

Conflicts between families and medical teams

Lessons to be learned from (almost) 30
years of litigation regarding seriously ill
children in England & Wales

Veronica Neefjes

veronica.neefjes@postgrad.manchester.ac.uk

Background

- Rise in highly contentious court cases litigating medical decision making for children
- High costs
- Inefficient decision making process
- Hidden costs



Isaiah Haastrup
Born 18 February 2017
Killed 7 March 2018

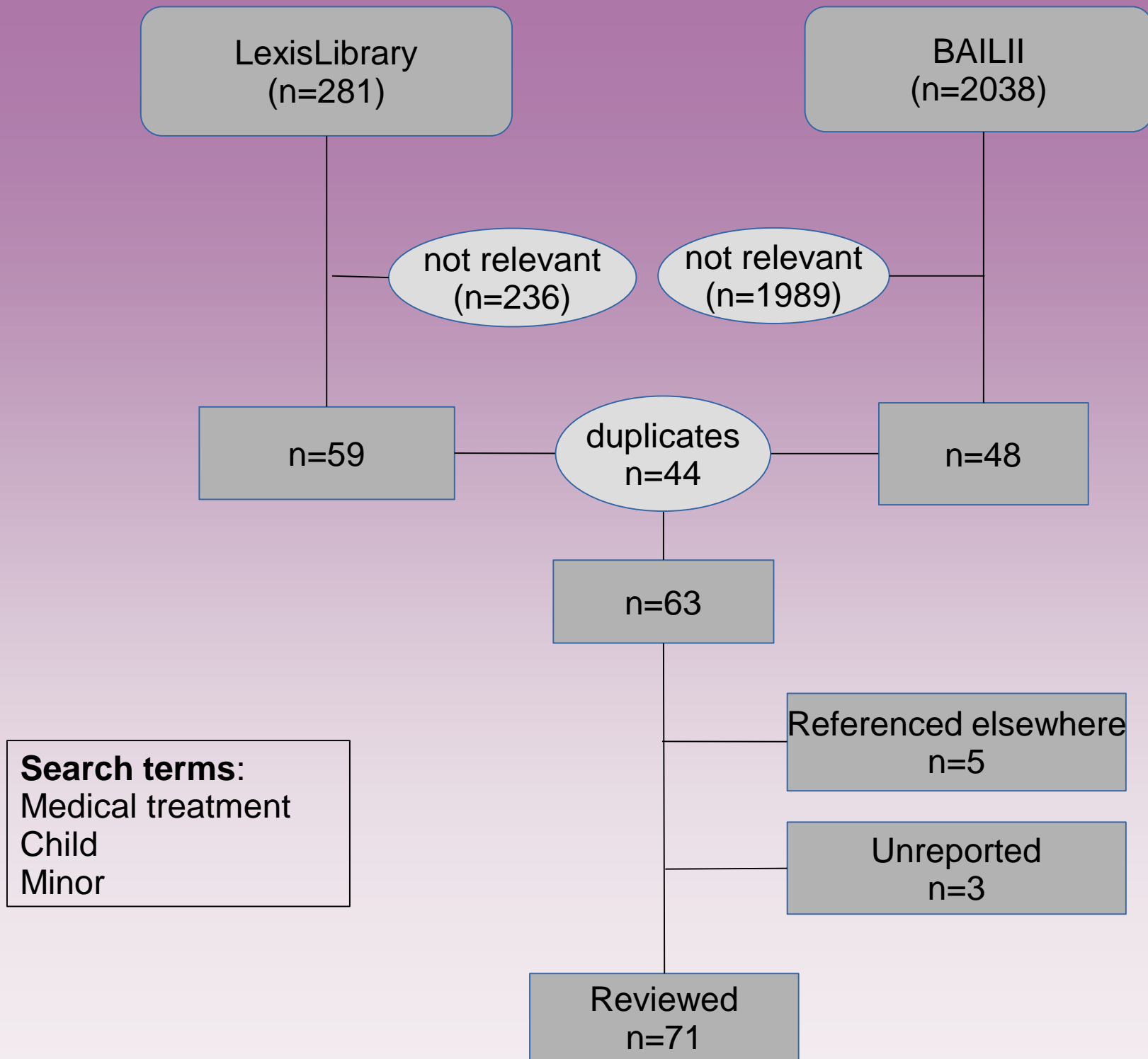
Method

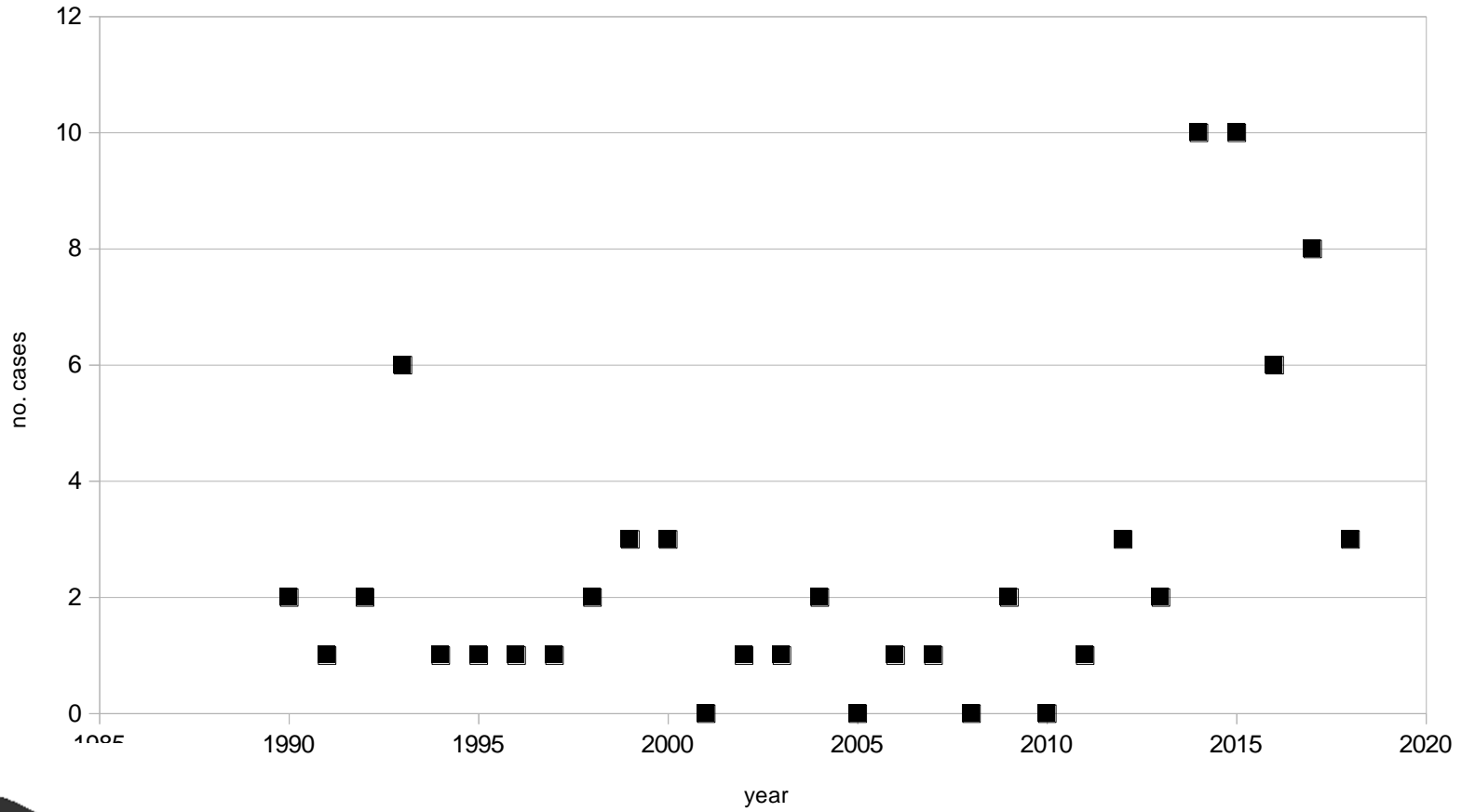
Analysis cases litigated from 1990 onwards for parental motivation in disputes with their clinical team

- Legal databases/national newspapers/literature

Limited to:

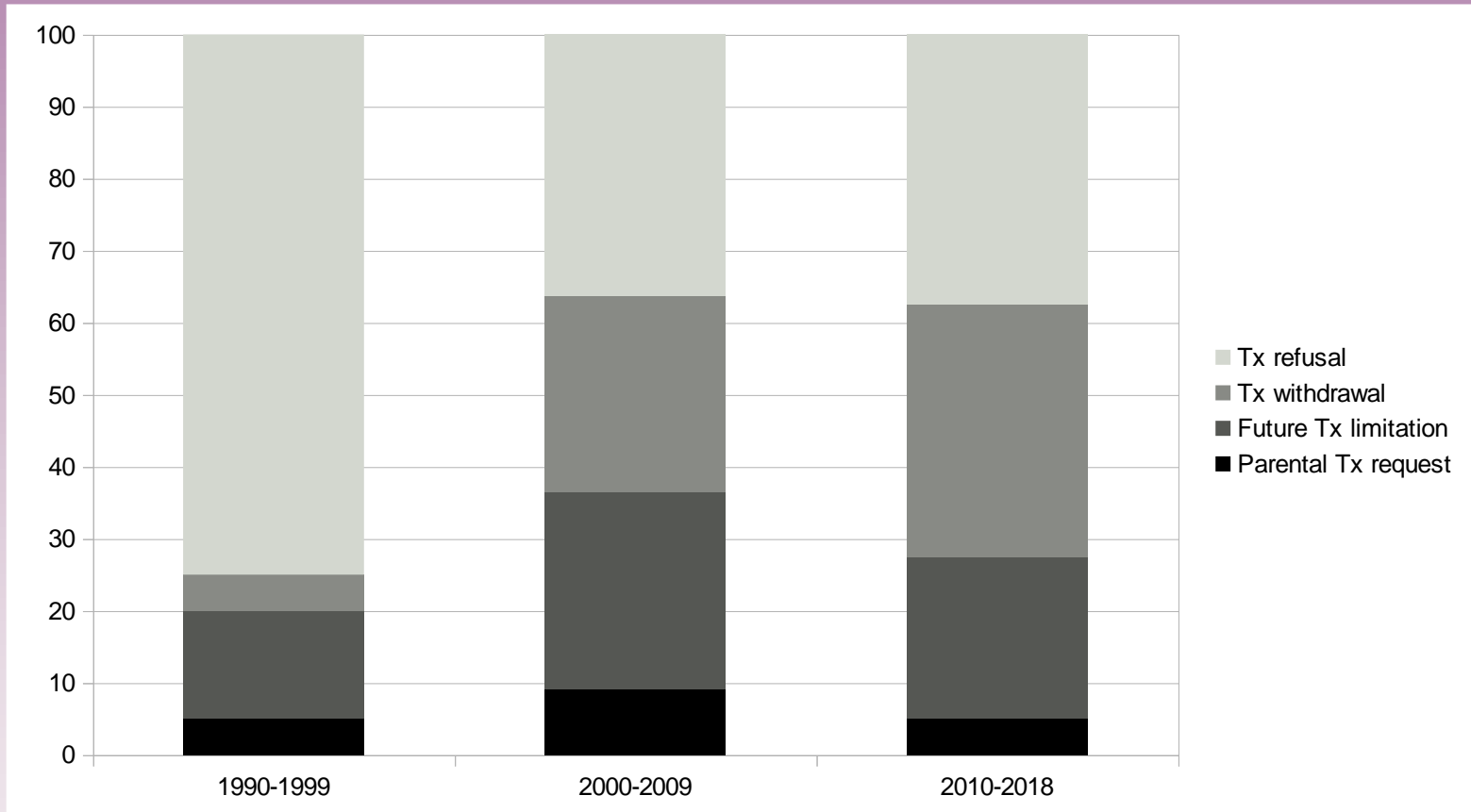
- First reported case (63 High Court/5 CoA)
- Life-limiting/life-threatening conditions





Sources of disagreement

- Treatment refusal
- Treatment funding request
- Future limitation of treatment
- Treatment withdrawal



	Won in first instance by family	Parental appeal
Refusal of treatment	1/34	3/33 (9%)
Request to fund treatment	4/4	0
Limitation of future treatment	1/15	5/14 (36%)
Withdrawal of treatment	1/17 (1 case agreement reached)	8/16 (50%)

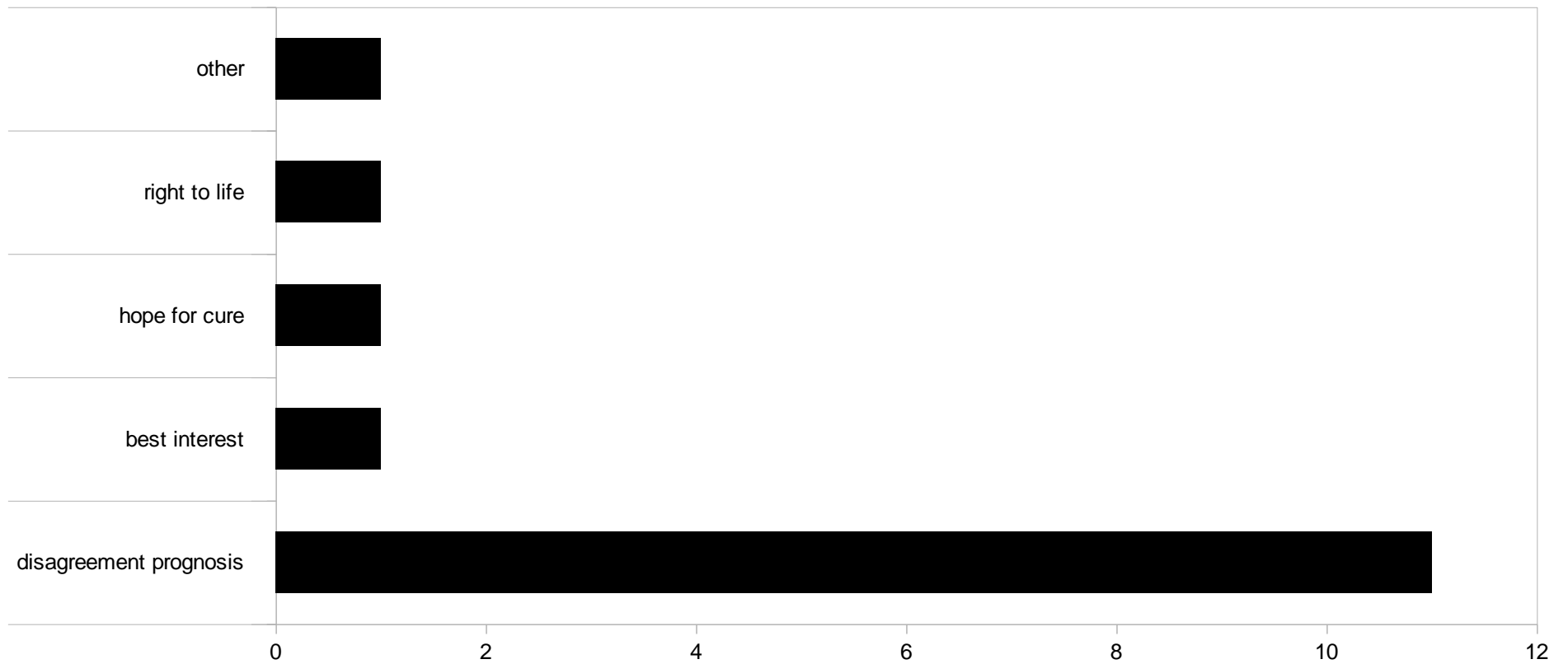
Best interest



Futile treatment

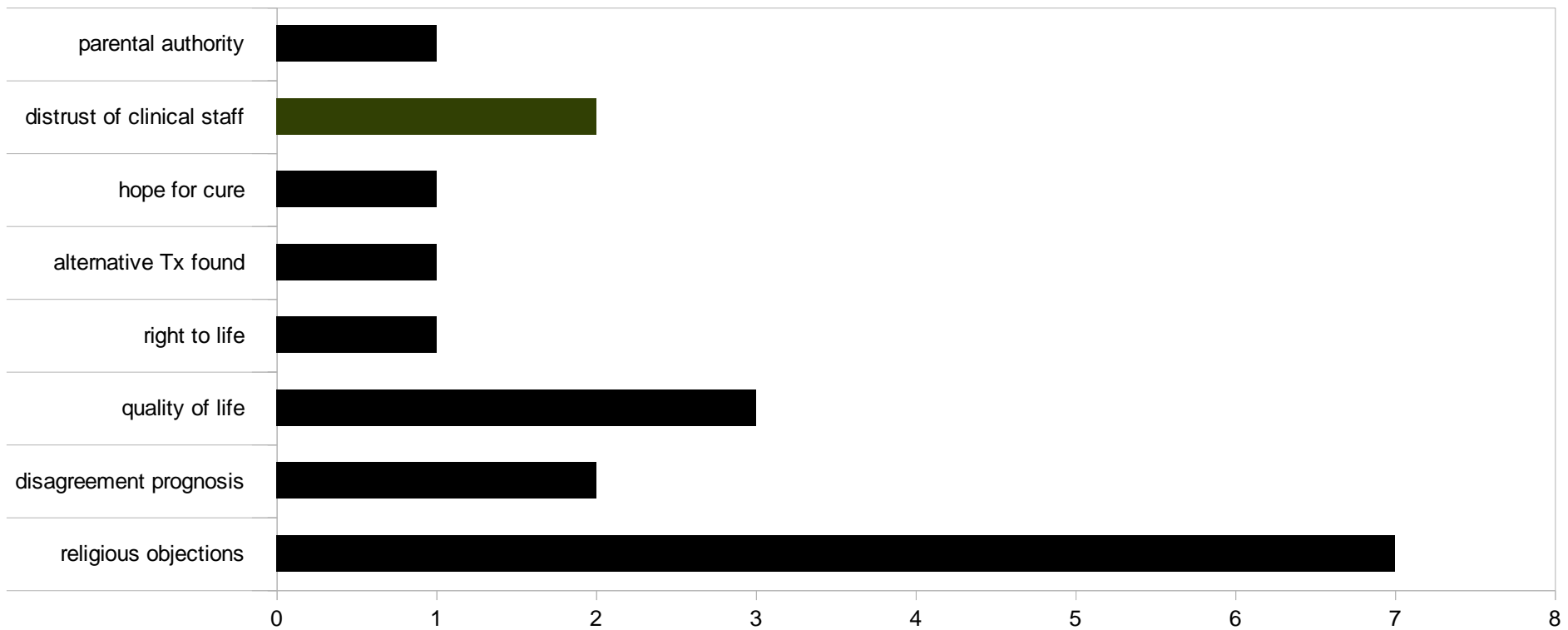
Parental motivation

Limitation of future treatment



Parental motivation

Withdrawal of treatment



Opportunities to avoid litigation

- Improve communication around uncertainty in prognostication
- Pragmatically opt for limitation to future treatment rather than withdrawal of treatment in case of religious objections
- Engagement with religious communities in UK regarding the concept of futility of treatment

