

# Managing End of Life Care in the Critically ill child: Family, Legal and Professional Perspectives

# Plan

- ◉ Introducing Feroze – Zain's Autobiography
- ◉ Principal Problems
- ◉ Prospect of Survival
- ◉ Relationship with the Medical Staff
- ◉ Arriving at the End
- ◉ Conclusions



















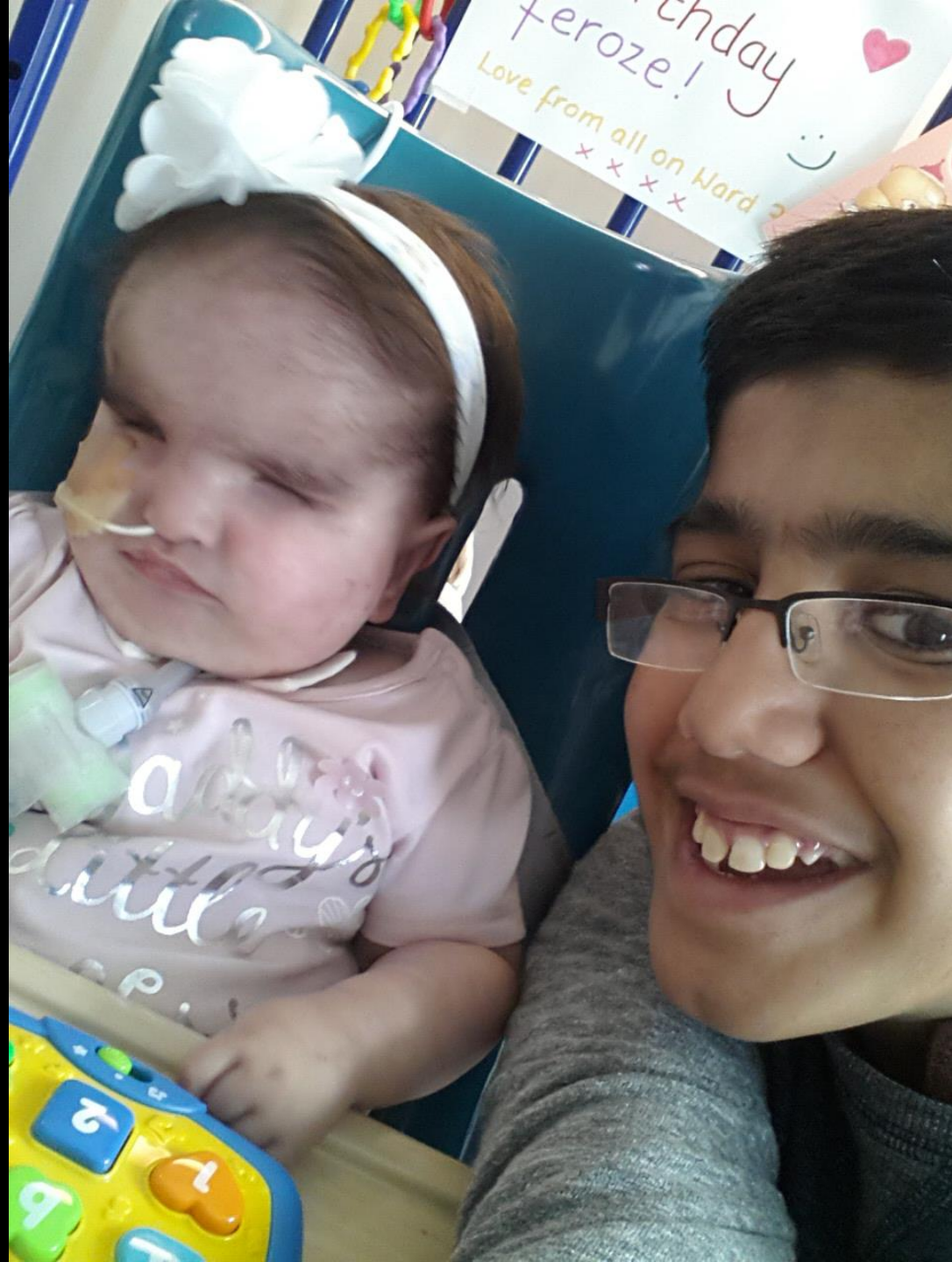














PHILIPS

feroze!

From all on Ward 2

2nd  
ay

Happy Birthday  
to our little  
feroze!











## Principal Problems:

1. Dysmorphism.
2. Cleft lip and palate.
3. Small IVH Grade 2.
4. Ventriculomegaly.
5. Chloroid plexus cyst.
6. Microphthalmos.
7. Atrial Septal defect (ASD).
8. Ventricular Septal defect (VSD).
9. Patent ductus arteriosus.
10. Feeding problems.
11. Disorders of muscle tone.
12. High risk of severe developmental delay.
13. Coloboma of iris.
14. Bacterial sepsis.



# Prospect of Survival

- ◉ Feroze's best interest-central for all.
- ◉ Different perspectives  
Chance to live, accepted quality of life.
- ◉ Need for intervention  
Demanding for action plan.

# Relationship with the Medical staff

- **Communication** – Ward Rounds (informative)
  - \_ Meetings Post PICU admission  
(untimely, unproductive)  
  
Multidisciplinary  
(Target based)  
  
Weekly scheduled  
(Built trust, supportive,  
consistent & meaningful)
  - \_ General (Friendly contact, moral  
support)

# Arriving at the End

- ◉ Despite operations progress limited.
- ◉ Need strong empathetic guidance.
- ◉ Consistent meaningful communication.
- ◉ Accepting of Drs actions.



# Conclusions

- Life is sacred, be on the journey.
- Maintain communication throughout.
- Sensitive with language.
- Bold experts with compassion.