

“I don’t think I will ever hold another dying child again...”: the case of nurse Proudman

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Many Canadians will have been disturbed to read about the case of Toronto nurse Gita Proudman, accused of murdering baby Mustapha Dehzad. The second degree murder charges against Ms. Proudman, have now been dropped, but the case raises troubling ethical issues concerning police interrogation methods, and concerning how wisely police and the Crown use their discretion when laying criminal charges.

The case also raises issues to do with the proper care and treatment of severely brain-impaired babies. When, for example, is it ethically appropriate to issue a “Do Not Resuscitate” order for a dying baby? And should a dying baby, or any dying person, be left to die alone, abandoned by physician “care-givers”?

One of Ms. Proudman’s colleagues, nurse Karen Ferrie, contacted the police with the allegation that Ms. Proudman confessed to having “put my hand to stop the baby taking another breath”. Presented with such a serious allegation, the police were duty-bound to investigate Baby Mustapha’s death. Alas, in this case as in so many others, the police seem then to have leapt immediately to the conclusion that Ms. Proudman was indeed guilty of murder, and they proceeded to employ ethically questionable methods in their zealous efforts to induce a confession.

Ms. Proudman claims that the police deliberately thwarted her sensible impulse to contact a lawyer, by suggesting to her that such a step would show her guilt. Such trickery on the part of the police, in an effort to subvert the legitimate rights of an accused person, would seem to violate proper norms of police conduct.

Moreover, the published excerpts from the police interrogation of Ms. Proudman appear to justify the adjectives applied to them by defence counsel Marlys Edwardh: “brutal” and “sadistic”. In pursuing their hypothesis that the death of baby Mustapha was a compassionate homicide, they repeatedly attempted to bully and brow-beat Ms. Proudman into admitting that the baby was “struggling” and “in distress”, when evidence pointed in the opposite direction.

Recent Canadian history is littered with stories of police malpractice leading to miscarriages of justice. Such injustices almost always result from a fatal brew of hasty inference combined with tunnel-vision, which excludes alternative hypotheses.

Turning our attention, now, from the actions of the police to those of Humber Regional Hospital, one must wonder why a “Do Not Resuscitate” order was placed in the chart of Baby Mustapha, without any physician to provide palliative care?

Baby Mustapha was born with a major brain malformation, one which is functionally equivalent to anencephaly. Anencephalic babies are frequently born dead but, when born alive, they never survive for very long. Exceptionally, they live for two weeks. Sometimes they live for only a day or two, but often they die within a few hours of birth.

Without a functioning higher brain, or cerebral cortex , such babies have no chance of any meaningful existence. They have little or no conscious awareness,.They can cry, however, and sometimes show signs of agitation, as Mustapha did. Crying and agitation are controlled by the lower brain, the brain stem. Many neurologists believe, however, that without a functioning higher brain a baby can have no experiences or sensations of any kind, including pain.

One way of describing babies with such major brain malformations would be to say that they possess human biological life. They are living human beings; but they do not possess human personal life. In other words, they lack personhood.

Thus, a baby without a functioning cerebral cortex would not benefit in any way from having its life prolonged. That is why hospitals routinely put “Do Not Resuscitate” orders on the medical charts of brain-absent babies. Conscientious physicians would involve the parents in such a decision but if, for whatever reasons, the parents were to request life-prolonging care, it is likely that an ethically conscientious physician would refuse. As Dr. Shashi Seshia, a paediatric neurologist in Winnipeg, observes, “I would always consult with the parents, but I would never resuscitate a baby with no higher brain function, because to do so would be pointless, and therefore unethical.”

In other words, physician ethics does not permit treatments which are of no conceivable benefit to the patient.

The point that needs to be stressed, here, is that the presence of a DNR order on the chart of a severely brain-impaired baby does not signify wrongful discrimination against the baby. It’s medically and ethically appropriate.

But a DNR order should not mean medical abandonment. The fact that a patient’s life is not to be prolonged artificially should not mean, e.g., that the patient is denied sedation to reduce agitation.

Which leads to another ethically worrying question: why was no obstetrician or paediatrician present at Mustapha's birth, to monitor and assist him or to advise and counsel his distressed mother? When Mustapha was returned to Humber Regional Hospital, after a brief transfer to Sickkids Hospital, why was he left unattended by any doctor, without the morphine recommended by doctors at Sickkids? Such sedation might well have hastened his death, slightly; but death was imminent in any event, and good medical practice today acknowledges that relief of suffering is a value that trumps marginal prolongation of life.

Nurse Proudman took Baby Mustapha out of his blanket-covered isolet and held him in her arms during his final moments of life, with consequences that devastated both her personal life and her professional career. Should she not have been praised rather than pilloried?

We are left, in the end, sadly to contemplate the multiple tragedies of this case. The tragedy of baby Mustapha's short existence, without conscious experience. The tragedy of his parents, whose marriage did not survive the trauma of his life and death. And the tragedy of nurse Proudman, whose spontaneous act of caring led to an eighteen-month nightmare of accusation and vilification. If humane care of the dying in their final moments turns out to be an additional casualty of these events, that would be the final tragedy. Let's hope that in time nurse Proudman and her colleagues will again feel comfortable in this finest of nursing traditions.

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