

Hospital Tyranny: A Reference for Birthing Families or Families with an infant in the NICU

Giving birth is a miracle and a blessing but there are times when decision making for your newborn becomes difficult because of differences in belief systems, exhaustion from the birth process and the emotions involved. The medical system and the hospital personnel all too often become very impersonal and confrontational if questioned on the necessity of their policies. When there is this conflict, the hospital often resorts to the use of subtle or overt threat and coercion. Parents are rightfully scared and will succumb to these threats because they do not know their rights. What follows are some things to inform you and some suggestions should you find yourself in this situation.

You have the right to be informed of the benefits, risks & alternatives to any intervention being offered.

Ask permission to video or record any conversations. Should they refuse to consent to being recorded inquire why. This should be a red flag that something isn't right.

Do not sign any consent form you disagree with. You cannot be forced to sign something before receiving information and you cannot be denied care because you won't sign a form.

You have the right to request an ethics consult or a meeting with the chaplain.

You can fire your caregiver.

Comments such as your baby might die, your insurance won't pay if you leave AMA, or we will call CPS or law enforcement are never acceptable. (See attached California Parental Rights document)

Share the AMA & ACOG opinions with any caregiver who ignores your parental rights. (see below)

Ideally, have caregivers you trust who are not a part of the hospital system and can offer second opinions.

ACOG Committee Opinion #664 June 2016:

On the basis of the principles outlined in this Committee Opinion, the American College of Obstetricians and Gynecologists (the College) makes the following recommendations:

- *Pregnancy is not an exception to the principle that a decisionally capable patient has the right to refuse treatment, even treatment needed to maintain life. Therefore, a decisionally capable pregnant woman's decision to refuse recommended medical or surgical interventions should be respected.*
- *The use of coercion is not only ethically impermissible but also medically inadvisable because of the realities of prognostic uncertainty and the limitations of medical knowledge. As such, it is never acceptable for obstetrician–gynecologists to attempt to influence patients toward a clinical decision using coercion. Obstetrician–gynecologists are discouraged in the strongest possible terms from the use of duress, manipulation, coercion, physical force, or threats, including threats to involve the courts or child protective services, to motivate women toward a specific clinical decision.*
- *Obstetrician–gynecologists are encouraged to resolve differences by using a team approach that recognizes the patient in the context of her life and beliefs and to consider seeking advice from ethics consultants when the clinician or the patient feels that this would help in conflict resolution.*
- *The College opposes the use of coerced medical interventions for pregnant women, including the use of the courts to mandate medical interventions for unwilling patients.*
- *It is not ethically defensible to evoke conscience as a justification to attempt to coerce a patient into accepting care that she does not desire.*

AMA Code of Medical Ethics Opinion 1.13(d): *Patients have the right “To make decisions about the care the physician recommends and to have those decisions respected. A patient who has decision-making capacity may accept or refuse any recommended medical intervention.”*