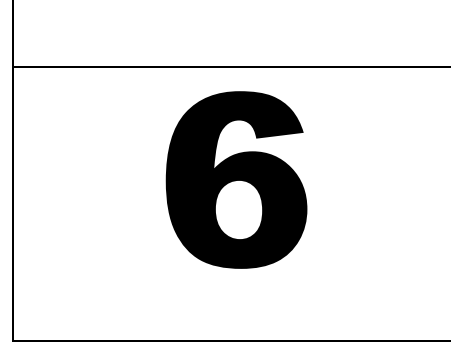




M. A. Akşit Koleksiyonundan



## Ethical principles at the Neonatology Units

### Neonatoloji Merkezlerin Etik İlkeleri \*

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\* Ethical concepts on what is righteous and ought to do facts, so indicated in this Article

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*Turkish Medical Notification on ethical standard can easily being applied about this fact.*

*So, taken and modifying it as below.*

**T**he Ethical Principles are formed, and still active from 1960 years, so, better take it and adapted to the Neonatology Intensive Care Unit

For discussions of ethics professions, so later be let approved at Congress.

#### Outline

##### Ethical principles at the Neonatology Units

**AIM:** For presenting Neonatal Ethical Principles for discussion. After evaluation, Declaration of Neonatal Unit Ethical Principles. This is like map, guideline for ethical principles, like migration performed one.

**Grounding Aspects:** From Turkish Medical Deontological Regulations, dated 13<sup>th</sup> January 1960, and Turkish Medical Association, dated 2<sup>nd</sup> January 2009, taken in notice

**Introduction:** Ethics are first on righteous concepts as principles be in noted, later what to do at righteous aspects, for discussion. So, hereby notify the Neonatal medical approach discussion.

**General Considerations:** In general, medical approaches are taken for argument.

**Proceeding:** Each item, one by one taken and later the authors comment is added, as NB.

**Notions:** This is only for discussion, not at final one.

**Conclusion:** Being in evaluation, the items may more clarified.

**Key Words:** Ethical principles proposal for Neonatology

#### Özet

##### Neonatoloji Merkezlerin Etik İlkeleri

**AMAÇ:** Yenidoğan dönemi için etik ilkeler oluşturma için bir çabadır. Değerlendirme sonucunda Bildirge boyutuna getirilmesi düşünülmektedir. Neonatoloji yolunda, bu yapıya göç etmek isteyenlere bir tavsiye boyuttur.

**Dayanaklar/Kaynaklar:** Türk Tıbbi Deontoloji Nizamnamesi, 13.01.1960 tüzüğü, Tabipler Birliği, 2.01.2009 verilerine dayanılarak hazırlanmıştır.

**Giriş:** Etik, ilk planda doğru nedir tanımlanması ile vurgular bakılmalı, sonra da doğru ne yapmalıyım durumu ile çözümlenmeye başlamalıdır. Burada bu açıdan, Neonatoloji yaklaşımı ele alınmaktadır.

**Genel Yaklaşım:** Genel olarak tıbbi yaklaşımlar birbiri ile irdelenmiştir.

**Başlıca boyutlar:** Her bir durum, olgu irdelenmiş ve ayrıca NOT denilerek eklemeler yapılmıştır.

**Yaklaşım:** Bu bir değerlendirmedir, sonuç taktimi değildir.

**Sonuç:** Son yorum için, taktirlerinize sunulmaktadır.

**Anahtar Kelimeler:** Yenidoğan için önerilen etik ilkeler

## Introduction

Ethical Standards are taken from 1960 basic Regulations of Turkish Physicians<sup>1</sup>. Thus, Turkish Medical Association contributed at 2009<sup>2</sup>, some facts. So, hereby considering both, and adapted to Neonatology Regulations.

This is just a proposal, if accepted by academic Ethical Professions, later be presented at Neonatology Congress, if putative being a Declaration form.

### Why in Migration Journal?

If you want to move, make a something, constructive aspect, you must have ethical considerations.

So, in this Article this is the demanding and proposing at such items.

## Neonatology Regulations

As a chair person and President of Ethical Committee of Anadolu and Osmangazi University Medical Faculty nearly for 24 years, and establishing some Declarations, so, as now written a regulation on Neonatology

### Considerations of Medical Association to the 1960, Basic Physician Regulations:

- 1) The written language is old, hard to understand.  
NB: Especially legal terminations must be used.
- 2) The basic principles as: a) medical utility, b) not making any harm (Primum non nocere), c) Justice, as not on common sense, the requirements of the patient must be given as medication, individual Right, Civil Rights, Liberties, d) The personal freedom of a person is not noted.  
NB: Right to Life, and rights based on individual aspects, protected from governmental, institutional forces.
- 3) At specific medical offices, the individual physicians must be on, not general so forced to do, have individual rights.  
NB: General Ethical Concerns, for all people, especially to Physicians.
- 4) Treatment has several aspects: a) Being healthy position, b) Health controls, c) Preventive medicine, d) Care and serve on medicine, e) Unit, hospital cares.

NB: Pregnancy and birth concerns all the medical methods, so in consideration of education at Medical Faculties.

- 5) The refreshment of doctors, physicians, being an educative position, so, new actions must be educated, learned and gained practices.

NB: Pregnancy following and labor certification must concern for all physicians.

- 6) The relation between physician and patient on paternity style. Given information, advice, warning from danger, sharing the fact as for free individual decision making, for consent formation, not indicated as negative, such positive estimations must be on knowledge given.

NB: Empathy the way of communication being in actively performed.

- 7) Using of placebo is forbidden by Medical Association.

NB: By formation of happiness hormones; skin to skin, and love given as by holding, petting ve and advisable one.

- 8) If taken the notice as all the patient findings also a secret, if there will be a hesitation, inquiries that Medical Physicians, must on these rules what shall we do?

NB: Expert opinion consultation groups can form. Experts or academic physician on ethics, medical considering sections, and medical legal department doctor being formed an advice. Given to it patient or other official places.

- 9) Some aspects as: genetics, family planning, transplantation, additional fertilization techniques, some of them.

NB: Each section has special professions and special ethical principles are confirmed.

## Ethical Principles

### Legal Aspect

Turkish Medical Deontological Regulations, dated 13<sup>th</sup> January 1960, as on law: 23January 1953.

Later Turkish Medical Association (<https://www.ttb.org.tr/655yga>), dated 2<sup>nd</sup> January 2009, noted on legal status.

#### **Main specifications:**

- 1) The regulations that Medical Physicians, must on these rules
- 2) All the parameters are in legitimate facts
- 3) Medical Association is the one for following, controlling and even judging on discipline penalty, on these rules
- 4) Legal and Court evaluation later be performed, not depending on the discipline penalty

#### **Main Advised Parameters from Turkish Medical Association:**

- 1) Written from new perspectives, as Civil Liberties, and concerning Individual Rights, as protected from governmental and institutional aspects.
- 2) Must concern all physicians, not discredited as individual and governmental physicians, as medical aspects, regulations must have at same because of Human being, as brotherhood and not making any diversity, so equal rights.
- 3) Medical Physician is a profession, so, not have governmental or institute coverage for investigation, legal evaluation as discipline concept.

- 4) These regulations are obligatory a legal parameter, whether signed or not, if performing such work, of a physician.
- 5) At some cases, the verdict form expert opinions, so, not regulated by ethical parameters, thus, may give some philosophy. As, abortion is one of the subjects, thus, the application must take at such case related one, as Neonatology, Perinatology Council, by Medical Legal Section, Deontology, ethics Section with Perinatology and Neonatology. These reports are on legal evaluation so, as evidence for verdict at Court.
- 6) The Medical ethical parameters must open for new concepts, like euthanasia. Grounded on legal facts as Court orders, not based on Declarations. Expert opinion must require for evaluation, based on legal perception.
- 7) Some subdivisions for ethical, legal philosophy and progression will be more helpful.,
- 8) The responsibility of research in medicine, on patient
- 9) Publication ethics
- 10) Responsibility of Physician at common
- 11) Relationship between the patient, patient family and doctors
- 12) Preventive medicine
- 13) The relationship between the multi media
- 14) The communication between the drug dealers, and producers

## Ethical Principles

### GENERAL:

1. **Legal Regulation:** Only certified and permission taken physicians must on these ethical regulations by the Law 6023 at 7<sup>th</sup> article.  
NB: All the Neonatology Units, by certified from Governmental issue must on this regulation. If not, it may be illegal construction, not allowed to action.
2. **In general duty:** 1) The health of Human health, 2) Life and 3) Personality, performing optimum care and respect.  
NB: Civil Liberties, individual Right to Life obligatory concern, as being presences by life, so confirming it obligatory.
3. **Not making any discrimination as:** gender, race, nationality, religion, moral ideas, character and personality, the social position, academic or governmental position, political status.  
NB: Give right to life, resuscitate even the critical living ones. No one knows the starting life and the ending life, so, given the chance for all. Even preterm infants, not gestational age and APGAR status being right to life for medical application.
4. **At life threatening status;** conditions, each physician must help, partner at the emergency actions.  
NB: Each physician must on certification education of labor and delivery emergency applications.
5. **Medical parameters, events, happenings are individual secret facts.** Only at Legal, Court can take them, upon demanding. At medical publications, patient personality is in secret.  
NB: For expert opinion, consultation is advisable, so, given exact real evident is required. But the responsibly at the physician who cares and serve the patient.

6. **Patient selected their physician as on medical reality.**  
 NB: Medical care facility must suitable of the patient disease, condition, so referred to suitable one or more advanced place.  
 In Neonatology: 1<sup>st</sup> Stage: Delivery and usual infants, 2<sup>nd</sup> Stage: Intermittent or partial hospital care, hospital treatment facilities given, 3rd Stage: Intensive Care, I, II and III, 4th Stage: Directly mechanical livable situations.
7. **At and for medical application, physician only concern on person, case and condition, by medical science and heart for leading the mind.**  
 NB: Medical applications must on science, at reality, not futile and placebo groundings.
8. **Even at general behaviour, physician must be a good, respectful model, not only at medical practice, also for all communications and relations.** Care and serve at general ethical principles also.  
 NB: Information given, advice and consultation, as usual, a physician's role of educative concept.
9. **Medicine is not a way of gaining money.** Not any market or economical evaluation. Even the ratio is so less, it must be given at full. The fee and other expenses are estimated by Governmental and Medical Association regulations. Not making any commercial, only information given news, without the indication.  
 NB: At intensive care unit applications, full medical sources must use and given.
10. **Only at official papers, indicated their name, graduation and diplomas, as taken all the responsibility about the patient.**  
 NB: At intensive care unit, all the staff must give notes on patient chart, not only physicians. Also, consultations and even advices being noted on it.
11. **On the sign, informative section, the governmental given care status must on it.**  
 NB: The given code and position cannot being understand, so, explanation may be added.
12. **After research performed facts can be used later on.**  
 NB: For research, thus experiment not performed legally on Human being, only after some stages passed factors, PHASE IIIb and IV, be is used at research. Placeboes as considered for control group, not any medical treatment effect, only by physiological factors be noted. Ethical commission reports are obligatory essential, even at the end the final decision must be in consideration.
13. **Information must be on reality, evidence-based truth.** Evaluation free to do, not on phantasies and epic histories, on functional reality. Information must on hope given, courage must keep alive, thus the estimated on statistical status. Being also noted, at Group A, 5-15% not on expectation, on B Group about 25% variation. So, after starting the treatment, the survey be in consideration.  
 NB: Right to Life applications, procedures not in consideration about optimism. It is right to do, for obligative state, at Right to Life expectancy.
14. **Some medical applications, even not effective for treatment, upon desire and patient consent can be used.** Following and considering any benefit. If not stopped.  
 NB: The main decision at the preterm infants, considering the reactions that we can obtained. Physio-pathological concept most on consideration, about balancing the cells, tissues for healthy.
15. **Basic perspective:** A) Medicine is not a place to gain money, for price and other payments must have a reasoning, grounding on Governmental list of payment. B)

References to another physician is not for income, just being for medical science. C) No one advised a physician, only by consultation form physicians, doctors. F) Payments not paid from another person.

NB: Neonatology is mostly an intensive care application. So, all expenses must be taken from governmental finance, funder. Mother bedding not as hotel or star given residence, a hospital payment included.

16. **The income in general, only 50% to doctors and staff, later 20-30% for progressive, for advancing equipment's, 5-10% for poor and help contribution, other for internal coffee, tea or other relation making aspects.**

NB: The person at working on the hospital must have at first line. Thus, if not any reciprocal treatment facilities, must referred to perfect conditioning place.

### Relation Confirmation:

1. **Physician upon the medical science**, performing the submission, on patient complaints, findings, investigation on laboratory or other diagnostic equipment's, confirm a diagnosis and treatment approach, so by informative consent, applied it. The prognosis and life and health expectancies not as exact, only given by hope.

NB: Informative consent must take, upon the regulation given.

### Newborn Rights and Consent , UNECO 2013<sup>3</sup>

Bilgilenme (I)	Information given for consent I	Bilgilenme (II)	Information given for consent II
<p>.SAĞLIK DURUMU (Hastalık eğil)</p> <p>.HASTALIĞIN-SORUNUN LASI SEBEPLERİ (Nasıl aşılayıp, geliştiği, Bedeni tkilemesi)</p> <p>. UYGULANACAK TIBBİ LEMLER (TANI İÇİN)</p> <p>. UYGULANACAK TIBBİ LEMLER (TEDAVİ) tedavinin etkileri</p> <p>. FAYDA ve MUHTEMEL AKINÇALAR, RİSKLER (ekinilen ve Korkulanlar)</p>	<p>1-Health condition</p> <p>Not medical knowledge</p> <p>The status of patient</p> <p>2-Effecton of disease</p> <p>3-Estimated request</p> <p>4-Medical procedures</p> <p>5-Probable effects</p>	<p>6. İLAÇLARIN ÖZELLİKLERİ (Yan etki, tesir)</p> <p>7a. ALTERNATİF TIBBİ MÜDAHALE USULLERİ</p> <p>7b. ALTERNATİF TIBBİ MÜDAHALE PROGNOZU</p> <p>8. HASTALIĞIN SÜRESİ-SEYRİ ve NETİCELERİ</p> <p>9. TEDAVİ SONRASI</p> <p>10. YENİDEN TIBBİ YARDIMA ULAŞACAĞI YER (kontrol)</p> <p>11. TEDAVİYİ KABUL ETMEMESİ HALİNDE ÇIKABİLECEK MUHTEMEL SONUÇLAR (Dava)</p>	<p>6-Pharmacology</p> <p>7-Alternatives</p> <p>8-Pocess</p> <p>9-After treatment</p> <p>10-New medical one</p> <p>11-If refused what?</p> <p>If right to life, legal</p> <p>If not, consent is okey</p>

**Figure/Table 1:** As the medical informative given notes.

NB: Not given guaranties, thus, medicine is not as beginning and ending point. It is not a voyage; it is a life and health problem. So medical science is applied, thus the Right to Life in consideration, so the following must be done, so, the result also be in consideration.

1. **The medical approach, due to the patient position, case related factors, by health care.** Save the life, care the healthy position, even if not possible, reducing or killing the pain.

The reality has to be right of patient to know, thus not given as impossible meaning, as a probability. Hope is always keeping to active. Even patient desires, can hide form the family.

NB: Palliative treatment can be done futile treatment has to be a reasoning. .

2. **For starting medical care:** a) The condition, the position be in scientifically confirmed, b) The position of yourself, what can be done, c) Protect, isolated or other requirements to take care. Precautions is essential for the physician, not be paid any fee for catching the disease from the patient. So informed to the patient.

- NB: Even at sectarian section, before arranged the medical condition, then later started to do. The decision must confirm, by Neonatologist, Perinatologist and so together with. Responsibility must share upon the profession.
3. **Medical official reports grounded on reality**, the evidence, found at the patient. Must on clear, evidence-based factors. Not any phantasies or other inclusive as by estimation. Even given by demand, is a criminal unacceptable fact.  
NB: Time configuration of the evidence is essential, the starting, the progress and the result of the complaints. Not only diagnosis, the factors leading to that diagnosis is important. Even the diagnosis is in faulty, the approach must be in medical science.
  4. **Physician only concern the individual, personality factors**, only by demand, thus, send to profession about the complaint. But try to help.  
NB: If there are problems, send and take care of them. For ophthalmologist to see, and for strabismus, early care is so important.
  5. **The termination of pregnancy and sectarian section must take the verdict, by a special committee**. Individual physician must later be on legal surrogation.  
NB: Before 10 Weeks of gestation, mother right united with fetal right, so, mother and father/family decision considered on top, between 10-20 Weeks of gestation the rights are separated so, medical factors, as saving the life of mother in consideration, after 20 Week of gestation, fetus have right to born, so life resuscitation and other conditions arranged or send a special Intensive Care Unit. Right to life is not a disguisable factor.

**Table2:** [wikipedia.org/wiki/Groningen Protocol and Legal counter response](http://wikipedia.org/wiki/Groningen_Protocol_and_Legal_counter_response)<sup>3,4</sup>

For the Dutch public prosecutor, the termination of a child's life (under age 14 is acceptable if four requirements were properly fulfilled):	Right to life, European Council statement 2006	European Human Right Court principles
<ul style="list-style-type: none"> <li>▪ The presence of hopeless and unbearable suffering.</li> <li>▪ The consent of the parents to termination of life.</li> <li>▪ Medical consultation having taken place.</li> <li>▪ Careful execution of the termination.<sup>[2]</sup></li> </ul>	<ul style="list-style-type: none"> <li>---Primary, Right to Life is on top</li> <li>---If taken not given item</li> <li>---This must be obligatory applied</li> <li>--Aving the unborn infant rights also</li> <li>---<b>The death cases mut legally and medically investigate</b></li> <li>---<b>When starting and ending of right to life is not known</b></li> <li>---<b>Ending of pregnancy not only mother decision, not special</b></li> <li>---Optimum care and reducing the pain is essential</li> </ul>	First two Basic points 1) " <i>Civil liberties</i> ",  2) " <i>The right to legal recourse when their rights have been violated, even if the violator was acting in an official capacity</i> ".

6. **Each patient has right to reject the doctor, thus, each doctor has right to reject the patient**. Thus, under, obligatory situations, as emergency and official managing, must being a physician by given the information.  
NB: Some demands has not any grounding reasons, so can be considered as obligatory perceptive.
7. **Physician can leave the patient, under medical situations be performed and later do it**. First informed, later give the reasoning for accepted, later reasoning. If not arrange, not left the patient  
NB: At neonatology referred to another Unit, Center is mostly done, due to the properties of the patient and the medical status of the unit.
8. **Only approved medication must be given**. For research, ethical committee approved and at good following and good statue positioning can be done.

- NB: Placebo materials are not as preventive medicine. All used control drugs at the research, for estimation not any medical effect.
9. **Medical team must be as one for all aspect.** No body if any opposition, not considered and being on such team.  
NB: If any matter, not on medical science, not on medical ethics, the staff immediately be discharge form the team. .
  10. **Not any inhuman conversation between physicians being allowed.** All must be on written form, so if not, acceptable counter answering, reply by medical science on patient findings.  
NB: In case of criminal act, information to legal positioning person in hospital.
  11. **Relation of a physician to all community members and also to all people, under brotherhood concept, care and serve, share and help, so leading at peace.**  
NB: Genetically there is one species, Homo sapiens, sapiens. So, the brother relation as genetically approved. Problems must be solved, if we are on ethical consideration. For legal aspects, courts are active.
  12. **Not any unethical aspects are acceptable,** even at near, close friends.  
NB: Physicians must always at proper and at empathy making protocol approach.

#### Several Other Concepts:

1. **Each year the status, the medical care level be under control, with expert valuation.**  
NB: The medical records, as mortality and morbidity taken for academic evaluation.
2. **In case of position and status changed, immediately, not later than a week be informed, given the official letter to the responsible office.**  
NB: The grounding and reasoning of the change, must also indicated. .
3. **Only medical centers have right to work physicians at the same place.** This is also in permission. In case of holiday or other inevitable not being there, by permission of Medical Association, can concern the patients.  
NB: Same proficiency, same practice can be replaced even a physician. So, in consideration must examine the status.
4. **If against these regulations, a clear and obvious performing a fact, by evidence proof, as from Medical Association can give penalty for discipline concept.** Even if crime, must on Court for judge. Discipline and criminal penalty are not at same act.  
NB: Attended the fact, must be on reality, evidence-based, not any comparative or evaluation being in consideration. So not abstract, clear to noticed one. After the accusation proved, the defense can be taken, not before. The given one just for explanation of the action on medicine.
5. **After it is a Law, from the Parliament, it is active and effective, not at Declaration.**  
NB: The information and advice, even for warning it can be concern. The crime considered on Turkish Criminal Law concepts.  
Only Parliaments has rights to perform laws, as controlled for Constitution and international Law Orders must investigate, if approved then be a law concept. Court Orders may ant differentiation, some contribution and the law may more detailed or summarised.  
Each Declarations must be on Law concept, especially at Turkish Penal Code, not hypothetical, must on reality of justice.



## General Conclusion

Aiming to establishing an Intensive Care Unit, you must need and required several aspects. As technology and other materials have to be present. Thus, if you have no body to use it all of them are useless.

The point as, counter objections are more active. Why we have to act on preterm babies, more retardation and handicaps are occurred, so, are we trying to create such people?

So, love on humanity, on based ethical principles are essential for walking on the righteous road.

In herby, we have considered the old and recent principles and evaluated them.

**Last words, be in love, be in humanity, in empathy for brotherhood**

**If you trust and confident about such place, right to be a civil, so, you want and perform the migration.**

## References

- 1) Turkish Medical Deontological Regulations, dated 13<sup>th</sup> January 1960, as on law: 23January 1953
- 2) Turkish Medical Association (<https://www.ttb.org.tr/655yga>), dated 2<sup>nd</sup> January 2009, noted on legal status
- 3) MA Akşit. Newborn Rights and Consent , UNECO 2013
- 4) [wikipedia.org/wiki/Groningen Protocol](http://wikipedia.org/wiki/Groningen_Protocol)