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## Improve the struggle against babies' pain

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In his Art of Medicine essay “When is research on children ethical?” (Jan 8, p 115),<sup>1</sup> Peter Singer praises the clinical research on infants if it carries “no more than a minimal risk of significant harm”, including pain.

The main flaw of this argument emerges when Singer asks: “why should [parents] not be able to consent who carries no more than a minimal risk of significant harm?” The error is to believe that parents might “consent only “defend”. In other words, parents should not be allowed to *choose* between several options that have different usefulness or stress for the baby, but they must *permit* uniquely the best option, avoiding any risk: babies have no consent, thus we should presume they would not, according to the common “precaution principle”.

We<sup>2</sup> and others<sup>3</sup> have described how analgesia guarantees for control-group babies in clinical trials on pain treatment are disregarded: although the procedures were referred to as inducing minor pain, this finding is alarming because it is disruptive and potentially harmful in neonates. Parents should follow a tight prudence principle in the baby clinical trials are proposed; but they can err or can equivocate the level of pain and stress babies will undergo.

Thus, the threshold for babies' guarantees should not be in parents' hands nor in those of local ethics boards guidelines should be followed, and these should consider babies as the most fragile human beings, giving them the widest guarantees.

We declare that we have no conflicts of interest.

## References

- <sup>1</sup> Singer P. When is research on children ethical?. *Lancet* 2011; **377**: 115-116. [Full Text](#) | [PDF\(90KB\)](#) | [CrossRef](#)
- <sup>2</sup> Bellieni CV, Buonocore G. No analgesia to the control group: is it acceptable?. *Pediatrics* 2010; **125**: e709.

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[3](#) Van Howe RS, Svoboda JS. Neonatal pain relief and the Helsinki Declaration. *J Law Med Ethics* 2008; **36**: 8  
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