

Zika – a wake-up call for continuous fetal monitoring

A medical ethicist from the University of KwaZulu-Natal (UKZN), Prof. Sylvester Chima, warned maternal health workers attending the Africa Health Exhibition/Congress in Gauteng this June to be especially vigilant in monitoring for fetal abnormalities.

The Zika outbreak in Catholic South America, which set global alarm bells ringing, with pregnant women warned against travelling there, represented the 'perfect storm' and highlighted medicolegal and ethical issues around termination of pregnancy. Although the chances of a Zika-infected woman arriving in South Africa (SA) were relatively slim, the now-confirmed link between the virus and fetal microcephaly emphasised the vital need for continuous fetal monitoring. Many SA doctors did not appreciate the importance of continuous monitoring (to term), with three cases of physician negligence proven in the Supreme Court after babies were born with congenital abnormalities, the latest in 2010. 'It can be caused by anything from fetal alcohol

syndrome [FAS] to intrauterine infections or genetic abnormalities. Zika reminds us of the importance of ultrasound or magnetic resonance imaging.' In several SA communities, the FAS rate is higher than the HIV/AIDS rate, and further research will indicate just how widespread the syndrome is. SA has one of the world's highest per capita alcohol consumption rates.

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Chima, a professor of medical ethics in the Faculty of Health Sciences, UKZN, said that SA's liberal termination of pregnancy (TOP) laws did not mirror the tragic situation in 11 other African countries where abortion was

illegal, leaving physicians in an ethical quagmire. In SA, the Choice on Termination of Pregnancy Amendment Act of 2008 allowed for termination in the first trimester for 'almost any reason' (often socioeconomic), while in the second trimester a reason was required (e.g. rape, congenital abnormality) to show that continued pregnancy would be harmful to the mother or baby. TOP in the third trimester required two doctors to confirm severe congenital abnormality. In spite of continuing professional development and education in medical ethics being a central recommendation of the Truth and Reconciliation Commission, low awareness by doctors of their ethical duties persisted. 'Doctors are not properly trained and many remain unaware – which can have dire consequences all round,' he warned.

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