



Background

Patient Profile:

- 31-year-old G1P0 with severe TB meningoencephalitis.
- Extensive neurologic damage, likely irreversible. Lacks decision making capacity. Poor GCS E2V1M1
- ICU stay spanning from pre-viability to viable gestational age and beyond.

Surrogate Decision-Maker:

- U.S.-based aunt; patient's parents abroad in Haiti; father of fetus estranged.

Main Ethical Issue:

- Surrogate insists on full maternal support for fetal viability.
- Patient's direct wishes unknown due to incapacity.



Ethical & Legal Frameworks:

- Aunt's substituted judgment and best-interest standards guide decisions, aligning with broader US jurisprudence.
- ACOG underscores principles of respecting autonomy complicated by incapacity in this case.
- Lack of maternal presence for the newborn due to her incapacitation.

TB Treatment in Pregnancy:

- Standard anti-TB agents recommended despite potential teratogenic concerns.
- Untreated TB poses greater risks to both mother and fetus.

Clinical Course:

- Prognosis for neurologic recovery extremely poor.
- Despite maternal instability, pregnancy progressed to viability.
- **Outcome:** Delivered at 35 weeks under general anesthesia; remains bedbound in ICU.



Interdisciplinary Approach:

Anesthesiology & Critical Care: Airway, sedation, hemodynamic stabilization, readiness for emergent delivery and interventions like perimortem caesarean section.

Bioethics & Palliative Care: Facilitate shared decision-making, clarify goals of care.

Avoid counter transference during engagement with surrogate decision makers to prevent bias.

Ongoing Family Meetings:

Align surrogate's wishes with likely patient values and medical realities.

Balance fetal benefit vs. maternal prognosis.

End-of-Life Considerations:

DNR/DNI orders if care becomes futile for the mother post-delivery.

Respect for maternal dignity amid probable permanent incapacity.

Guidance & Frameworks:

ACOG, CDC, WHO guidance inform clinical and ethical decision-making and navigating difficult choices when pregnant patient with no capacity faces critical, life limiting illness

Need for clearer legislative standards in prolonged maternal support cases.