

Study looks at child end-of-life decisions

A Dutch study has found end-of-life decisions are an important aspect of care for children between 1 and 17 years old.

End-of-life decisions include deciding to forgo potentially life-sustaining treatments, to alleviate pain or other symptoms by using drugs with a possible life-shortening effect, and decisions to give physician assistance in dying -- that is, the use of drugs with the aim of ending life.

Astrid Vrakking of Erasmus University Medical College in Rotterdam, the Netherlands, and colleagues conducted two studies assessing the frequency of end-of-life decisions preceding child death and the characteristics of the decision-making process in the Netherlands.

"Some 36 percent of all deaths of children between the ages of 1 and 17 years (between August and December 2001) were preceded by an end-of-life decision: 12 percent by a decision to refrain from potentially life-prolonging treatment; 21 percent by the alleviation of pain or symptoms with a possible life-shortening effect; and 2.7 percent by the use of drugs with the explicit intention of hastening death," the authors report.

The study appears in the September issue of Archives of Pediatrics & Adolescent Medicine.

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