

News

Happy birth day: should dad deliver the good news?

John Elder and Megan Byrne

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Not everyone agrees with Nicole Kidman's parents being at the business end of her pregnancy, write John Elder and Megan Byrne.

IT MIGHT be a dad's job to deliver his daughter to the school dance, but what about delivering her babies?

Nicole Kidman's father, Antony, a mental health specialist but not a medical doctor, will reportedly be wearing the sterile gloves when his daughter pops out her much-anticipated offspring into the world this July. His wife, Janelle, a trained nurse, will apparently assist. Dr Kidman was in the hot seat when his younger daughter, Antonia, gave birth to her fourth child last year.

While it's common these days for family members to witness the birth of a new arrival, and there are plenty of fathers with war stories about cutting the cord, and even catching the slippery baby under close supervision, the notion of granddad being the designated midwife is rare.

And, according to medical experts, not to be encouraged.

Says Dr Raymond Martyres, chairman of the professional peer support program for the Royal Australian College of General Practitioners: "Our policy is that it is not appropriate conduct, except under certain circumstances, such as an emergency, or where a person has a specialised problem, and the family member in question is a specialist in that area.

"This situation crosses both sexual and gender boundaries, which may cause problems. If a family member is not adequately trained, it would be particularly inappropriate to be heavily involved, and we would advise against it."

AMA national president Rosanna Capolingua says there is no decree forbidding a doctor treating a family member, and there was no ethical dilemma. "But we recommend that it's probably wiser to have other doctors take care of family members, because if something goes wrong, questions of blame and responsibility can become complicated," he says.

Dr Capolingua says that in a Kidman-like scenario, she would hope to see an obstetrician standing by, ready to take over if something went wrong. She also notes that the medical indemnity insurance won't cover a doctor when treating a family member.

"The patient is left vulnerable," she said. "That's what indemnity is for."

Says Dr Helen Grogan, a Werribee GP: "I'd say most doctors are guilty of prescribing a family member antibiotics for a minor infection or something similar, but delivering a baby is quite different. Most doctors would shy away from being involved. You would have to be careful not to overestimate your skills. If there are complications, you should know when to refer to someone with more knowledge. Delivering (a family member's baby) is not something I would ever advise."

Patrice Hickey, president of the Victorian College of Midwives, says even working GPs need to take refresher courses.

"If someone doesn't have adequate and up-to-date obstetric or midwifery qualifications, they are likely to be out of their depth if something goes wrong. What if there is excessive bleeding? What if the baby needs resuscitating? There are also certain drugs that may need to be administered. If you aren't familiar with the drugs, there could be problems."

Says Andrew Alexandra, Centre For Applied Philosophy and Public Ethics, Melbourne University: "As a relative, your judgement is likely to be clouded. The relationship is a personal one, not a professional one, and this can be a source of conflict. Emotional detachment is impossible if you are personally

involved with the person you are treating. There is the potential for this to have a serious impact on the relationship. If the procedure in question is unsuccessful, or if there are complications, both relations have to deal with it."

Professor Justin Oakley, director of the Centre for Human Bioethics and a medical ethics specialist, says: "It might be common for GPs to see their own children as patients . . . It becomes more of an issue the higher the stakes are. How capable are you as a professional of putting the patient's best interests ahead of your own and remaining clinically detached?"

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