POLICY

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

Policy No.: CPD420-4

Policy Statement:

Departmental actions and decisions about end of life medical treatment of a child in out-of-home care will be informed by appropriate medical expertise, 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.

Taking into account the child’s age, ability to understand, and medical condition, the child’s views must be sought regarding any proposed end of life medical treatment.

Consent for end of life medical treatment must be obtained from the child, when the child is ‘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, the department 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 department 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. Departmental 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.
- Departmental actions should maintain family relationships, and be sensitive to individual rights, and ethnic, religious and cultural identity and values, where appropriate.
- The recognised Aboriginal or Torres Strait Islander entity will be provided with the opportunity to support the family to participate in decisions about end of life medical treatment of an Aboriginal or Torres Strait Islander child.
- Departmental actions on behalf of, and communication with, parties involved in end of care and decision making for a child in a life threatening medical condition, including parents, siblings, long-term guardians, carers and their family members, will be supportive and conducted with sensitivity.
- Departmental 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. All departmental decisions and actions will be recorded 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) and the department’s statutory delegations as related to the Act.

**Scope:**
This policy relates to children in out of home care who require consent for end of life medical decisions.

**Roles and Responsibilities:**
Child Safety Service Centre staff are responsible for ensuring that consent for end of life decision making is sought in accordance with the procedures outlined in the Child Safety Practice Manual Chapter 5, 8. What if a decision about end of life medical treatment is required?

**Authority:**
*Child Protection Act 1999*, Sections 12, 13, 14 (2), 74, 80, 122,159 P, 246 A

**Delegations:**
Director-General
<table>
<thead>
<tr>
<th>Records File No.:</th>
<th>12/270/743747</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of approval:</td>
<td>13 August 2013</td>
</tr>
<tr>
<td>Date of operation:</td>
<td>5 September 2013</td>
</tr>
<tr>
<td>Date to be reviewed:</td>
<td>September 2016</td>
</tr>
<tr>
<td>Office:</td>
<td>Department of Communities, Child Safety and Disability Services</td>
</tr>
<tr>
<td>Help Contact:</td>
<td>Client Service and Practice Reform</td>
</tr>
</tbody>
</table>

**Links:**

**Procedures**
- Child Safety Practice Manual

**Related Legislation or Standards**
- Child Protection Act 1999
- Child Protection Regulations 2000
- Queensland Civil and Administrative Tribunal Act 2009
- Commission for Children and Young People and Child Guardian Act 2000

**Related Policies**
- Child death case review (361)
- Critical incident reporting (391)
- Child Related Costs - Client support family contact (598)
- Obligations actions responsibilities death child (421)

**Related Government Guidelines**
- Child Safety Practice Manual

**Forms, Standard Letter or Memorandum**
- Child safety after hours referral
- Consent operations treatment

**Rescinded Policies**
- 420-3 Decision making about end of life medical treatment of a child in out-of-home care, in circumstances where their life is threatened due to illness or trauma.

---

Margaret Allison

Director-General