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The Italian Ministry of Health recommends resuscitation for all preterm infants irrespective of gestational age and parental consent

The last few years saw an intense debate in Italy over resuscitation of extremely pre-mature newborns. In 2006, a group of experts drafted recommendations known as Carta di Firenze (CdF), based on international treatment standards and practice guidelines. The CdF recommends to base prognostic predictions primarily on gestational age, while not dismissing other factors (eg, gender of the baby or twin birth), consistently with recent studies. The CdF suggests to withhold resuscitation below 23 weeks' gestational age (wks-GA). Between 23 and 24 wks-GA, the decision of whether to resuscitate should be based on parental wishes and on the clinical condition of the baby and the mother (eg, pregnancy complications). The CdF stresses the centrality of the parents' wishes in the decision-making process, and recommends comfort care for the baby and psychological and practical support for the family after a decision not to resuscitate, and competent follow-up for the child and the family after a decision to resuscitate.

The CdF was endorsed by several medical associations, the Regional Bioethics Committee of Tuscany and a Committee of Experts appointed by the Minister of Health, and submitted to the National Bioethics Committee and the Minister. The expectation was that the CdF would be used as a basis for national guidelines. However, following debate on the CdF in the media and pressure from the political world and moral entrepreneurs, the Health Council and the National Bioethics Committee issued position statements to the effect that every premature should receive resuscitation at birth irrespective of GA and parental opposition (‘always resuscitate rule’). The ‘always resuscitate rule’ was later supported by the Minister of Health.

Resuscitation is an invasion of physical integrity and, as such, it is justified only if beneficial. Resuscitating premature infants below (or at) 22 wks-GA is against medical evidence, and various scientific societies regard it as medical experimentation. Encouraging doctors to exclude parents from the decision-making process can have disastrous results, on the parents, their relationship with the clinicians, and the clinicians themselves. In conclusion, the ‘always resuscitate rule’ is likely to increase the already growing amount of conflict and litigation in the healthcare setting, doctors are likely to perceive it as an invasion of their professional autonomy, and its consistency with the international practice guidelines...
and the regulation of parental custody in Italian law is open to question. We believe that the “always resuscitate rule” should be abandoned, in favour of nationwide guidelines based on the CdF.

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