Title: Decision making about end of life medical treatment for a child in care, in circumstances where their life is threatened due to illness or trauma

Policy No: 420-4

Policy Statement:

The actions and decisions the Department of Child Safety, Youth and Women (Child Safety) makes in relation to end of life medical treatment for a child in care will be informed by expert medical advice, will be timely, and will aim to alleviate the child’s pain or suffering.

Decisions about end of life medical treatment may be required when a child has a life threatening medical condition, as a result of trauma or illness, acute or long term. While some decisions may be undertaken on a planned basis (as in the case of a child with a terminal illness), other decisions may be required in an emergency.

Child Safety will take into account the child’s age, ability to understand, and medical condition, and ensure the child receives appropriate support when diagnosed with a life threatening illness. The child’s views in relation to any proposed end of life planning must be obtained from the child if ‘Gillick competent’, or the child’s guardian, when the child is not ‘Gillick competent’.

‘Gillick competency’ is a legal term referring to a child’s capacity to give a valid consent. Medical practitioners are responsible for determining whether consent for the proposed treatment must be obtained from either the child or the child’s guardian.

For a child subject to an assessment or child protection care agreement, temporary custody order, assessment order or child protection order granting custody to the Chief Executive, Child Safety will immediately inform the parents, as the child’s guardians, of the child’s circumstances in order that they may assume responsibility for decisions about end of life medical treatment.

Whilst every effort should be made to locate both parents, it is sufficient to locate and inform either of the child’s parents, as either parent can assume responsibility for such decision making.

For a child subject to a child protection order granting guardianship to the Chief Executive, the Child Safety must assume responsibility for decision making about end of life medical treatment, but will be informed by the views of the parents, the child, their carer, and medical practitioners.

For a child subject to a child protection order granting guardianship to a suitable person, that person must assume responsibility for decision making about end of life medical treatment. Child Safety staff are responsible for seeking the views of the parents, the child, and medical practitioners.
Support and assistance will be offered to parents, siblings, long term guardians, carers and their family members, and staff affected by a child in a life threatening medical condition.

Principles:

- The safety, wellbeing and best interests of a child are paramount.
- The views of the child, having regard to the child’s age and ability to understand, and the child’s family are considered.
- Child Safety will aim to maintain family relationships, and be sensitive to individual rights, and ethnic, religious and cultural values, where appropriate.
- When Child Safety is making significant decisions about an Aboriginal or Torres Strait Islander child, Child Safety will, in consultation with the child and family, arrange for an independent Aboriginal or Torres Strait Islander entity for the child to facilitate the child’s and family’s participation in decision making.
- Child Safety will communicate with parties involved in end of care and decision making for a child who has a life threatening medical condition, including parents, siblings, long-term guardians, carers and their family members, in a supportive and sensitive matter.
- Child Safety’s decision making will be informed by written medical advice, and legal advice, if required. Every effort will be made to gain consensus among all parties. Child Safety will record all decisions and actions on departmental files.

Objectives:

This policy aims to ensure that end of life decisions are made in accordance with legislative requirements under the Child Protection Act 1999 (the Act) by appropriately delegated officer under to the Act.

Scope:

This policy relates to children in out of home care who for whom decisions about treatment are required for end of life medical decisions.

Roles and Responsibilities:

Child Safety is responsible for ensuring that planning and consent for end of life decision making is undertaken in accordance with the procedures outlined in the Child Safety Practice Manual Chapter 5.

Authority:

Child Protection Act 1999

Delegations:

Director-General
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<td>13 August 2013</td>
</tr>
<tr>
<td>Date of operation:</td>
<td>5 September 2013</td>
</tr>
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<td>Date to be reviewed:</td>
<td>September 2016</td>
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**Office:** Operational Support, Child and Family Operations  
**Help Contact:** Operational Support

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### Links:

**Procedures**  
Child Safety Practice Manual

**Related Legislation or Standards**  
*Child Protection Regulations 2011*

**Related Policies**  
- Systems and practice reviews policy  
- Critical incident reporting policy and procedure  
- Child Related Costs - Client support family contact (598)  
- Obligations, actions and responsibilities upon the death of a child in care (421)  
- Decisions about Aboriginal and Torres Strait Islander children and young people (641)

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Margaret Allison  
Director-General