Looking into the neonatal isolette

In my everyday professional life, I encounter the medical isolette as a structural unit that houses a single sick or premature child within an acrylic glass enclosure. The unit is designed so as to incubate the developing child by providing warmth, quiet, humidity and security. Small openings allow wires or tubes to hook up the child to technological instruments, monitors and specialised medicine dispensers. Larger portholes allow limited access for the hands of those who take care of the child. The baby is enclosed in a dwelling place in the sense that an isolette may be regarded as the child’s bedroom. But it is a place of limited room, for no larger person can physically enter by virtue of its scaled infantile interiority. I tend to think of it as a dorm somehow akin to a crib, bassinet or some other more ordinary baby equipment. Yet is there something more to this expensive medical-grade plastic box?

For the most part, I do not see the neonatal isolette so much as I look through it. I approach the isolette to observe the child inside. While in an ordinary baby crib the child is swaddled in clothing and/or blankets, in an isolette the baby may be completely exposed. I am somehow cognisant of the complete lack of privacy afforded by the isolette. Anyone who enters the neonatal unit can see from the exterior to the interior world through its transparent polyethylene fashioning. Still, the enclosing walls and ceiling separate the child from me. If the child is crying, his or her voice is somewhat muted by the surrounding structure. In fact, it is not unusual to approach the isolette and suddenly say, “Oh, that’s why the monitor is ringing: he is crying.” Thus, the isolette is given to me in its everydayness as a totally transparent and visually open space, and yet, it is a barrier. A barrier dividing worlds: isolating the baby’s immediate ecological environment from possible outside contamination.

I do not become aware how restricted my perceiving and being with the child truly is until I encounter the isolette not as a window, but rather as a bodily barrier. The child is contained, restricted and less accessible. If I need to examine or soothe the child, I may suddenly find the portholes of the isolette constraining, limiting the movement of my hands. It becomes awkward to place a soother in the child’s mouth or change a diaper. I cannot just lift and hold the crying child in my arms or against my chest. Inevitably, I am always holding the child through the portholes at arm’s length. So I do not become aware of the modality of my medical interaction with the isolette until the isolette loses its taken-for-granted transparency by blocking my bodily being. And perhaps it is at this time that I see the isolational isoletteness of the isolette. Perhaps it is only at these moments that I realise how the isolette enframes my treating the child in ways that prevent a normal genuine gesture and caring response.

I wonder, how often do we consider the existential significance of placing a newborn child into an isolette? As a physician, I am not questioning, of course, the medical utility of this device—it is certainly a valuable thing for treating a sick or premature child. Still, perhaps it is important to reflect on some of the unwittingly significant aspects of our everyday medical technologies that we tend to look right through.

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Competing interests None.

Contributors MvM is the sole author of this paper.

Provenance and peer review Not commissioned; internally peer reviewed.

J Med Ethics; Medical Humanities 2011;■:1. doi:10.1136/medhum-2011-010061
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*Med Humanities* published online June 29, 2011
doi: 10.1136/medhum-2011-010061

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### Published online June 29, 2011 in advance of the print journal.

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