**Book Review:**

Title: **Religion and Ethics in the Neonatal Intensive Care Unit**

Edited by Ronald M. Green and George A. Little

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**Introduction**

My aim in reviewing this book is not to critically evaluate the content or the suggestions put forward in the book by the various authors. Rather, I preferred to review this book through a descriptive account summarizing the significant points outlined in the chapters so that the readers would be able to make up their mind if they wanted to read it or not. Having said that , the anthology itself is well put together, each of the authors not only bring theoretical insights into the theme of the book but also many case studies from their experience that bring for us a real world perspective on what happens within the Neonatal Intensive Care Unit.

This book’s theme centers around the influence of religion and ethics on the medical care of infants in the Neonatal Intensive Care Unit (NICU). Written from diverse perspectives of faith, this anthology is not only a good reference for Practitioners of neonatal care but also for people studying medical humanities and bioethics. I think it would be also useful for caregivers of critically ill infants and secondary professionals involved with neonatal care such as counsellors, religious leaders, nurses and bioethics professionals. This also seems to be a good resource for the study of religion and ethics in general, as it addresses and informs the role of religions in determining questions of identity, Self and Personhood and other references to practices around birth and death. In many religious faiths, the granting of legal personhood to a child ensures a formal position among the believers and grants it the blessing of the divine. Parents wish for their child to at least attain this status, even if tragedy strikes early in the birth cycle.

Some of the essays also address gender issues such as maternal rights, practices around childbirth and also socio-cultural contexts such as diversity, alternative practices of healing and human dignity.

In reviewing this anthology, I have paid careful attention to each of the chapters separately because of the diverse and unique perspectives of faith that they foreground with regard to the care of newborn or premature children. The editors have worked hard to keep these perspectives diverse, unique, and particular and I felt that any review should pay attention to this form of the anthology. Therefore, I chose not to review the book based on common themes across the chapters, but I have attempted to give every chapter some perspective by briefly describing its form and content. I hope this review lets each reader evaluate the content of the book and allow them to choose to read it and use it for their own purposes.

The birth of a child and its subsequent care is not only the responsibility of medical staff but also of parents and the family, who are involved in many serious decisions that have to be taken. Continuation of life support for a critically ill neonate brings into focus ethical issues such as the right to personhood— thereby a right to life, the notion of the quality of life, survival procedures, aggressive treatments, maternal wellbeing and rights, pain and suffering of a child and for some parents, the loss of a new born child and tragedy. Through the perspectives of different religious faith, this anthology addresses both the context of practices and the experiences of people in the NICU regarding the care and the moral dilemmas that can occur in decision-making with regard to the survival and life of critically threatened fetus and infants.

The editors, Ronald M. Green and George A. Little in the introduction to this volume rightly suggest that despite their commonalities, religions do not say the same thing. A unique perspective of this book is the presence of faith diversity and ethical standpoints when it comes to religious influences. For instance, in the first four chapters, the authors discuss diverse views of the Judeo- Christian faiths. Many of the writers also pay attention to social practices as well as other contexts such as maternal rights and racism. Some of the essays address the psychological states of people who are confronted with crisis in the NICU, including medical practitioners. Some of the other major themes from faith that may not only be relevant for neonatal health crisis but also for critically ill adults are also covered in this book indirectly— such as dealing with grief and tragedy, natural and unnatural death, family intervention, Funerary rights, and the standpoint of medical personnel who deal with difficult and emotionally stressful work. Many of the authors provide a rich background to the religious framework that is relevant to the care of neonatal is and also extend their arguments to general frameworks of religions when it comes to decision-making in the family and its relationship to religious leadership. Some chapters also address the positions of larger faith community as well as prescribed resources for interventions and support within faith.

**Chapter-wise Reviews: Judeo-Christian traditions of faith**

The book begins with a chapter on Judaism by Elliot N. Dorff, a Rabbi who picks up on the various differences of values between the secular medical system and perspectives that Judaism has on the care of critically ill children. The positioning of this essay as the first one in the anthology has been done with care by the editors and it addresses a discussion on the problems of methodology while applying where religious values are used with reference to a medical context. The author believes that neither the secular as well as the religious framework of moral guidance for NICU were created with an imagination of the future of medical advancement that now supports survival in the most difficult cases. There seems to be a moral lag for both frameworks that are but work in progress in some ways as they struggle to catch up with critical care technologies. Rabbi Dorff’s idea of ‘depth theology’ as a way of identifying beliefs and practices that apply to the approach one can take into account during difficult decision-making relies on a careful reading of religious values and its impact on contemporary circumstances. Having discussed his methodology in some detail, he moves on to a description of the position of the Jewish tradition on the personhood that can be granted to a fetus or a newborn. This essay also carefully outlines the reactions of the religious community to the parents of a critically ill neonatal in case of postnatal care as well the tragedy of the death of a neonatal. There is a further discussion on the contexts from religious beliefs that may directly or indirectly have a bearing on pregnancy, birthing care, and medical inventions for a critically ill child. This chapter not only addresses factors related to neonatal care or neonatal death in the hospital but also addresses how faith can influence parents after they rejoin the community either with the surviving baby or a lost child. In the final section in this chapter on the duty and care in the NICU, the rabbi suggests that the Jewish law is not only relevant for people of the faith but its general principles apply to all people who seek medical help for critical illness.

The Second Chapter of the book on Catholicism and neonatal context by M. Therese Lysaught begins with her own experiential account of the premature birth of her own children She recounts how she sat in the neonatal unit as both a surprised mother of preemies and as “ a moral theologian and medical ethicist. “ Following this moving account that establishes her vantage point for the discussions to follow, she goes on to point out that “Catholicism is not a monolithic entity but rather provides a complex and varied landscape; theologically and liturgically, Catholicism is a richly contoured tradition that provides a multiplicity of resources for patients , families, and caregivers to draw on.” (p.41) After a general discussion on the kinds of children who are likely to be within NICU, she thematically analyses seven themes where religious instruction and convictions would play a role in influencing perspectives on dignity of the neonatal and parents, decision-making, treatment, assistance and so on. A section on the conditions that are incompatible with life is addressed briefly in connection with palliative care. The chapter concludes with an overview of some Catholic practices and rights that have been affirmative in many ways. The citations from different religious leaders and important injunctions and teachings of prominent religious theologians adds to the support of her discussions and suggestions. This essay is a fine example of a contemporary reading of Catholic faith through experience rather than on purely a scriptural investigation.

The Third Chapter titled “Reading Tragedy through the Christian Story” by Erin DuFault-Hunter brings to the forefront the diversity within the Christian traditions. The story of a couple within Menonite (Anabaptist) tradition who faced the experience of birthing a child with limited prospects of survival again brings to us the experiential nature of the theme. Using this case study from the difficult pregnancy period when the child was diagnosed as having Trisomy13, a serious abnormality, the author emphasizes the importance of community and family, as she tells the story of the experience of parents from a very empathetic standpoint.

The incident is recorded by the author for us with depth of feeling and experience and she demonstrates for us the place of faith and belief in dealing with tragedy and grief. Such a perspective is valuable for the reader who may not have experienced the crisis in a NICU, so we may not only draw upon the theoretical precepts for our understanding but also rely on the experiential account for our own reading. This is something I noticed with most chapters of this anthology. Many coping strategies for the parents provided by the parents are described including prayers, the kindness and attentiveness of medical staff of the hospital ( as opposed to the brusque, insensitive behavior of the diagnosing doctor), counselling through the pastor, and the practices after the child was born. There is also a concluding passage on the importance of mourning and grieving and the unusual responses of other people to grief. DuFault-Hunter suggests that medical professionals “attach themselves to families in ways that befit caring in that particular moment.” She concludes with an account of the moving prayer that was held for the memorial of the child who died just three hours after his birth.

The Fourth Chapter written by Ronald Cole turner recollects tenets of the protestant faith through the trope of “protestant spirituality.” Enumerating types of responses of faith to the health crisis, Turner describes what he refers to as unsuitable responses to the situation. These responses, he writes “are responses that are somewhat automatic or instinctive but are not helpful or sustainable over time“.(p.87) These first two responses include forms of moral causal reasoning that begins with blaming oneself , then blaming God. The third response is to hope a miracle or to imagine that the crisis is a test of faith. According to Turner, all of these responses create challenge for those who experience health crisis of their love child. Having these unsuitable responses, he claims are not sequential or mutually exclusive. On the other hand a spiritual response is given through other means such as Baptism and its significance within the protestant faith and how it could create a moment of faith where parents acknowledge the gift of a child, even when it is ill and the neonatal is held and welcomed into the community. In support of this kind of faith and spirituality, the author points out theological significance of the love of Jesus for the weakest and vulnerable in the community. He sees the challenging situation for parents as a moment of transformation that is available to the vulnerable particularly: “The high risk child, the one who is completely dependent on others, the one who in that moment is the “least of the least”, becomes a grace- filled and transformative presence for others.” (p.92) Further, he posits that the fragility of such an experience allows people of faith to have “a profoundly human” experience. He concludes that this transformative spirituality is also available to the medical professionals who can relate to their critically ill patients through this kind of a response.

The last two chapters, Chapter 10 and Chapter 11 again reflect back to two other prominent Christian traditions. While Chapter 10 has a special sociological perspective that is well addressed at the end of the book, I am reviewing the Chapter 11 “ Seventh-day Adventists and Care for the Newborn” by Gerald R Winslow, next as it also focuses on the Health perspective from the Christian tradition. I think it would have more sense to include that chapter here in order thematically.

The essay by Winslow begins with a case study of a child called Olivia, whose story reflects the complexities of a critically ill neonatal in the NICU. The relationship between the seventh day Adventists’ faith and health is introduced to the reader including the abiding belief in the providential creation of the world, the spiritual and physical unity of each person. Besides these fundamental beliefs that are about 28, there are also other practices such as providential care, honoring the sacred time of the hours of sabbath, freedom of conscience as well as the hope for eternal life that influence. The writer suggests that these values have implications for care in the NICU. Some of principles that guide the practices of care at the end of the life provide an insight into the values that may be extended to the crisis in the NICU. Some of the principles described in detail are veracity, freedom, family, limitations to intervention, prohibition of killing, alleviation of suffering, and Justice.

These values particularly in a culturally pluralistic society not only help the patients and the parents of critically ill children in the faith but also help the medical professionals to navigate the health challenges with sensitivity in all communities and peoples of faith.

**Chapter-wise reviews: Cultural Traditions of faith**

The chapters 5,6,7, and 8 in the book with Islamic, Hindu, and Buddhist faith perspectives on critical neonatal care. All three of these religions are not just forms of faith but are traditions where religion is entrenched in everyday life, customs and traditions as well as in the relationships within families. These are also similar to the Navajo traditions discussed in a later chapter, they have important socio-cultural positions with respect to life, death, and birth practices. An important thread that runs across these essays is a plea by the writers for the understanding these faiths as non-stereotypical and not monolithic. All the authors discussing these four traditions also make a claim for sensitivity on behalf of the medical professionals and request that people of faith be treated as particular cases and not as people of a singular system of belief. The request for understanding the diversity of experience, injunctions of religious leaders as well as the interpretation of scriptures or oral traditions by these religions and faith is very important.

The essay on the Islamic faith by Zahra Ayubi (Chapter Five) begins with a description of diversity of faith within the Muslim world. She clearly makes a distinction between the idea of a “scriptural dependent model” and “the ritual dependent model of Islam”. She clarifies that “…the scriptural dependent model, is based on ethical legal theory as exposited in the text. The second is the ritual dependent model which is based on Islamic birth and death rituals.” Using these two models we last read her essay she describes the religious belief regarding the personhood of a fetus or a child. She informs us that according to the scriptural source a fetus is granted personhood 120 days after conception. On the other hand, in the ritual dependent model, a child is considered to attain personhood after the rituals of naming, and the whisper of the sacred prayer in the ear as well as other rituals that are performed after the birth of Muslim child. The ritual dependent model seems to impact the bereavement and the maternal rights of women, where premature born children, even if after 120 days were not considered for full bereavement and funerary rituals. Such exclusion causes great distress to the mothers who are denied a period of mourning and bereavement. The distress caused to the mothers perhaps was a result of them not being aware of the scriptural and authoritative texts from their own faith instead being persuaded by family and traditions of local practice. The essay ends with an appeal for the scriptural education of women within their own faith, and a balance of the power dynamics between parents and religious leaders and also between the mother and father within a Muslim family. She also suggests that medical staff not to be culturally inappropriate in speaking to the parents about their own religion.

The next essay draws from the experiences of Jyezer M. Tyebkhan who is a neonatal practitioner belonging to the Dawoodi community with the Muslim faith. He describes the spiritual heritage of his faith and clarifies that they believe in their spiritual leader called Da’I, who is “the Ultimate authority for all matters: religious personal material and medical.” Then he describes the main teachings of Islam related to healing and health. After a general introduction, he then goes on to discuss practices of childbirth including pre-birth practices during pregnancy and postnatal practices around the naming of the child, recitation of prayers and the various rituals of the community. He suggests that many of these the ceremonies of blessing and prayer can be adapted to suit the hospital situation if the child is critically ill. Different adaptations of rituals such as using symbolic acts as close to the requirements as possible can be carried out if adjustments are made both by the family as well as empathetic medical staff if required. However some of the things that create challenges for neonatal care are Muslim practices surrounding the beliefs about breastfeeding and the use of pig-derived products. He points out that breastfeeding in their faith establishes a kinship relationship between the mother and the child and therefore donor milk or other forms of nutrition are not welcomed by Muslim parents who experience a loss of relationship with the child. He finds out that there are some treatments that are inadmissible by the faith such as those using products derived from pigs that are considered unholy by Islam. He informs us that the context for life -death decisions are guided closely by the current spiritual leader and many parents within the faith would consult with His holiness for help and counselling. The last section of this chapter ends with details of the Funerary rites for a child and its implications. Tyebkhan concludes with a suggestion on how families can be supported in the NICU and allowed to follow their faith in a medical crisis situation. He recommends families be given privacy as well as support for a place to perform the obligatory prayers that are to be performed five times a day. He also suggests that it is necessary that Muslim families be asked how they want to be supported, rather than for medical staff to assume a stereotypical response for all Muslims without paying attention to their diverse practices and intra-faith differences.

Swasti Bhattacharya in her chapter ‘*Shiva’s Babies*’ on the Hindu perspectives on the treatment of high risk neonatal begins with conceptual framework of cultural humility as opposed to cultural competency (as described by Tervalon and Murray-Garcia). Cultural humility, according to her is a never-ending process of learning from the patients and being in a space of listening and increasing the capacity for cultural understanding and not something to be completed. She writes : “ It begins with each of us becoming more aware of who we are and more open to seeing others for who they are“(p. 125) As opposed to cultural competency cultural humility is not a skill but “a way of being with self-awareness.“ She suggests that this is the way medical professionals can be with people during crisis situations when there is an influence of faith and belief systems from multiple cultures. Having established the context of values in medical care towards people of the Hindu faith, she provides a brief introduction of Hinduism highlighting the basic practices and beliefs that may have an effect on a person’s life and values with a health crisis in the NICU. Some of the main metaphysical concepts discussed are the principle of unity of consciousness Brahman, The caste system and the four stages of life, the moral principle of duty called dharma and finally Karma— both as action and as effect of actions through many reincarnated lives. The idea of reincarnation as well as values such as nonviolence are also clearly discussed. Following this introduction Bhattacharya shares the various responses that she received from a survey she conducted where the respondents were people who identified themselves as Hindu. Listing the challenges faced by these people within the NICU, and the beliefs that are foregrounded in a health situation around a neonatal, she discusses the responses in some detail. In the discussion on the responses to her questions of the survey she suggests that people of the Hindu faith expect the medical professional to understand the diversities within the faith and also not disregard the significance of the beliefs of patients as crude or primitive. This is possible if the medical professionals adopt a position of cultural humility towards the family facing the crisis. The chapter covers comprehensively the situation with an NICU in the West, I do wonder how these values would play out in India where both the medical professionals and the patients belong to the same faith and religion is prevalent in everyday life and practices. With respect to caregivers and medical professionals as well as the family and parents of the high risk Neonatal, the examples of contrary responses she received to her survey demonstrate the multivalent nature of Hinduism. The author ends with an appeal to the medical fraternity to be sensitive to the particular needs of the family and not stereotype Hindus as one monolithic community.

The next chapter on the Buddhist faith by Karma Lekshe Tsomo refers back to the teachings of the Buddha as the philosophy regarding life, birth, suffering, and death form a central core of Buddhist faith. Tsomo suggests that these teachings play an important role in the Buddhist view of life and death. The background of the inevitability of suffering and death allows Buddhists to cope with grief and tragedy by allowing them to understand the fragility of life and also encourages to relinquish attachment. Such an attitude allows parents to deal with the tragedy of the death of a child and stay calm and peaceful. Tsomo elaborates the four cardinal values of Buddhism that are Non-harm, loving-kindness, compassion, and wisdom” (p145) These values according to her evolve into a caregiving compassion that does not favor aggressive treatment or prolonging the suffering of a child. Drawing on various experiences of Buddhist parents, the author shows how sometimes the Buddhist idea of compassion and non-violence is different and makes sense for the care of critically ill Neonatal or child. The various practices and traditions of healing in Buddhism and the position of the newborn are all understood within the central context of the Buddhist faith that believes in the theory of cause-and-effect and also grounded in the belief of the concept of suffering. This she posits helps parents cope with grief and the stress of the illness of a child. The point that medical technologies have created new situations of moral dilemma is also highlighted as premature babies are not mentioned in Buddhist texts. Tsomo also emphasizes that medical professionals show care and compassion to the family in the health crisis rather than being rude or unkind. She concludes with an overview of practices such as prayers that reflect compassionate care.

**Chapter wise reviews: Navajo and the African American traditions**

The next two reviews of Chapter 9 and Chapter 10, as well as the afterword in particular are unique perspectives that really adds to the diversity within the anthology. Both communities of faith discussed are not only unique perspectives of religion but, as communities, Navajo Indians and African American community in the west are socio-culturally marginalized and many challenges to health care are not only related to culture and faith, but also to the position of these communities in an unequal world.

Chapter 9 on the Navajo teachings on the care of neonatal in the NICU brings to the forefront not only a description of religious practices of this indigenous community but also the difficulty of confronting worldviews when it comes to healthcare choices between the traditional and modern belief systems of healing. American Indian indigenous groups have their own understanding of healing and health care as well as a difference of opinion from that of modern medical healthcare. Navajo traditions according to Maureen Trudelle Scharz have different notions of the outsider as “enemy”, the significance of discarded body parts (hair, placenta, nail clippings) that can be a form of ritual contamination that affects the wellbeing of a person. Some conflicts occur because of religious pluralism as Navajo follow both the Christian faith as well as their traditional beliefs. This has resulted in a unique perspective of personhood in the community sometimes each of the parents responds from a different stream of Christian faith. This makes it difficult for the parents of and a family of a child that requires care in the NICU. The author very sensitively brings out the philosophical precepts of the Navajo community through the story a Navajo woman in an accident who required the services of an NICU that was situated in an off- reservation hospital. Separated not only from the members of her community, but also from medical personnel who were familiar with her cultural and religious belief system, the woman experienced distress and fear even as the medical staff tried to save her child and attend to her injuries. Through this example of a case study, various accounts of Navajo beliefs about the contamination of the body through the contact of a non-Navajo person (such as the white man) who was considered an enemy, particularly in surgical procedures creates a crisis of faith and taboo like situation . This leads to the avoidance of biomedicine as discourse of resistance and collective identity. The author lists other challenges faced by the indigenous community in a modern hospital setting. She points out that embedded in the Navajo belief systems are the beliefs regarding discarded body parts that may be misused for certain kinds of witchcraft. Similarly, the relational view of our mother establishing a bond with the child through physical touch just after birth and through the act of caregiving may be disturbed by biomedical intervention. The author also points out that the indigenous community has an oral history of understanding physical or mental impairment where congenital abnormalities are seen as caused by the breaking of taboos during the prenatal period whereas conditions that occur after birth or early childhood are seen as the practice of harm directed at the family through witchcraft. Some of the other challenges that are likely to be faced by medical professionals with indigenous communities include concepts such as a predetermined lifespan that may result in parents rejecting procedures such as aggressive life-support or cardiopulmonary resuscitation. These beliefs hold deep significance for the American Indians, particularly Navajo tribe. In the last section the writer also draws attention to the power of language in the Navajo community because of their immersion in an oral culture. As the community ascribes affect to efficacy of the spoken word, conflicts would arise if the allopathic providers healthcare provide negative ‘truthful’ information to the parents. Such a negative prognosis has a debilitating influence on the minds of the parents and medical professionals to be sensitized to this issue. The writer concludes with suggestions for how the medical staff could be sensitive to religious and medical pluralism and taking traditional beliefs into consideration particularly with respect to CPR, blood transfusion, surgical procedures, protection prayers and the language used to discuss the illness. Overall, the chapter provides a deep insight into the thinking of indigenous communities with regard to health care systems. And it is very significant that the community of Indigenous peoples has been addressed in this anthology. These guidelines could be modified to suit health care for other indigenous communities across the world where some beliefs are directly in confrontation with modern medical healthcare.

Patrick Smith in his chapter on the African American perspectives ( Chapter 10) not only addresses the idea of religious faith perspectives of the neonatal care but also forefronts the African American perspective of the faith that is based on foregrounding justice and equality as central values of Christianity. The essay begins with a description of the writer’s own experience in counselling parents and his work in the hospital at the ethics committee and his reflections on the medical crisis spilling over into the everyday life and struggle of black people in the west.

He points out the very reason that healthcare disparities between blacks and whites in the area of neonatal care happen is perhaps due to other deeper contributing factors. Smith outlines for us in section of the essay various explanations for the presence of these specific risk factors and increased health challenges for the community American children and the evidences that point to these as causal. He details the arguments around genetic disparities, social economic conditions and also addresses the most important issue of systemic racism and life course perspective that impact these statistics. He he suggests that part of the challenge is the maternal health of African American women, who face much more social stresses that are chronic thereby impact the health outcomes of birth and delivery process. Following these explanations and very astute observations, he posits that “the systemic dimension of racism naturally needs to the dehumanization and depersonalisation of people of colour in terms of how they are viewed within a radicalised imagination and treated in a radicalised society.” (p.193) According to him, in the black Christian tradition, righteousness and justice that form the central idea in the faith practices. He describes in some detail the Christian framing of theological notions of the image of God, as well as God’s intention of relationship between people given by love and solidarity. Having explained the social cultural background of the faith for the community, the writer goes on to see how medical professionals may draw their inspiration to look beyond just the interpersonal dynamics with regard to the care of the Afro-American neonatal in the NICU. He suggests that as health professionals, they might have been earlier blind to such injustices that are reflected in “social systemic and institutional relations“ (p. 194)He also calls for the dismantling of structural racism forms a part of the ethical response and responsibilities of healthcare professionals, inspired by the prophetic dimension of Black Christian theology. This part of the essay is deeply insightful as it not only draws from religious ideas but also discusses the social cultural position of a faith that exists within a background of systemic racism. The final sections of the essay explore the theological and scriptural resources available within the Black Church tradition that could be used to provide a framework for the tragedy of death within a NICU. He suggests that these values and practices would be directed towards understanding the sanctity of life. Here Smith makes a strong argument for the concept of the sanctity of life that is very different from versions of medical vitalism. He claims that people are valuable in virtue of their humanity and having a disease injury or disability does not reduce their value in any way. Reiterating the role of radical imaginations and racism in dehumanising and creating conditions that contribute to negative but outcomes he suggests that neonatal healthcare professionals must learn to appreciate the language used to describe impaired newborns within the African-American community which does not reflect an unconscious dehumanization or depersonalization world-view that shows up as medical vitalism. He also points out that healthcare professionals need to contextualize their communication and understand how the resources of the Afro African American Christian tradition may influence the decision of parents and community not only at a personal level but also at the social economic and racial dynamics of discrimination. He concludes with a discussion on the faith practices of healing through prayer and the process of lament that allows people to grieve after a tragedy within this tradition.

The book concludes with an afterword by Winston Smith. Related from the perspective of his own experience as an African American Neonatologist,

He succinctly summarizes and brings together for us many of the issues raised in the different chapters as a practicing physician. As this essay is from a personal perspective, this may be of special significance for health care providers to read through. After a discussion on his own personal faith, He continues with a discussion on how he perceives the role of belief systems affect NICU families. He shares his challenges and learnings as encounters other beliefs and disparities and challenges for different communities in the NICU. He suggests that critical care and critical and end of the life care for newborn children involves not only personal beliefs but a complex set of interactions between the medical professionals’ own values and the values of caregivers and parents who are in a crisis. He shares how he has witnessed evidence of the power of beliefs and their effect on patients. At the end, he concludes that belief systems can give hope and grounding in times of stress both for medical professionals and the parents and the community.

**Conclusion**

Reading this volume was not only informative but deeply insightful emotionally. The diversity of faiths and ideas in this volume make it a book that can be relevant across cultures. Every author has strived to speak both from a deep understanding of faith and from experience and this adds to the content of this book. Far from just being a theoretical interfaith volume on medical ethics and religion, this book is grounded in the everyday challenges faced by medical professionals who work in critical illness units. This book would not only benefit people who are involved with ethics within the neonatal field, but some ideas of this book can be extended to understand general ideas of life and death within belief systems. Given the current attention to critically ill people in ICU units all over the world and the Global Pandemic, this book would provide resources to any professional or to families dealing with a critically ill person.