DNR In Children As a Reflection of Cultural Values
兒童拒絕心肺復甦術影射文化價值觀

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Background: An infant with Tetralogy of Fallot and pulmonary atresia associated with suspected genetic anomaly was born to parents who did not wish to undertake the financial and emotion burdens of raising an imperfect child and thus refused any medical treatment or surgical intervention despite a fair prognosis. The parents signed a DNR form and expressed their desire to refuse any aggressive treatment for the otherwise healthy baby.

Methods: We arranged a holistic patient care meeting with the parents to discuss their concerns and their baby's condition. Our hospital's legal counselor was present to clarify the legal aspects of refusing treatment and the validity of a signed DNR form.

Results: Currently in Taiwan, patients can only legally refuse life-saving measures if they have a terminal illness that is confirmed by two doctors certified in a medical specialty and if their immediate families do not object to the decision. While patients have the right to refuse medical treatment of any kind, a non-terminal patient cannot legally refuse life-saving measures.

Conclusions: The four essential values of autonomy, beneficence, non-malefience, and justice in medical ethics are subject to different interpretations depending largely on cultural values. In most Western countries, autonomy is highly valued and a healthy patient can refuse life-saving measures without approval from any physician or family member. Liberal countries will even allow euthanasia as an expression of autonomy. For children in Taiwan and most Asian countries, higher value is placed on the physician's assessment and the family's will.