was reported in 5 (28%).There were no changes along the ten years reviewed.
Conclusion Most deaths in infants with HIE are preceded by a clear decision of W/LT, usually within the first three days of life. The W/LT may last usually a few hours to days. We did not find changes surrounding end of life during the decade.

179 END-OF-LIFE ETHICAL ISSUES: PAEDIATRIC INTENSIVISTS DIFFER FROM NON-INTENSIVIST PAEDIATRICIANS

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Background Ethical issues often arise near the end-of-life (EOL) because of concerns about what is appropriate care and who should decide. Differences may exist between paediatric intensivists and non-intensivist paediatricians.
Aim The aim of study was to assess if the approach toward EOL ethical issues differ between paediatric intensivists and non-intensivist paediatricians.
Methods Questionnaire was given to intensivists working in the Slovene paediatric ICUs and to paediatricians participating at a yearly meeting on issues in critically ill child. The questionnaire was assessing the opinion about EOL ethical issues and experiences with them.
Results Twenty-four out of 30 Slovene paediatric and neonatal intensivists and 35 out of 65 non-intensivist paediatricians responded. The average ages in both groups were 42 years. Over 90% of intensivists as compared to less than a third of non-intensivists knew whom to counsel in ethical dilemmas (p=0.004). Eighty-three percent of intensivists accepted withdrawing of treatment as ethically appropriate as compared to 53% of the non-intensivists (p=0.0002). Do-not-resuscitate order was always followed by 59% of paediatric intensivists. Neither group found physician's religious and cultural beliefs to be very important in decision-making process (69% and 66%).
Conclusions Substantial differences existed between paediatric intensivists and non-intensivis paediatrician in EOL ethical issues. Since only a third of non-intensivist paediatricians knew whom to counsel when facing an ethical dilemma and only around half of them accepting withdrawing of care as ethically appropriate, better ethical training is needed. Interestingly, neither group considered physician's religious and cultural beliefs to be very important.

180 PARENT'S PERCEPTION OF END OF LIFE IN BRAZILIAN PEDIATRIC INTENSIVE CARE UNITS

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Objective Assess the parents perception of patients who died in the Pediatric Intensive Care Unit (PICU) about the care given by health staff in the moments preceding the children's death.
Methods Exploratory-descriptive study with a qualitative approach. Settings: 2 PICU in southern Brazil. Subjects: 15 parents of children who died from April to September 2008. Data collection was performed through 3 steps:

a. The researchers contacted the parents by phone call to invite them to attend to the hospitals,
b. The doctors who assisted the children clarified doubts about the therapy offered.
c. A semi-structured interview, was carried out by researchers who had not participated of the care.

Results The analysis resulted in 4 categories:

a. the moment of death in the PICU;
b. talking with the attending physicians;
c. parental involvement in decision making;
d. parental participation in research.

The results show that parents lack a peaceful environment where they can adequately carry out the goodbyes at the time of death of their children. They emphasized the solidarity provided by the nursing staff at this point and the little involvement of the medical team. The opportunity to revisit the process of their children's death with the team physician was considered positive. Parents felt that they did not have an effective participation in decision taking.
Conclusion The research shows that the difficulty of communication between health staff and parents is a factor that impacts negatively on the decision taking and grieving processes.

181 RESUSCITATION OF NEONATES AT 23 WEEKS GESTATIONAL AGE: A COST-EFFECTIVENESS ANALYSIS IN THE UNITED STATES

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Background and aims The appropriateness of intensive care for extreme prematurity continues controversial. In neonatal intensive care, an increasingly common choice is whether or not to resuscitate at 23 weeks gestational age. We sought to investigate whether such an intervention is cost effective.
Methods A decision analytic model was designed comparing resuscitation vs. non-resuscitation from a societal perspective for pre-term deliveries at 23 weeks. Estimates of death (74%) and neurodevelopmental disability (84–91%) in the setting of resuscitation were taken from the existing literature. Utilities were applied to discounted life expectancy to generate QALYs. All costs and QALYs were discounted at 3%. A cost-effectiveness threshold of $100,000 per QALY was utilized. Sensitivity analysis included univariate and bivariate comparisons and Monte Carlo simulations.
Results Non-resuscitation is the dominant strategy, as it is both less expensive ($71, 036 v. $259,358) and more effective (24.7 QALYs v. 24.4 QALYs). While resuscitation would lead to 240 live infants, in a theoretical cohort of 1,000 cases, there would be 100 severely disabled, 70 moderately disabled, and 90 non-disabled survivors. In univariate sensitivity analysis, non-resuscitation was the cost-effective strategy at all reasonable ranges of the inputs for the cost of NICU care and risk of mortality and disability.
Conclusions From a societal perspective, it does not appear cost-effective to resuscitate 23 week neonates over a wide range of assumptions. In our model, even if NICU care is free, resuscitation is not cost effective at baseline due to extreme long-term costs.

182 NEC PATHOGENESIS - NEWS FROM PRETERM PIGS

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Nutritional, microbiological and immunological dysfunctions all play a role in NEC etiology but the relationship among these determinants is not understood. The preterm gut is very sensitive to enteral feeding which may either promote gut adaptation or induce gut dysfunction via bacterial overgrowth and inflammatory reactions. Tumor necrosis factor alpha, toll-like receptors and heat-shock proteins are identified among the immunological components of the early mucosal dysfunction. It remains difficult, however, to