Physician-Parent Communication Regarding Decision-Making in Neonatal and Perinatal Medicine: Are All Parents Treated Equally?

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Background
To increase the understanding of how physicians counsel parents in high risk neonatal and perinatal settings, the author designed a survey. The multiple choice survey was distributed to the pediatric neurology department of a large teaching hospital in the United States (US).

Methods
A total of 18 Pediatric Neurology attending physicians and 6 Child Neurology residents completed the survey. The survey presented the physicians with standardized cases for which pediatric neurology would likely be consulted. Using a Likert scale, physicians indicated what treatment course they would recommend to the parents in different clinical situations. The following variables were used to modify each of the standardized cases: 1) A diagnosis of agenesis of the corpus callosum or Dandy-Walker Syndrome, 2) Gestational age of 24 weeks or 30 weeks, 3) Low socioeconomic status (SES) of family, and 4) whether the child was conceived via in vitro fertilization (IVF).

Results
Results from the survey indicated the following:

1. Recommendations were more homogeneous for infants born at 30-weeks compared with those born at 24-weeks.

2. Recommendations were less aggressive (meaning less likely to recommend that all neonatal resuscitation interventions be undertaken) for infants from families of low SES or infants from families of difficult social situations (such as an incarcerated parent) with diagnosis of agenesis of corpus callosum.

3. Recommendations were less aggressive for infants from families of low SES, difficult social situations, and parents who are non-US citizens with diagnosis of Dandy-Walker Syndrome.

4. Residents responded in a more consistent manner than attending physicians.

5. Physicians in practice for ten years or less responded in a less consistent manner than physicians in practice for more than ten years.

6. Physicians in practice for ten years or less were overall, more likely to recommend that no interventions be taken.

7. Physicians in practice for more than ten years were less aggressive when child was conceived as a result of IVF.

Conclusion
Physician and patient background, in addition to the medical facts of the case, influence counseling practices and how treatment recommendations are made. However, these conclusions are limited in that the survey was completed by physicians from the same department at the same institution.