

be approach in a way that results in positive consequences in the child health. Many studies showed that spiritual support for the patient improve quality of life, facilitate coping with the illness. Other reseaches concluded that routine inquiry about spirituality should be incorporated into the initial or interim history depend on the culuture. the faith and the bliefs of the family.

we conducted study in which Fivty medical staff shared in answering two main questions :

1- Do you think that spiritual support has any help to patients and families ?

2- Whom do you think is the best provider of spiritual support ?

The basic conclusion of this study is

34 (94%) agreed or strongly agreed that prayer and Doaa supporting the family of critically ill child . 24 (66%) believe it help in cure & strength Doctor-Family relationship. 6 (2%) said this depend mainly on the family bliefs.

46 (92 %) said that the best provider of spiritual support are doctors & or nurses .

2 (4 %) said the religious man. 2 (4 %) said if the case is near end of life, e.g. brain dead or advance stage tumor, is better to be provided by religous man other wise by medical staff.

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A PRELIMINARY SURVEY: ETHICAL DECISION-MAKING FOR DYING INFANTS IN NICU IN TAIWAN

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Purpose: The purposes of this study were to explore the decision-making process for dying infants in the neonatal intensive care unit in Taiwan.

Methods: A retrospective method was used to review charts of infants who died in the NICU between 2002 and 2008. All research data were reviewed for final admission by a researcher.

Results: Sixty-one charts were evaluated in this research. A “do not resuscitate” (DNR) order was considered and written in 41 (67.2%) infants. In seven infants, parents had considered the DNR but no preexisting DNR was entered in the records. Forty-one charts (67.2%) had DNR orders preceding final hospital admission. Eight parents (16%) had allowed discontinuation of ventilator support when they realized the futility of continued care for dying infants. Five infants received a DNR order withholding chest compression but permitting mechanical ventilation. Three infants received a preexisting DNR order withholding chest compression and withdrawing emergency medicines. Three infants received a preexisting DNR order withholding CPR procedures, and withdrawing emergency medicines but permitting ventilator use.

Discussion: Although excessively invasive treatment such as intubation is being offered and may well be harmful to dying infants, most parents hesitated making a critical decision for their dying infant in this research. Further research should study humane and compassionate care and the needs of bereaved parents and help them to make decision.

Keywords: Ethical Decision-Making, Dying Infant, NICU

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PALLIATIVE CARE FOR CHILDREN AND YOUNG PEOPLE WITH NEUROMUSCULAR CONDITIONS IN YORKSHIRE, UK 1987-2008

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Background: Martin House Children’s Hospice (MH) is located in Yorkshire, UK. It cares for children and young people with life threatening or life limiting conditions diagnosed before the age of 19 years until the age of 35 years. Many neuromuscular disorders are life limiting and therefore these children and young people may benefit from specialist palliative care services.

Methods: Retrospective study using clinical database at MH from 1987 to 2008.