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Covid-19: Young mother should be allowed to die in “almost unbearable” tragedy, says judge

Clare Dyer

A High Court judge has ruled that a 32 year old woman with covid-19, in a coma after giving birth to a son, should be allowed to die against the wishes of her husband and sister, in “a tragedy of almost unbearable dimension.”

The woman, referred to as NZ, contracted covid-19 but was reluctant to go to hospital when her condition worsened, fearing that she might not come out, her sister told the judge. She had been diagnosed in the past with Addison’s disease and antithrombin-3 deficiency, which affects blood clotting.

Her condition deteriorated dramatically, and she was taken to hospital by ambulance on 20 January, where she was diagnosed with pneumonitis secondary to covid-19. She was 32 weeks pregnant and a baby boy was delivered by emergency caesarean section. She was transferred to the intensive care unit and put on an extracorporeal membrane oxygenation (ECMO) machine in a pharmacologically induced coma. A scan showed her pancreas had ceased to function, part of her left lung had died, and the remaining lung tissue had become “densely consolidated or collapsed.”

University Hospitals of Leicester NHS Trust asked Mr Justice Hayden, vice president of the Court of Protection, for a declaration that it would be in her best interests to come off the ECMO machine and have palliative care. But her husband and sister argued that, as a religious Muslim, she would not have condoned any act that would bring life to an end and would want to do all she could to have more time with her newborn son and three year old daughter.

The director of ECMO told the judge that NZ had “zero” chance of recovery and that continuing connection to the machine put her at risk of a fatal bleed and a potentially distressing death. A professor of respiratory medicine and intensive care from whom the trust sought a second opinion concluded that there were no chance of recovery.

Hayden accepted the doctors’ conclusion that the treatment had reached the point where it was no longer preserving NZ’s life but prolonging her death. The family were seeking a “miracle,” he said. He accepted the medical evidence that continued ECMO treatment “would achieve no benefit and cause continuing, potentially escalating, harm.”

The clinical team hoped “it will be possible to die with her family around her, with her religious observances respected, and in as much comfort as can be found for her,” he added. “This is a young woman whose life and hopes have been extinguished by this insidious virus. It is a tragedy of almost unbearable dimension.

“A young family split apart prematurely; their grief is raw and palpable. It is almost beyond human empathy; the pain is so obvious and visible that there is an instinct to seek to recoil from it.

“NZ will have her husband and family with her at the end. That is a right that many have, of necessity, been denied in the past 12 months. Their loss has underscored the importance of this final contact for those for whom it can be achieved.”

¹ University Hospitals of Leicester NHS Trust v NZ (by her litigation friend the official solicitor), MA and RZ. 2021 www.bailii.org/ew/cases/EWCOP/2021/16.html