

Pregnancy in a Dead Woman and the Limits of Her Relatives' Authority

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Abstract

Literature reports cases of brain-dead women kept "alive", because of an ongoing pregnancy. Two points should be considered when dealing with this issue. First: the possibility to continue the pregnancy in the dead body until a safe gestational age to guarantee a safe birth and survival. Second: the death of the fetus: the husband might ask to withdraw life-maintaining therapies, but this would contrast with the fetus' life and the woman's wishes, while the prosecution of the pregnancy is not against the woman's best interest, because she was unfortunately dead. Thus, a decision to prosecute the pregnancy in a brain-dead body, taken by the hospital authorities, is to be endorsed.

Keywords: Pregnancy; Physiological activities; Brain-dead body; Comatose woman

Introduction

The possibility of the prosecution of a pregnancy in a comatose woman has been described several times [1,2] and has been questioned for several reasons. Clinically, following the onset of brain death, it is possible to sustain a brain-dead mother's somatic functions over a longer period. Manifold physiological changes occurring during pregnancy and brain death, as well as the prolonged hospital stay after brain death, present enormous challenges, however, both for the treating clinicians and for the family. The first question is from which gestational age onward should the pregnancy be supported? At present, it seems that there is no clear lower limit to the gestational age which would restrict the physician's efforts to support the brain-dead mother and her fetus. Therefore, depending on maternal stability and fetal growth, the decision must be made on an individual basis.

The basic condition for continuing the cures of the brain-dead body, is the realistic possibility to continue the pregnancy until an adequate gestational age [3,4] for a reasonably safe birth. Nowadays survival of preterm babies has been described since the 22nd week of gestation; nevertheless, at this stage of the development the risks for life and brain integrity of the baby are high; and every week we gain is a great diminution of these risks. We should consider that survival at 22-23 weeks of gestational age is around 10%, and more than 50% of survivors will have moderate or severe disability. How long should we be able to prosecute pregnancy to have a significant decrease of these risks? This is questionable, because no premature baby is immune from any risk regarding his/her health: prematurity itself is always a risk. Nevertheless, we should have a goal gestational age to get, in order to minimize the risks. This should be decided case by case. It derives from the balance between the conditions of the mother's body and the development of the fetus. During the prosecution of the pregnancy the mother's physiological parameters can undergo changes that can compromise the placental perfusion and the arrive of nutrients to the fetus; in this case, if the pregnancy has exceeded the 22-23 weeks of gestational age, delivery can be induced, and the baby should be admitted to a neonatal intensive care unit. But if those parameters continue being good, if the fetus grows up and shows no signs of disease, pregnancy should be continued as long as possible, even up to the term.

There may be a conflict between the choices made by the hospital staff and the woman's relatives when the decision of foregoing life-sustaining therapies in a comatose pregnant woman should be made.

This was the case of a woman who was 14 weeks pregnant with the couple's second child when her husband found her unconscious on their kitchen floor [5]. Though doctors had pronounced her brain dead and her family had said she did not want to have machines keep her body alive, officials at John Peter Smith Hospital in Fort Worth had said state law required them to maintain life-sustaining treatment. This case raises a particular problem: is the relatives' or the husband's decision enough to suspend vegetative life's support, when this provokes the termination of a pregnancy? Somebody [6] considers this obvious, because the husband is the tutor of the wife when she cannot give her consent or express her opinion. Nonetheless, the choice of supporting the mother's physiologic activities may lead to the baby's birth, and this may be good for the baby, even though he/she is not yet born at the moment of the decision: some argue that this is enough to justify the artificial continuation of the pregnancy [7] and to not take care of the fact that a dead body is kept "alive" with no other aim than keeping alive the fetus. Mayo [6] argues that the father's right to decide on the wife's physiological activities should prevail; but the death of the fetus is not in the woman's (present) interest or among her (past) wishes.

Woman's best interest

The medically assisted prosecution of the brain-dead woman's physiologic activities cannot be considered to be against her interests and rights. Since when the woman had been declared dead, she had no rights: a dead body has neither rights, nor interests. Moreover, nothing can harm who has no rights or interests. The prosecution of the pregnancy can neither be considered harassment to the woman's body, since it is treated with all cares.

Woman's wishes

Who asks to withdraw medical activities, acts against the life of the fetus, and since the woman has never given her consent to the interruption of fetal life, there is no justification in withdrawing mother's activities that sustain fetal life. Even though the woman might

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have expressed her wish against artificial prolongation of life, the woman never had expressed her wish against the birth of the baby. Several cases have been described in Hungary [8], Italy [9] or Canada [10], where the brain-dead woman's activities have been sustained and the fetus has been delivered: in fact, according with most legislations, pregnancy interruption is just a woman's right, and never a right of the male; if the woman's life would be interrupted according to her relatives' wishes, it would be an exception to this general principle, because even the pregnancy would be interrupted in the interest of the relatives, according with the husband's wishes but without the mother's consent: it would happen without an explicit woman's request, in the absence of a risk for the woman's health, and bypassing the desires of the woman, who did not require the fetus' termination.

We should also consider the rights of the fetus, according to a double point of view. For some authors the fetus has an intrinsic right to be born, since it is a complete albeit immature human being: its prenatal behavior has the features that characterize human life [11]. For other authors, we have a moral commitment toward the future generations, even when they have not yet been born [12].

We conclude that the prosecution of pregnancy in a brain-dead body is endorsable. This does not contrast with the woman's interest or wishes, and this is in the interest of the fetus; the possible opposition of the woman's relatives should not be accepted. Nevertheless, when the mother's body does not maintain a physiological steady state and the deterioration of the conditions is evident both on the mother's and on the fetus' side, the prosecution of the medical support to the mother's activities becomes futile.

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