British Paediatric Association

Care of severely malformed infants

The BPA was recently asked by the British Medical Association (BMA) to assist in the revision of the section on 'Severely malformed infants' in the BMA's *Handbook of Medical Ethics*. (The BPA's evidence was produced by the Ethics Committee and by individual members). The Council of the BMA has approved the following revised section, which will appear in the new edition of the *Handbook*—to be published this month.

'A malformed infant has the same rights as a normal infant. It follows that ordinary non-medical care which is necessary for the maintenance of the life of a normal infant should not be withheld from a malformed infant.

Where medical or surgical measures might be needed to preserve the life of a severely malformed infant, every opportunity should be taken for deliberation and discussion, as time permits. This requires the closest cooperation between the doctor in charge, the parents of the child, and any colleagues whose opinion is felt to be helpful, including the patient's general practitioner. The doctors have a particular duty to ensure that parents have as full an understanding as possible of the options and the likely outcome, with or without surgery or other means of active intervention.

The parents of an infant born severely malformed must never be left with the feeling that they are having to exercise their responsibility to make decisions regarding consent to the management of their child without help and understanding. They should be encouraged to seek advice from anyone in whose judgement they have faith. The doctor in charge is responsible for the initiation or the withholding of treatment in the best interests of the infant. He must attend primarily to the needs and rights of the individual infant, and he must also have concern for the family as a whole.

If doubts persist in the minds either of the parents or doctor in charge as to the best interests of the infant, a second medical opinion should be sought.

In emergencies there may be no time for consultation with parents or anyone else, and the doctor in charge must exercise his clinical judgement.'

Fifty sixth Annual Meeting of the British Paediatric Association

The 56th Annual Meeting of the BPA is to be held in York between 10 and 14 April 1984. The provisional, scientific programme is set out below.

Tuesday 10 April

Morning. Joint meeting of the BPA paediatric psychiatry and psychology group and the child and adolescent section of the Royal College of Psychiatrists (this session and the 9.00 pm session are open to all participants).

Afternoon. *2.00 pm.* Official opening followed by discussion on topic of current interest. *5.00 pm.* Session presented by the overseas committee on children and paediatrics in the third world. *9.00 pm.* BPA paediatric psychiatry and psychology group and the child and adolescent section of the Royal College of Psychiatrists: 'Paediatricians and psychiatrists: why do we disappoint each other'.

Wednesday 11 April

Morning. Plenary session (including a half session devoted to immunisation).

Afternoon. *2.00–6.00 pm.* Group sessions—immunology, nephrology, neurology, nutrition.

Thursday 12 April

Morning. Plenary session including the 1984 Windermere lecture—Professor O Ransome-Kuti 'The past, present, and future of child health in Nigeria'.

Afternoon. *2.00–4.30 pm.* Group sessions—cardiology, gastroenterology, perinatal, radiology, tropical. *5.00 pm.* BPA Annual General Meeting.

Friday 13 April

Morning. Plenary session including poster presentations. Afternoon. *2.00–6.00 pm.* Group sessions —community, endocrinology, oncology, respiratory.

For further information about the meeting and registration forms please write to the British Paediatric Association, 23 Queen's Square, London WC1N 3AZ.

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