Framework on decision making about end of life care updated

By consultant editor Doreen Crawford

SITUATIONS WHERE it may not be in a child’s best interests to continue treatment if it cannot prolong life are outlined in an updated framework for practice, which aims to minimise suffering and deal with crucial ethical issues in end of life care.

The guidelines are important because technological advances have changed what can be done to sustain a child’s life, while palliative care developments have increased the level of dignity, comfort and stability that can be offered to children with life-limiting conditions.

Criteria used previously to identify situations where limitation of treatment were to be considered have been replaced with a more formal classification that takes account of the quantity or quality of life.

They include a category where life is limited in quantity, such as where death is imminent and will occur irrespective of treatment; where death is inevitable but not imminent, and prolonging life-sustaining treatment will provide no benefit; and where brain-stem death has already occurred according to established criteria.

Another category considers situations where treatment may be able to prolong life significantly but will not ease the burdens of the illness or treatment itself. Situations include where the treatments cause pain and suffering that outweigh any potential or actual benefits, if the burdens of illness are such that the child’s life could be deemed intolerable or unbearable.

The framework also considers the wishes of young people who are able to make decisions for themselves. In these circumstances, it is made clear that there is no ethical obligation to provide life-sustaining treatment where there is support from the parents and the clinical team.

The guidance, Making Decisions to Limit Treatment in Life-Limiting and Life-Threatening Conditions in Children, is published by the Royal College of Paediatrics and Child Health in the journal Archives of Disease in Childhood. It is supported by the RCN and available at tinyurl.com/np8bq6

The framework was originally published in 1997 and first revised in 2004.

Call for mental health training to help staff support young people

NURSES AND other staff working with children and young people in England should be trained to deal with mental health problems, a government taskforce says.

The review, Future in Mind, concluded that too many young people are not getting help and growing numbers are presenting with ‘increasingly complex’ conditions.

It made a number of recommendations, which were accepted by ministers as they announced an extra £1.25 billion for mental health over the next five years. These included the launch of an anti-stigma campaign, creation of one-stop shop services to direct young people where to seek help, and greater use of online tools and apps to encourage self-help. Crisis care and inpatient services need to be improved too, the report said.

But it also placed developing the skills of staff as a key element of the process. The report said that all staff working with children should be able to promote good mental health, identify problems early and offer appropriate support and referrals.

It said this means that basic training in all disciplines should cover mental health, giving the example of the importance of a children’s diabetes nurse being able to address emotional as well as mental health needs.

RCN professional lead for children and young people’s nursing Fiona Smith said this is ‘absolutely right’. ‘It is something the RCN has been working on with others for a while.’

Health outcomes for children and young people in the UK remain worse than many countries in Europe. Every day, five children under the age of 14 die in the UK who would not die in Sweden, equating to 132,874 person years of life lost each year.

An advisory group of experts from the children’s sector has called on the next government to introduce a children’s health strategy. Read the report at tinyurl.com/pjrpzv5

Children’s continence charity ERIC (Education and Resources for Improving Childhood Continence) is relaunching its campaign, Let’s Talk About Poo, to raise awareness about constipation. It is holding a live online question-and-answer session on April 16 with paediatrician Ranj Singh, which will be streamed on ERIC’s Facebook page, www.facebook.com/ERIC.UK1 The campaign website is www.eric.org.uk/letstalkaboutpoo

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