annual
Perinatal Nursing Symposium

Friday, October 28, 2005
Hilton University of Houston

For registration information, contact:

E-mail: rlopez1@bcm.edu Telephone: 713.873.3515 Web site: www.neonate.net

Texas Children's Hospital is an approved provider of continuing nursing education by the Texas Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. This activity meets Type I criteria for mandatory continuing education requirements toward relicensure as established by the Board of Nurse Examiners for the State of