Purpose Even mild iodine deficiency may negatively affect cognitive performance, especially at a young age. Our aim was to investigate iodine status in very young children and to assess the importance of iodized salt in processed foods as an example for a country with voluntary salt iodization.

Methods 24-h urinary iodine excretion (UIE) as a marker of iodine intake was measured in 578 repeatedly collected 24-h urine samples (2003–2010) of 221 3–6 year old participants of the DONALD Study. Parallel 3-d weighed dietary records and measurements of urinary sodium excretion provided data on the daily consumption of the most important iodine providers in the children’s diet (iodized salt, milk, fish, meat and eggs). Time trends of UIE (2003–2010) and contributions of the different food groups were analysed by using linear mixed-effects regression models.

Results Median UIE of 71 µg/d in boys and 65 µg/d in girls, corresponding to an iodine intake of 82 and 75 µg/d, respectively (assumption: 15% non renal iodine losses) was below the WHO intake recommendations of 90 µg/d. Milk, salt and egg intake were significant predictors of UIE; milk and salt together accounted for more than 80% of iodine supply. Between 2003 and 2010, UIE decreased significantly by approximately 1 µg/year. The contribution of salt intake to UIE decreased from 03–06 to 07–10.

Conclusion In countries where salt is a major iodine provider, already modest decreases in the iodized proportion of salt used in processed foods may relevantly impair iodine status even in preschool children.

VITAMIN B12 LEVELS OF 0–24 YEARS-OLD PEOPLE IN KONYA, TURKEY

Vitamin B12 levels vary among countries. Using reference levels which will be valid for that population should be obtained.

INFANTICIDE, ‘AFTER-BIRTH ABORTION’ AND RECENT PHILOSOPHICAL CONVERSATIONS CONCERNING THE VALUE OF NEWBORN LIFE

The Journal of Medical Ethics recently published an article by philosophers Guibilini and Minerva (1) arguing that the intentional killing of newborn infants was justified if the continued existence of the child represented ‘an unbearable burden for the psychological health of the woman or for her already existing children’, as well as if there were excessive economic burdens or disability. They argued that both fetuses and newborns do not have the same moral status as actual persons, since they lack self-awareness. Hence the destruction of a newborn life is morally justified if it is in the best interests of existing people. Although the position of Guibilini and Minerva is supported by several other prominent philosophers, including Michael Tooley and Peter Singer, I will argue that it is fatally flawed.

a) It is incoherent to argue that conscious self-awareness is necessary criterion for life to have intrinsic value,
b) The argument strikes at the heart of the central belief enshrined in the Universal Declaration of Human Rights, that all human beings possess inherent moral worth solely in virtue of their membership of the human species, and irrespective of their functional abilities,
c) Since self-awareness as an agent probably does not start to appear before 18 months of age, and may not be secure until the fourth year of life, the argument imperils not just newborns but a large proportion of the paediatric population!


BURIEN OF CHRONIC EXPOSURE TO DIFFICULT ETHICAL DECISIONS ON CARE CAREGIVERS IN SWISS NICUS

Burdens for the majority of HCP working in NICU environment. 25% of physicians and 10% nurses suffer from difficulty to make difficult ethical decisions on health care providers (HCP) in Swiss level III NICUs. 244 questionnaires were sent to neonatologists and nurses of all level III NICUs. Demographical information, attitudes and behaviours towards ethical decisions, and the impact of those decisions on HCP’s health and private life were collected.

Results 52 neonatal physicians and 60 nurses (27 men, 85 women, overall response rate 50%) took part in this survey. Altogether, 78% stated that the ethical dilemmas/decision-making represent a burden to them. 87% experience this burden as momentary. In nearly 40%, this burden affects private life; in another 48% it occasionally impact on private life. 25% of physicians and 10% nurses suffer from exhaustion. Most of the respondents find relief from stress through their hobbies (70%) and discussions with family members and friends (74%). The most used coping strategies are debriefings after ethical discussions, team discussions and support from hospital pastoral care.

Conclusion Chronic exposure to stressful situations represents a burden for the majority of HCP working in NICU environment. Exhaustion is far more frequent than physical and psychosomatic symptoms. Hobbies and social contacts are important coping strategies. Given the potential of chronic burden to not only affect health of caregiver but also to shape the attitudes of caregivers in daily neonatal intensive care medicine, the importance of team debriefings and support under professional guidance cannot be stressed enough.

Ethical dilemma in neonatology

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