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Symposium 1 speaker

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I have been the clinical lead of the Fetal Cardiac Programme, the clinical lead of the inherited cardiac disease programme and the current Head, Cardiology Service at KK Women's and Children's Hospital. My research interests are in the areas of vascular biology, Kawasaki Disease, developmental biology and in preventive paediatric cardiology. I have also been teaching cardiac embryology at the Duke-NUS Graduate Medical School. Aside from my clinical work, I am a member of the KK Women's and Children's Hospital Ethics Committee, a member of the NOTU ethics committee and also have been teaching medical ethics and law at the Singapore Medical Association (SMA) Centre of Medical Ethics and Professionalism (CMEP).

Presentation title: The Ethics of Fetal interventions and Fetal Surgery

Abstract

Over the last 50 years, there have been remarkable advances in fetal diagnostics. The perinatal course and postnatal outcome of many congenital diseases are now well-defined. Fetal imaging has provided obstetricians a means to guide procedural interventions in utero. Fetal interventions are therefore now being developed with the aim of modifying disease natural history to provide optimum perinatal outcomes, and potentially favourable long-term medical outcomes. Examples of these procedures include fetal aortic valvuloplasty for congenital aortic stenosis, fetal surgery for myelomeningocele and drainage of fetal pleural effusions. Ethical issues have been raised with respect to such procedural interventions. These include whether the procedures are experimental or clinical (if these procedures have moved beyond the point of equipoise), issues on patient autonomy and procedural standards of disclosure, and issues regarding the medical team's competence and standards of care. In this session, I will outline the key ethical considerations in fetal interventions/surgeries and argue for the mother to be the primary decision-maker. While we engage the family in the process of decision-making, the medical team should do the utmost to facilitate the mother's autonomous decision-making. Using fetal cardiac intervention as an example, I will also show the need to establish registries to track the evolving technical aspects, outcomes and complications of such fetal procedures.