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Induction of fetal demise before pregnancy termination: practices of family planning providers

Denny, Colleen C; Baron, Michele B; Lederle, Lauren; Drey, Eleanor A; Kerns, Jennifer L

OBJECTIVES: Our survey aimed to characterize the practice of inducing fetal demise before pregnancy termination among abortion providers, including its technical aspects and why providers have chosen to adopt it. **STUDY DESIGN:** We conducted a survey of Family Planning Fellowship-trained or Fellowship-affiliated Family Planning (FP) subspecialists about their practice of inducing fetal demise, including questions regarding the circumstances in which they would induce demise, techniques used and rationales for choosing whether to adopt this practice. **RESULTS:** Of the 169 FP subspecialists we surveyed, 105 (62%) responded. About half (52%) of respondents indicated that they routinely induced fetal demise before terminations in the second trimester. Providers' practices varied in the gestations at which they started inducing demise as well as the techniques used. Respondents provided legal, technical and psychological reasons for their decisions to induce demise. **CONCLUSION:** Inducing fetal demise before second-trimester abortions is common among US FP specialists for multiple reasons. The absence of professional guidelines or robust data may contribute to the variance in the current practice patterns of inducing demise. **IMPLICATIONS:** Our study documents the widespread practice of inducing fetal demise before second-trimester abortion and further describes wide variation in providers' methods and rationales for inducing demise. It is important for abortion providers as a professional group to come to a formal consensus on the appropriate use of these techniques and to determine whether such practices should be encouraged, tolerated or even permitted.

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PMID: 25998938

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JAMA. 2009;301(13):1340-1340. (http://sfx.med.nyu.edu/sfxlcl3?issn=0098-7484&issue=13&date=2009&volume=301&spage=1340&epage=1340) DOI: (http://dx.doi.org/)

Distributing US Health Aid In Reply [Letter]

Denny, Colleen; Emanuel, Ezekiel J

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JAMA. 2008;300(17):2048-51. (http://sfx.med.nyu.edu/sfxlcl3?ft_id=info%3Apmid%2F18984893) DOI: 10.1001/jama.2008.556 (http://dx.doi.org/10.1001/jama.2008.556)

US health aid beyond PEPFAR: the Mother & Child Campaign

Denny, Colleen C; Emanuel, Ezekiel J

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American journal of medical genetics. Part A. 2008;146A(21):2719-24. (http://sfx.med.nyu.edu/sfxlcl3?ft_id=info%3Apmid%2F18831063) DOI: 10.1002/ajmg.a.32362 (http://dx.doi.org/10.1002/ajmg.a.32362)

All in the family: disclosure of "unwanted" information to an adolescent to benefit a relative [Case Report]

Denny, Colleen C; Wilfond, Benjamin S; Peters, June A; Giri, Neelam; Alter, Blanche P

Ethical assessments of clinical decisions are typically based on the preferences and interests of the individual patient. However, some clinical interventions, such as genetic testing or organ donation, may involve multiple family members. In these cases, one family member may have the potential to benefit, while another family member is exposed to potential physical or psychological risk. In the research setting, the balancing of benefits and risks between family members may be further complicated by uncertainty about their magnitude and likelihood. In addition, when the individual facing these apparently uncompensated risks is a child, the situation becomes particularly ethically complicated, as we appreciated in a recent case. Investigators at the National Cancer Institute were faced with a decision about whether it would be appropriate to disclose apparently "unwanted" research test results (length of telomeres in leukocyte subsets) to an adolescent about risk of future disease (dyskeratosis congenita), possibly causing psychological harm and an ethical wrong. These issues were not expected at the outset of the family's study participation but rather emerged with new data about the research tests. Disclosure of the research finding was an important consideration in order to avoid using the adolescent as a stem-cell donor for his sister. Disclosure to the adolescent could not be justified by merely considering the immediate interests and preferences of the adolescent. However, an expanded ethical analysis that considers the adolescent's familial context offers a more complete picture of the adolescent's interests and preferences which provides justification for disclosure.

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Clinical research with economically disadvantaged populations

Denny, Colleen C; Grady, Christine

Concerns about exploiting the poor or economically disadvantaged in clinical research are widespread in the bioethics community. For some, any research that involves economically disadvantaged individuals is de facto ethically problematic. The economically disadvantaged are thought of as "vulnerable" [corrected] to exploitation, impaired decision making, or both, thus requiring either special protections or complete exclusion from research. A closer examination of the worries about vulnerabilities among the economically disadvantaged reveals that some of these worries are empirically or logically untenable, while others can be better resolved by improved study designs than by blanket exclusion of poorer individuals from research participation. The scientific objective to generate generalisable results and the ethical objective to fairly distribute both the risks and benefits of research oblige researchers not to unnecessarily bar economically disadvantaged subjects from clinical research participation.

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PMID: 17601862

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Why well-insured patients should demand value-based insurance benefits

Denny, Colleen C; Emanuel, Ezekiel J; Pearson, Steven D

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CID: 2208812

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