

Trust Policy for Withholding Treatment from Minors

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Version / Amendment History	Version	Date	Author	Reason
	V1	2000	Dr. NR Ruggins Ms G Cooke	Original version
	V2	Sept 2009	Pam Twine	Reformatted to Trust standard
	V3	Feb 2010	Dr T Tinklin	Reviewed
	V4	Sept 2014	Dr T Tinklin	Reviewed and minor amendments
	V5	May 2017	R. Bowker	Reviewed
	V5	July 2021	R. Bowker	Annual Review. No change
Intended Recipients: All wards and departments that treat minors				
Training and Dissemination: Dissemination via the Intranet				
To be read in conjunction with: Trust Policy and Procedures for Consent CL/2008/042 and Trust Policy for Personal Resuscitation Plan for children and young people CLRM 2013044				
In consultation with and Date: Paediatric Consultants, Safeguarding Lead, Legal Services				
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Contact for Review	Consultant Paediatrician
Lead Executive Director Signature	Executive Chief Nurse and Director of Patient Experience

Contents

Section		Page
1	Introduction	4
2	Purpose and Outcomes	4
3	Definitions Used	4
4	Key Responsibilities/Duties	4
5	Implementation of the Policy for Withholding Treatment from Minors	5
5.1	Partnership of Care	5
5.2	Criteria for consideration of Withholding Treatment	5
5.3	Discussions with Carers	5
5.4	Consultation with the Legal Department	6
5.5	Episodes of acute Illness	6
5.6	Documentation	6
6	Monitoring Compliance and Effectiveness	6
7	References	7

Trust Policy for Withholding Treatment from Minors

1. Introduction

The Trust recognises that its primary duty is the preservation of life. Some children have medical conditions, which result in a restricted life expectancy and significant adverse effect on their quality of life and that of their carers.

2. Purpose and Outcomes

This policy deals with the general area of the withholding of treatment from minors and applies to any patient under the age of 18 years where the withholding of treatment is being considered as the best course of action for that individual within the circumstances.

This policy is not intended to deal with capacity/decisions to refuse treatment i.e. it does not apply to those circumstances where the child/ parents are refusing treatment when the Consultant considers it is in their best interests to treat.

Patients over the age of 18 years will be treated as per Policy for Do Not Attempt Resuscitation.

2. Definitions Used

ED:	Emergency Department
CED:	Childrens Emergency Department
PICU:	Paediatric Intensive Care Unit

4. Key Responsibilities/Duties.

Consultant Paediatrician

The Consultant Paediatrician is responsible for the ultimate decision about withholding treatment following consultation with the main carers, other senior medical staff and staff involved with the care of the child.

Trust Legal Department

The Consultant Paediatrician may consult with the Trust Legal department where relevant to these decisions.

Health Care Team

The Health Care Team will be part of the decision making process and will ensure that the best interests of the child and the views and wishes of the child and carers are respected where possible throughout the process

5. Implementing the Policy for Withholding Treatment from Minors_

5.1 Partnership of Care

The health care team and parents will enter into a partnership of care serving the best interests of the child and will respect the views and wishes of the child in the decision making process where possible.

Under no circumstances will a health care professional cause death by any form of active intervention. There is no obligation to administer treatment, which is futile or burdensome.

5.2 Criteria for Consideration of Withholding Treatment

Consideration of the withholding of treatment may occur in the following:

- The child is deemed brain dead – criteria of brain-stem death confirmed by two Consultants
- The child is in a Permanent Vegetative State – totally reliant on others for care and does not relate to the outside world.
- The “No chance” situation - such severe disease that life sustaining treatment delays death without significant alleviation of suffering. Medical treatment is deemed inappropriate.
- The “No purpose” situation – the patient may be able to survive with treatment but the degree of physical or mental impairment will be so great that it is unreasonable to bear it (in this circumstance the child is unable to contribute to the decision)
- The “Unbearable” situation – the child and/or family feel that in the face of progressive and irreversible illness further treatment is more than can be borne.

5.3 Discussions with Carers

A planned approach will be taken and the patient’s Consultant will consider discussing with the carers the withholding of treatment prior to the child becoming acutely ill, wherever possible.

The patient’s Consultant will inform the carers of the following:

- The diagnosis of the child’s condition
- Realistic treatment options
- Potential side effects
- Likely quality of life following treatment

The ultimate decision about withholding treatment lies with the patient’s Consultant.

Any decision taken by the Consultant will take into account the views of:

- The main carers by their involvement in the decision making process
- Staff involved in the treatment of the child
- Other senior clinical staff who may have previous experience in relation to this issue or are involved in the child’s care

In forming her/his decision the Consultant will take into consideration the following:

- The possibility of extending life under humane and comfortable conditions
- The child's likely reaction to sickness, suffering and medical intervention
- The child's values about life and why it should be lived (either specifically or generally) if they are known or can be assessed

When the child has capacity, he/she should be involved in the decision making process. The wishes of a child who has capacity i.e. understands the nature, purpose and possible consequences of withdrawing treatment should be respected. In the unlikely circumstance of the child expressing a view that he/she did not want treatment withdrawn and the Consultant remains in conflict, we would need to seek guidance from the court. All discussions with the child must be documented.

If there is a change in the child's mental capacity or medical condition, the Consultant will need to reassess her/his decision in light of these changes.

The Consultant will consider the need for developing a Personal Resuscitation Plan (Trust Policy CLRM 2013044) with the carers and staff involved in the child's care.

5.4 Consultation with the Legal Department

If there are conflicting views with carers the Consultant Paediatrician will consult with senior medical staff and if appropriate will seek the guidance of the Court through the Trust Legal Department.

5.5 Episodes of Acute Illness

Where an acute episode of illness occurs in the absence of the patient's Consultant (or nominated deputy) or a clear established plan of care i.e. Accident & Emergency, Childrens Emergency Department or Paediatric Intensive Care, then optimal life saving treatment will be given and the situation will be reviewed when all evidence is available.

5.6 Documentation

A documented record will be made of all conversations with family, close friends and other health care staff, in the child's health record. This record will include the rationale behind any decisions reached. The Consultant will be responsible for informing all relevant carers and staff of her/his decision. All entries will be dated and signed and the agreed level of medical support will be clearly stated.

6. Monitoring Compliance and Effectiveness

Monitoring Requirement :	To monitor compliance with the Policy for Withholding Treatment from Minors
Monitoring Method:	All cases of child death will be reported by IR1, and reviewed in the paediatric mortality and morbidity

	<p>meeting. The case will be presented by and reviewed by clinicians in this meeting to ensure all learning point extracted and compliance with guideline is acceptable.</p> <p>All cases of death are also reviewed by the Child Death Overview Panel (CDOP) as a statutory requirement.</p>
Report Prepared by:	Consultant with responsibility for the child.
Monitoring Report presented to:	Child Death Review Group
Frequency of Report	Reviews will be on an ad hoc case by case basis due to the infrequency of these decisions.

7. References

<p>GMC</p> <p>www.gmc-uk.org</p> <p>Royal College of Paediatrics and Child Health</p> <p>Trust Policy and Procedures for Consent</p> <p>Trust Policy for Personal Resuscitation Pan for children and young people</p>	<p>2004</p> <p>CL/2008/042</p> <p>CL-RM /2013/044</p>	<p>Withholding or Withdrawing Life Sustaining Treatment in Children</p>
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