

In that Case

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Call for Responses

The case outlined below will be the basis for the *In that case* section in the next issue of the *Journal of Bioethical Inquiry (JBI)*. We invite interested readers to provide responses to the case for possible publication. Responses should be 500–700 words, and should be submitted as soon as possible after publication of this issue. The editors will select the responses to be published in the next issue of the JBI. We reserve the right to edit contributions to avoid repetition. Editorial changes will be cleared with authors before going to press. Send your responses to editor@jbioethicalinquiry.org. Please include your name, address, phone number and fax number.

Bush Babies

I am a third year medical student, and earlier this year I was placed at Mt. Isa. Two other students and I attended a cultural awareness session. One of the

interesting items that came up for discussion was the fact that mothers-to-be in surrounding communities (such as Mornington Island in the Gulf of Carpentaria) have to travel a long way in to Mt. Isa for their deliveries. Generally they have to be in for the four weeks before their scheduled delivery date, and this time can obviously stretch out if the baby is late. I think this centralised approach to childbirth aims to provide the best possible care for mother and child should something go wrong. However it places terrible strain on families. Apparently this can be particularly distressing for indigenous mothers because of the significance attached to the land that you are born on. According to the facilitator of our session, who was herself from Mornington Island, this has led to some mothers choosing to walk “out bush,” away from any medical care, for the pregnancy and labour.

A review of Queensland’s maternity services was completed in 2005 (available at http://www.maternityservicesreviewqld.net.au/pdf/MaternityReview_FullDoc.pdf). It identified Aboriginal and Torres Strait Islander and rural and remote services as the number one and two priorities for change. Also of interest is the map comparing public sector birthing places in Queensland in 1995 and 2005. There are far fewer little black dots on the 2005 map.

What are the ethical implications of the inevitable compromise between “technically” best medical care and the best environment for social support and spiritual comfort?

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