were 31 percent for term babies and 23 percent in preterm infants. Rates in extreme preterm infants were only 17 percent. There is a statistically significant difference between the post-mortem rates in term, 29-36 week gestation and extreme preterm infants.

Conclusion: Our post-mortem rates are lower than expected and vary from year to year. The rates are particularly low in the extreme preterm infants. The reasons for this are likely to be complex but include parents feeling they already know why their baby has died and also because they feel they do not wish to put their preterm babies through further suffering.

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ASSENT IN RESEARCH FOR CHILDREN IS PROBLEMATIC

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Introduction: Authoritative research guidelines from Europe, USA and Australia suggest that incompetent children ought to assent, when unable to consent. What assent means here is both unclear and morally problematic. I argue that if parents consent (that is choose) the role of the child's assent is unclear.

Problems with assent: Firstly, a practical problem arises if parent and child give incompatible responses to consent and assent. The research will either continue or be withheld. If the child can be over-ruled, then assent seems meaningless. Alternatively, if the parents are overruled then this is not consent. But if consent is the authority to proceed, then assent has no role. Secondly, there are other conceptual problems with assent itself. For example, it is emphasised in research, but is largely ignored in medical treatment. Why? In addition, in many descriptions of assent, what is described is lack of dissent. Thirdly, as well as incoherence, the requirement for assent may cause other moral problems. If parents do choose for their children (and ignore the child's views) or if a child's assent contains a veto over the parents' consent, then we may be introducing tensions into the decision-making within a family.

Some children can consent. Parents of incompetent children must consent (or not) usually consulting with their child. Children should have an input into

their parents' decisions but as one component in the decision, not an independent choice.

Conclusions: The notion of assent is both flawed and morally problematic. Children's research regulations should be reformed.

This Work was Supported by the Wellcome Trust [WT087470MF]

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QUALITY OF LIFE AS A DECISION CRITERION ON HEALTH CARE (ETHICAL PONDERATION)

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The "Quality of Life", although to be a subjective concept, is frequently used as criterion in the resolution of problems of the clinical practice, nominated in situations of ethical dilemmas in pediatric intensive care units, being able to take the orientation directions that do not dignify the human being. One of the aims of this research is to perceive as "Quality of Life" criterion is used in the resolution of ethical dilemmas in the clinical practice, having for purpose that the health professionals became aware on the use of this criterion and the potential effects of its use in the clinical practice. 152 nurses, attending post-graduation courses in the Oporto High School of Nursing had been inquired about the professional situations where they have been collated with decisions based on the "quality of life" and about the appreciation of the ethical questions raised by these decisions. After content analysis was verified that the told situations are centered in diverse areas as surgical and therapeutic decisions, do not reanimate orders, institution of measures of life advanced support, decisions on internment/discharge and the nursing care plan, among others, and excites questions that are related to bioethical principles: autonomy, justice, beneficence, non-harming, human being dignity and respect, among others, and still with attitudes morally improper as the excessive therapy and the lack of attention to the rights of the sick people. The predominance of its occurrence seems to do itself with the situations of intensive and end of life care.