On Saving Preterm Infants: A Plea for Sensible Ontology

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Travis Rieder presents a novel way of conceptualizing the resuscitation and treatment of extremely preterm infants (Rieder 2017). According to his model, these medical interventions do not rescue the infants in question, but rather take over creating them. A chief advantage of this model, Rieder suggests, is support for the thesis that when deciding whether to intervene to preserve these infants' lives we may count expected harms and benefits asymmetrically—giving greater weight to the harms. Although I appreciate the ingenuity of the target article, not to mention its expression of concern for preterm infants who are inappropriately resuscitated, I argue that its reasoning is problematic and does not support the aforementioned thesis.

Rieder assumes that there are different moral reasons to rescue an already-existing individual and to create someone in the first place. Roughly speaking, there are very strong reasons to rescue someone when doing so is likely to confer a net benefit—more benefit than harm—on her, whereas there is no (or very little) reason, in keeping with the "procreative asymmetry," to create someone just because we expect his life to feature net benefit to him. So far, so good.

But Rieder claims that resuscitating a very preterm infant "does not attempt to bring a human back to stable health (as rescue does), but rather attempts to continue the creative process" (5). Note, first, that while resuscitating such an infant will not by itself return the infant to stable health—and even resuscitation plus treatment may fail to accomplish that goal—there is a perfectly ordinary sense of "rescue"—namely, saving one's life—that resuscitation does attempt. Rieder's emphasis throughout the discussion, however, is on the claim about the creative process, so I focus on this idea.

The ontology of "creation" deployed throughout the article is highly contentious. One reads: "The medical team does not rescue a child [in cases of severely preterm infants]; rather, they successfully take over the creative process, or … artificially continue gestation" (5). According to this reasoning, the preterm infant, like a fetus, is only partly created. At first glance, this implies that such an infant (or fetus) doesn't fully exist—a claim that verges on unintelligibility. A more sympathetic reading, which coheres with the fuller discussion, is that the preterm infant does not fully exist as a "human." This reading is confirmed by such statements as "my concern is that we reason about extremely preterm infants more or less as if they were fully formed humans" (6) and "it is intuitive to think of gestation … as the creation of a new human individual" (9).

According to Rieder, then, a preterm infant is not fully a "human" or only partly exists as one. What is a "human"? As I use the term, it is a member of our species, *Homo sapiens*. But this can't be what Rieder means, because a fetus is no less fully a human in this biological sense than you and I are. One might expect, then, that by "human" he means a person in a roughly Lockean sense that is familiar to philosophers and often invoked in discussions of moral status (Locke 1690, Bk. II, chap. 27). But that interpretation is precluded by the fact that a Lockean person is a rational, self-aware being (something no newborn is), whereas Rieder claims that resuscitating a full-term infant presents a paradigm case of rescue, implying such an infant is a fully formed "human." Might a "human" be a legal person in, say, American jurisprudence? No, because our legal system does not posit partially existing persons. Remarkably, Rieder never tells us what "human" is supposed to mean. Yet the concept is absolutely pivotal to his analysis, which requires the premise that a severely preterm infant is an only-partly-created "human."

One apparent influence on his conception is Maggie Little's idea of gestation as *providing "creative assistance to the fetus"* (his words, 7; my emphasis), which suggests that a fetus is not fully created and therefore does not fully exist in some relevant sense. But common sense suggests that a fetus is a fully existing being, a living organism, at an early stage of development. One certainly might shape, cultivate, nurture, or protect an already-existing being, but one does not create it. For this reason, one might prefer Thomson's metaphors of gestation as providing (1) life support and/or (2) room and board to the (already existing) fetus (Thomson 1971)—assuming we are talking about ontology and bracketing questions of moral status.

The concept of a "human" appears to be gerrymandered, connecting the biological matter of membership in our species with whatever features or social relations are judged to suffice for full moral status (cf. Schechtman 2014). Apparently, on this view, full-term infants have such status. So do juvenile and adult members of our species. But fetuses and preterm infants, being only partly

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created "humans," possess only partial moral status. We arrive at the idea of a normative spectrum (featuring degrees of moral status) that parallels a creative spectrum (featuring degrees of existence or being-created).

As someone who balks at the idea that we come into existence so gradually, I am interested in the grounds for such a thesis. But Rieder states, "I assume only what I take to be obvious—that there is a 'creative spectrum,'" (9) adding that this assumption doesn't "require any defense" (9). But, without a defense, I feel bereft of any reason to accept the peculiar ontology.

The normative spectrum, featuring degrees of moral status, is a model that might be defended without assuming any "creative spectrum" or gradualism about human ontology. One reason Rieder offers for accepting a normative spectrum is "the seeming fact that a late-term abortion is morally more serious than a very early abortion" (9). But this seeming fact is equally supported by a sentience-based view of moral status (cf. DeGrazia 2012, chap. 2): A late fetus, unlike a very early fetus, has enough neural development to justify an attribution of sentience.

Let us return to medical decisions for extremely preterm infants. The idea that such infants are only partially created suggests that reasons to rescue do not fully apply to them. If they did, then treatment decisions should give equal weight to the expected benefits of rescue and to expected harms, taking into account both the magnitude of any possible benefit or harm and its likelihood of occurring. The fact that preterm infants are only partly created, Rieder contends, justifies an asymmetric weighting: "while the likely harms of resuscitation count against it, the likely benefits only count partially in favor of resuscitation" (10).

In addition to rejecting Rieder's reasoning in favor of such an asymmetry, I find the latter somewhat implausible on its face. To me it seems sensible to give equal weight to expected harms and benefits to the infant—taking into account both magnitude and likelihood as best as they can be estimated—consistent with the familiar idea of promoting the infant's best interests. (Actually, I favor a modest qualification to the best interests standard: The parents' interests should receive some independent weight in the accounting so that parents are not required to bear enormous burdens to sustain a life that is expected to be only marginally worth living.) Regarding infants born prior to 22 weeks gestation, we read: "The calculus, even by those trained to think only in terms of rescue reasons, is so bad for these children that it already leads many physicians and nurses to believe they [should not] resuscitate" (11). Quite so, but one reaches the same result by an appropriate deployment of the best interests standard (whether or not qualified in the way I just suggested). The very real problem of ill-advised decisions to try to rescue extremely preterm infants is due, I submit, to a failure to apply the best interests standard in an honest, realistic way. Criticism of such decisions does not require an obscurantist ontology.

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Metaphors in the Management of Extremely Preterm Birth

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Improved neonatal intensive care unit (NICU) technology now promises that at least some babies born extremely preterm can live, although which will do so, and what each individual's long-term state will be, remain very hard to tell (Glass et al. 2015; Sutton 2008). Uncertainty in predicting contingencies, such as how much suffering will be

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