Reflecting on conflict between healthcare professionals and families of critically ill children

Fraz A. Mir consultant physician

The recent case of Archie Battersbee has brought into stark focus the dilemmas of withdrawing life-sustaining treatment in a child.1 The situation was undoubtedly an enormously harrowing and traumatic experience for the parents for whom there will be huge sympathy. As in comparable cases in recent years, acrimonious court battles between healthcare professionals and families are surely a major cause for concern because at the heart of them lies a significant breakdown in communication and catastrophic loss of trust and confidence in the clinicians providing care. The Department of Health and Social Care for England is to commission a review into the causes of disputes between healthcare providers in England and the parents of critically ill children.2 Hopefully, it will help to pre-empt such situations arising again or at least help reconcile both parties by establishing better processes, including early involvement of independent mediation, ethics committees, or funded independent legal advice. Thankfully, these types of cases remain relatively rare despite the amount of media coverage they generate.

In addition to the protracted legal conflict, an equally worrying aspect has been the public criticism of the medical “establishment” in the mainstream media. The care given by the clinicians and the hospital where Archie was treated, has been reportedly described by the family and friends at various times as “cruel,” “brutal,” “barbaric,” “inhumane,” “disgusting” and “undignified.” It is understandable that a disagreement of this nature will inevitably lead to emotions running sky-high, but vilifying healthcare professionals in public will undoubtedly serve to undermine clinical medicine in general. Unfortunately, even our political leaders have reinforced a culture of publicly flouting advice from medical experts, thereby providing further succour for the public to do the same. In the modern era, it already feels as if doctors are besieged from medical experts, thereby providing further succour for the public to do the same.3 In the modern era, it already feels as if doctors are besieged – they either cannot treat patients enough, or end up doing too much.4 While it is absolutely vital that poor practice is called out and continuous improvement championed, the fact that the vast majority of doctors get it right most of the time by engaging in meaningful shared decision making with patients is a cause for celebration, not self-flagellation. Many doctors would admit that they occasionally over-treat or over investigate patients to avoid a complaint or patient dissatisfaction.5 The judgement to withdraw treatment in a dying person, however, is one of the truly most challenging decisions that clinicians will face, even for the most experienced of intensivists. Like the rest of us, they will try their hardest to do what is in the “best interests” of those whose care is their responsibility. One can only imagine the distress experienced by clinicians, who despite wanting to act with compassion and kindness to do what they felt was morally and clinically right, were compelled by the courts to continue treating a child invasively for weeks against their better judgement. And all of this while being subject to constant abuse in the media.

Another discomfiting facet of recent cases relating to withdrawal of treatment in children has been the increasing involvement of religious groups. They undeniably provide support to families, but may also serve to ferment division and mistrust in an already fragile and fraught situation. In another case in 2018, treatment was withdrawn from 23 month old Alfie Evans who had a rare neuro-degenerative condition.6 The Christian Legal Centre representative for the parents was described by the judge in court as “fanatical and deluded” and whose submissions were “littered with vituperation and bile” that was “inconsistent with the real interests of the parents’ case.”7 The same religious organisation has been supporting Archie’s parents too. Serious consideration has to be given to what role, if any, third parties should play in discussions between families and clinicians going forward.

Ultimately, the balance between prolonging life at all costs versus “delaying death” is a delicate one. Numerous factors have to be considered and we are fortunate in the NHS that finance is seldom one of them. Decisions to treat, withhold, or withdraw therapy are best made by experienced clinicians who understand the complexities, and can manage expectations sensitively in direct collaboration with the patient and/or their loved ones. Courts, the glare of the media spotlight, and input from external organisations are best left out of this time-honoured relationship. Competing interests: none declared.

Provenance and peer review: not commissioned, not externally peer reviewed.

3 https://www.dailymail.co.uk/news/article-11088910/Archie-Battersbees-mum-ends-life-support.html
4 https://www.mirror.co.uk/news/uk-news/archie-battersbees-parents-kosso-supreme-court/11355320
6 https://www.cbc.ca/news/world/covid-pandemic-leaders-behaviour-damage-1.637532
7 https://www.christianlegalcentre.com/
8 https://www.mirror.co.uk/news/uk-news/archie-battersbees-rum-ends-fight-27655444
9 https://www.bmj.com/doi/10.1136/bmj.o2735
11 https://www.cbc.ca/news/world/covid-pandemic-leaders-behaviour-damage-1.637532
12 https://www.christianlegalcentre.com/

https://www.bbc.co.uk/news/uk-england-merseyside-43754949