term iron supplementation is not associated with evidence of compromised zinc nutrition.

Concerning the question of whether low birthweight infants fed low iron fortified formula need additional iron, we can state that the stopping of medicinal iron supplementation determines even after three months the negatification of iron balance and a significant reduction of haemoglobin concentration.

Reference

- ¹ Yip R, Reeves JD, Lonnerdal B, Keen CL, Dallman PR. Does iron supplementation compromise zinc nutrition in healthy infants? *Am J Clin Nutr* 1985;42:683-7.

Medical care in severe mental handicap

Sir,

Your leader in the June *Archives* is most timely.¹

Under 'Management issues' the opening sentence is 'Community care for children with severe handicap is largely parent care'. This of course is totally true, and I think we should underline that in a sense our first responsibility to these severely handicapped children is regular concern for the parents who do the caring. These parents work more hours than any professional is asked to do and carry loads that no professional would be asked to carry.

Later, in the same paragraph, there is reference to the fact that 'there has been some debate as to whether parents should be persuaded to use such facilities'—that is, respite care, etc.

May I suggest that we have an absolute obligation to persuade parents and indeed 'sell' the use of such facilities. Appropriately, our immediate response to the birth of a handicapped child is to press for bonding, and we have all noticed the large number of parent carers of the severely handicapped who become overprotective. Perhaps we should interpret this in terms of the parents following our advice about bonding too fully.

Normal children take the initiative and spontaneously de-bond, but with the severely handicapped this does not happen and if there is to be any 'real normalisation' then the parent has to initiate the de-bonding.

The deeply caring mother of the severely handicapped child sees her child as needing her more than any other child in the family and I believe needs specific help to see that:

- (a) the handicapped child will not take the initiative to de-bond;
- (b) it is in the interest of the child for the parents to initiate de-bonding;
- (c) there is a major bonus for the parent who allows this to happen—within the context of respite care—as she will also be looking after herself and thus be able to continue caring for the severely handicapped child.

The need to care for the parent carers and our need to 'sell' the use of respite care, perhaps particularly in the preschool period, should perhaps be given an even higher profile.

Reference

- ¹ MacFaul R. Medical care in severe mental handicap. *Arch Dis Child* 1986;61:533-5.

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Bereaved parents and the ethics of neonatal care

Sir,

Two articles in a recent *Archives* are complementary and deserve comment. Newton, Bergin, and Knowles tell of the benefit to bereaved parents and insight gained by staff on meeting to discuss a child's death.¹ This is a lead for all who care for dying children. Those who offer to see the parents of babies such as those described by Bissenden² find that what paediatricians deem to be poor quality lives parents perceive as having unique value.

The 'overall moral view' of our society is neither consistent nor inspiring. Whether we consider abortion on demand or provision for the mentally ill and elderly, expediency dominates but is no guide for us. If, instead, we as a profession were to hold an unshakeable regard for life's *value*, this need not always mean the full parade of the machinery of life support but would always mean trying to improve the *quality* of life (for both baby and parents) by being ready to offer palliative and terminal care. To agree to abolish the phrase 'non-treatment group', rather than agreeing to abolish any babies, would clarify the important moral distinction that does exist between stopping aggressive treatment and killing. When this is clear to the parents bereavement interviews go better. When we make it clear to the public we may start to influence society's views rather than being insidiously swayed by them.

References

- ¹ Newton RW, Bergin B, Knowles D. Parents interviewed after their child's death. *Arch Dis Child* 1986;61:711-5.
- ² Bissenden JG. Ethical aspects of neonatal care. *Arch Dis Child* 1986;61:639-41.

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