

## Editorial

# Four Decades in Neonatology: A Perspective from Behind the Scenes

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## Editorial

A premature baby born to young religious parents of Muslim origin deteriorated medically, after suffering a severe, irreversible neurological damage. A request for the parents to authorize comfort care was denied and they demanded to continue with full medical support. The team's request to meet with their cleric was rejected. Knowing the cultural background the head of the extended family was invited. With the parents in attendance, after presenting the case details and a brief discussion the old respected man was convinced and instructed the parents to agree to comfort care. I recently retired after 42 years serving as a senior neonatology at the Shaare Zedek Medical Center (SZMC) in Jerusalem, Israel. For the past 24 years I was the medical director of the Neonatal Intensive Unit (NICU). Our 65 beds unit is the largest NICU in Israel and serves a diverse monotheistic populations [1]. Over the years many changes have taken place; treatment methods have become more sophisticated. We are better at caring for preterm infants born at the margins of variability and babies with severe congenital malformation. This has led to a significant increase in neonatal survival and decline in morbidity. However, one major problem still persists, the poor communication with the infants' families. Certainly, poor communication between medical staff and neonatal families often weakens the fragile relationships and increases families' sense of helplessness. Unfortunately communication skills in general and how to deliver "bad news" in particular are not taught at most medical schools. Many physicians still use a patriarchal approach when counselling families of critically ill infants. Furthermore, insensitivity to the patient's cultural and religious background compounds the poor communication. A failure to communicate clearly is most often the reason that families seek information from potentially unreliable sources. Every couple's dream before and during pregnancy is to have the perfect baby, but unfortunately this is not always the case. Sometimes the dream shatters and a preterm baby or a baby with congenital malformation is born. Those cases are traumatic for the entire family. If prenatal information exists, it is important to have a discussion with the parents, before birth and give them realistic

expectations. After delivery, the information should be update; however, it is key not to quote specific statistics unless the possibility of survival is nil [2]. It is desirable that all discussions take place where talks can be held without interruption and it is desirable to start with the question "What do you understand so far?" If the conversation is held with the help of an interpreter, short sentences should be used in order to prevent loss of information during the translation. There is room, at the end to ask the family if they have any comments. It is better to initiate comments in order to improve the service rather than to wait for growing anger over things that the family claims were rightly or wrongly done [3]. Particularly difficult are the "bad news conversations" about infants who are likely to die from their illness or having significant birth defects. In every case, there must be insight into the family's cultural and religious background to make it easier for them to deal with the difficult information. Sometimes the reporting can be direct and complete in the first talk and sometimes the step-by-step reporting method must be used, all according to the family's cultural background [4]. Finely extremely difficult is the conversation with a couple whose baby died from severe congenital malformation. From my experience, in order to prevent false imaginations, the baby should be wrapped in a way that the defects will be less noticeable and scary. In conclusion, good communication management is certainly an important element in the care of the newborn and his or her family. Good communication management is taught as a personal example from experienced doctors who are aware of its importance.

## References

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