**Belgian end-of-life care study did not include French-speaking units**

Dear Editor,

We read with interest the paper by Dombrecht et al (1) on the complex issues surrounding active end-of-life practices for fetuses and neonates with life-limiting conditions. The authors explored this sensitive topic, by surveying the self-reported attitudes of neonatologists and neonatal nurses in the Flanders region of Belgium.

We would like to point out that the authors wrongly described the study as a nationwide survey as it did not include the 11 centres in the French-speaking part of the country. Furthermore, another representative study of those 11 French-speaking neonatal intensive care units, which had a very high response rate, was not taken into account (2). This earlier study led to quite different results and conclusions, which could have broadened the discussion and revealed the subtle differences in the ethical and legal implications of the subject, as well as the conclusions drawn by Dombrecht et al (1).

Based on our clinical experience in both parts of the country, we do acknowledge that end-of-life decisions in the perinatal period are complex and that international guidelines and best practice might be helpful in a number of areas. These are: breaking bad news, involving parents in the decision-making process, dealing with uncertainty about a child’s prognosis, ensuring continuity of care by providing bereavement support and offering supervision to teams. In this respect, the fact that Belgium does not offer formal training in neonatal palliative care is unfortunate (3).

However, since 2014 the Belgian Paediatric Palliative Care Group has brought together nurses, physicians, psychologists and social workers from all regions in Belgium, to discuss national guidelines for paediatric palliative care. This has been achieved, despite some cultural and linguistic differences. We hope that this may lead to fruitful collaborations in the field of neonatology, not just in Belgium, but at an international level. This would enable stakeholders to discuss the complex and controversial psychosocial, medical, ethical and legal issues surrounding decisions and practices around end-of-life care for neonates that are currently the subject of much debate.

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